



This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

### **Usage guidelines**

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

- + *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.
- + *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.
- + *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.
- + *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

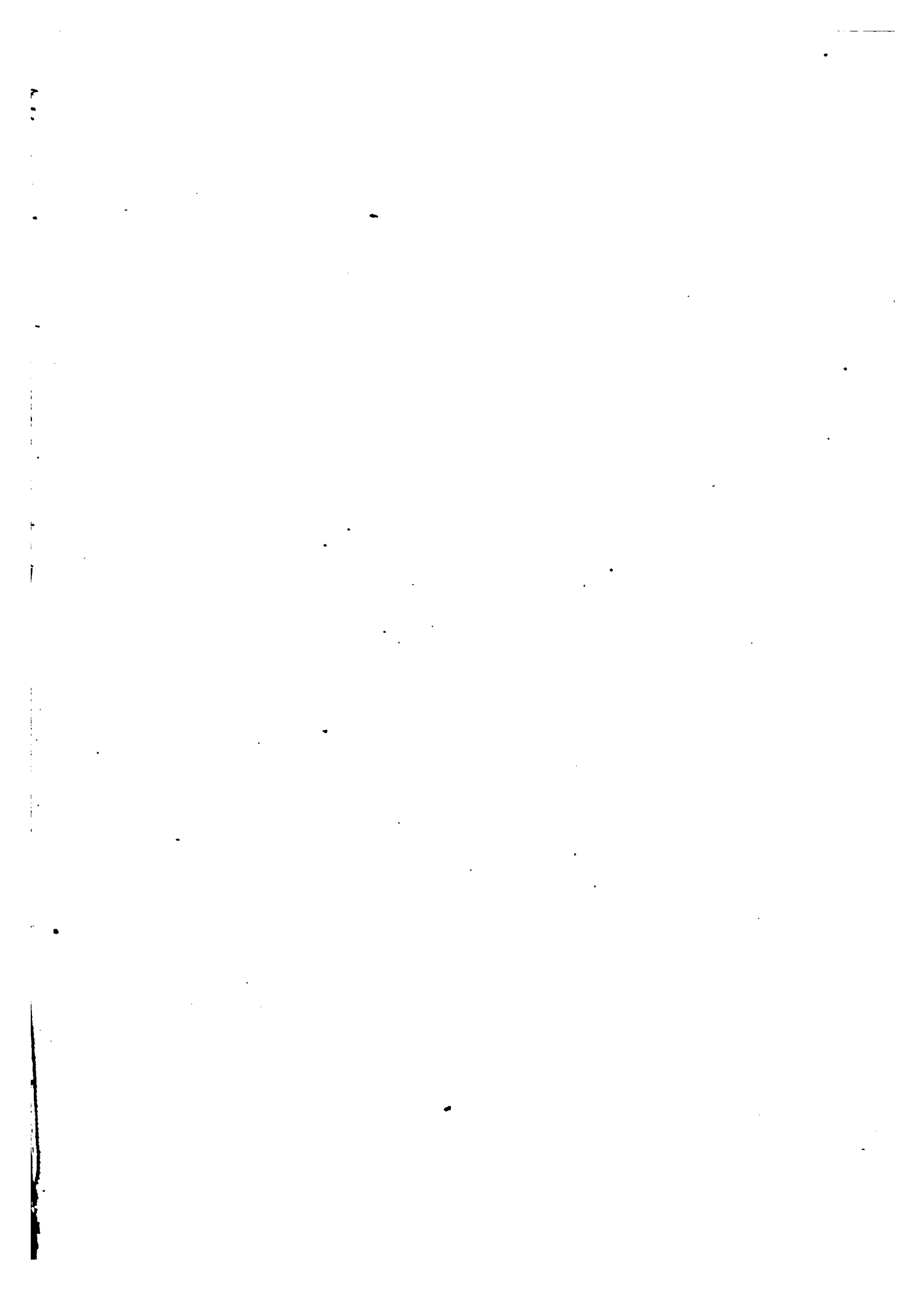
### **About Google Book Search**

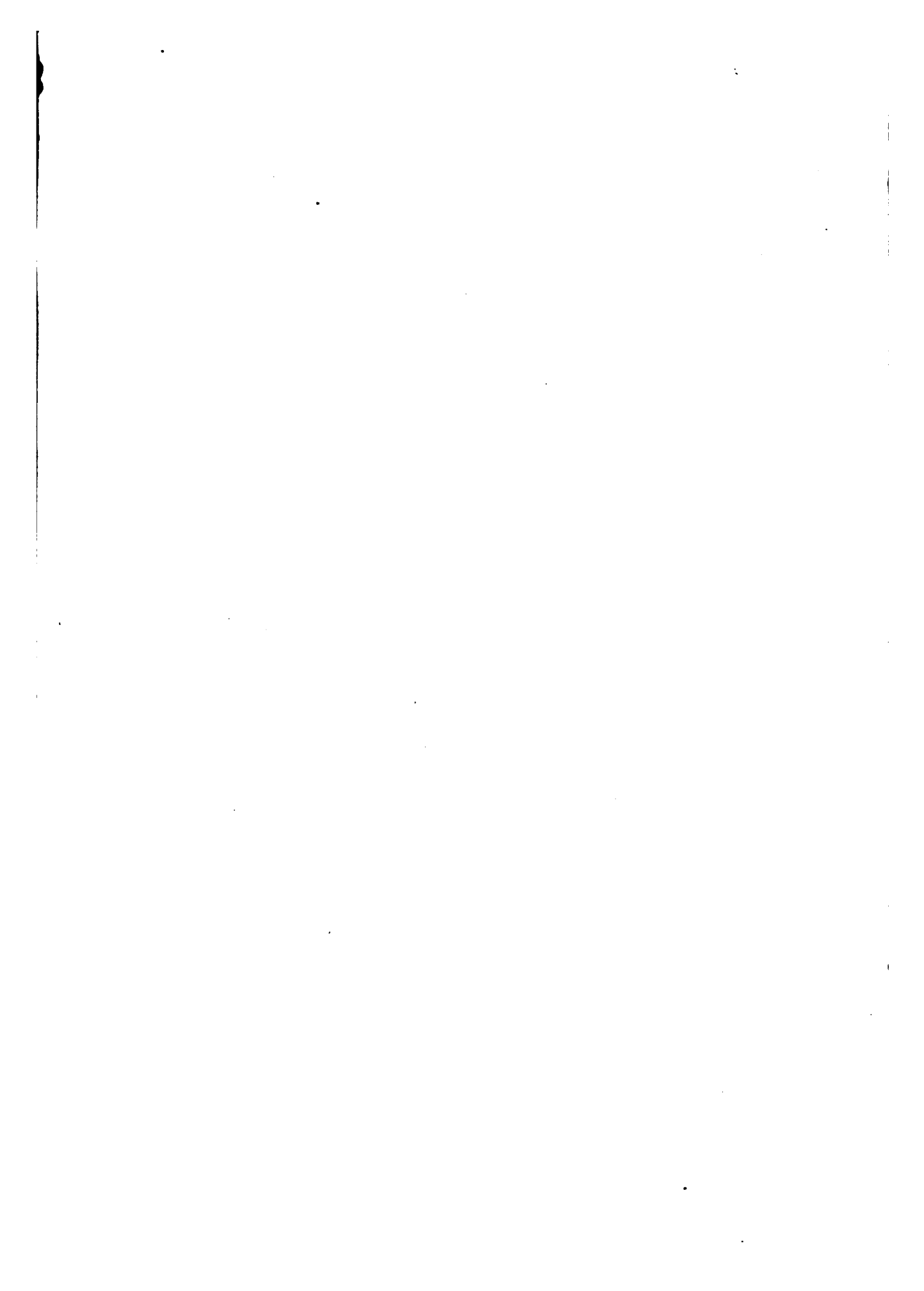
Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at <http://books.google.com/>

No. ....

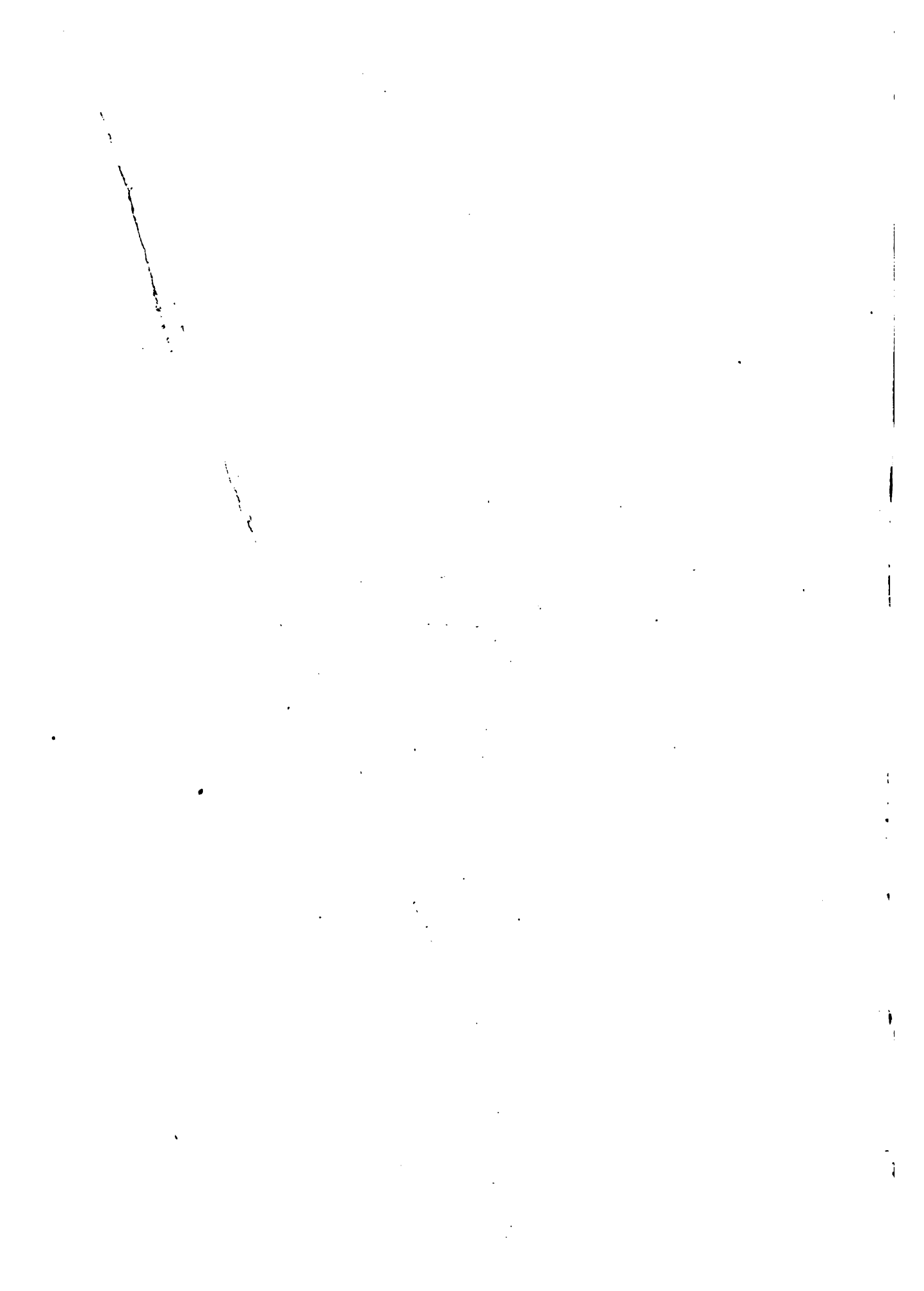
**BOSTON**  
**MEDICAL LIBRARY**  
**ASSOCIATION,**  
19 **BOYLSTON PLACE.**











THE  
**Medical Press**  
and Circular. Etab. 1838.

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



**MEDICINE AND MEDICAL AFFAIRS.**

FROM JULY TO DECEMBER,

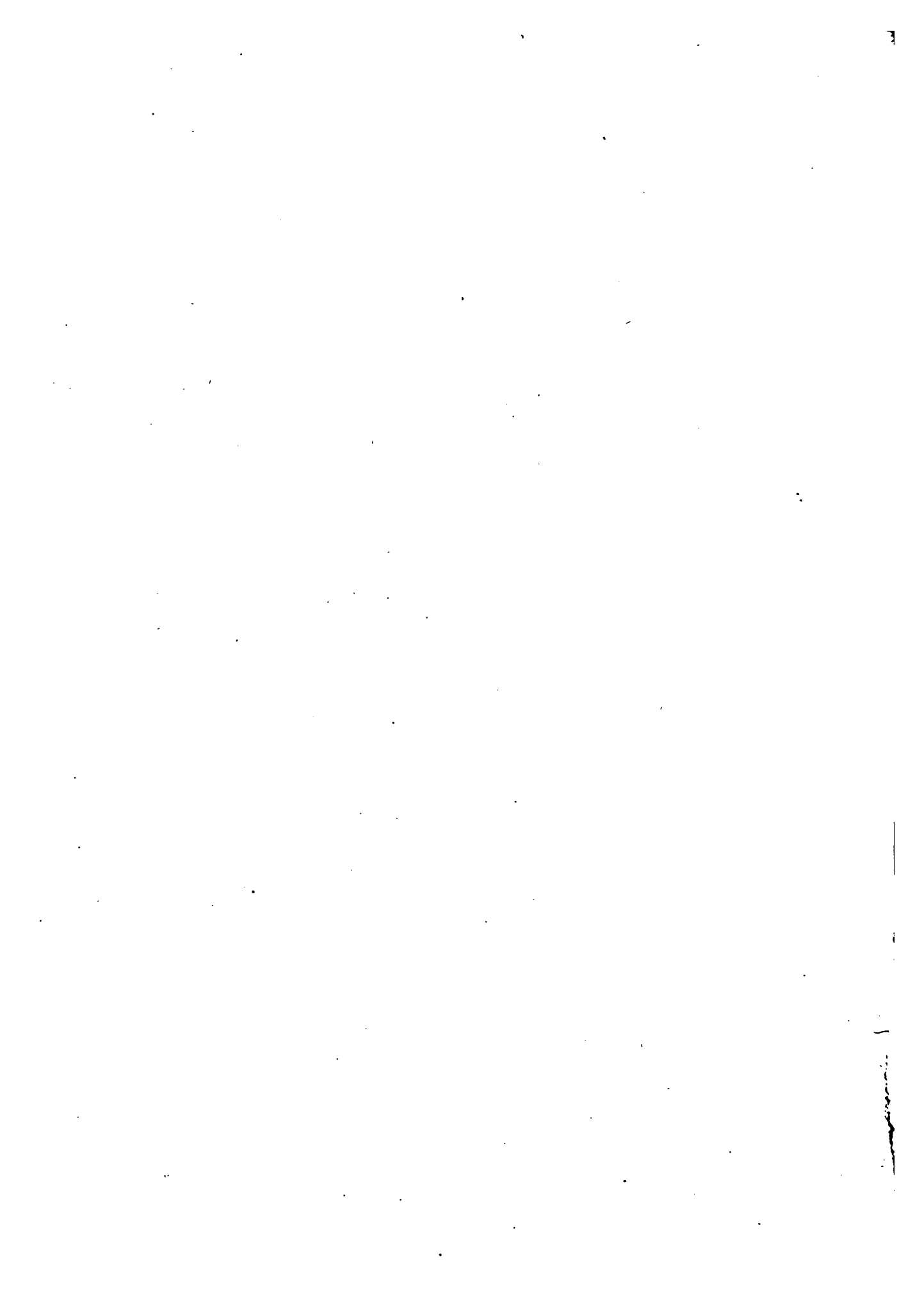
1885.

LONDON: 20 KING WILLIAM STREET, STRAND.

DUBLIN: 3 MOLESWORTH STREET.

EDINBURGH: SOUTH BRIDGE.

GLASGOW: COLLEGE-GATE, HILLHEAD.



I N D E X .

VOL. XL. NEW SERIES. VOL. XCI. OLD SERIES.  
JULY TO DECEMBER, 1885.

**A**

Abdominal cavity, foreign bodies left in the, after laparotomy, 60

Abdominal taxis and obstruction cases, 521

Aberdeen, Banff, and Kincardine branch of the British medical association, 152

Aberdeen royal infirmary, 40

Aberneihan society, 352, 492, 514, 532

**AGASSIZIAN SOCIETY.**—Introductory address on the two foundations of St. Bartholomew's hospital, 162; variola, 492; the experiences of a midwifery assistant, 514; puerperal eclampsia, 532

Abraham, Dr., testimonial to, 261

Abuses of London medical charities, 83

**ACADEMY OF MEDICINE IN IRELAND.**—Medical Section.—The form of pneumonia now prevalent in Dublin, 53; notes of visits to Contrexeville and Royat, 166; primary sarcoma of the right kidney, 167; the president's inaugural remarks, 563; treatment of cholera, 563; case of true relapse in enteric fever, 554. Pathological Section.—The pathology of lead paralysis, 530; a case of ulcerative endocarditis, 381; zonular cataracts and dental malformations, 531. Surgical Section.—Surgery of the knee-joint, 30; urari in the treatment of tetany, 32. Sub-Section of Anatomy and Physiology.—Frozen specimens illustrative of the parts concerned in colotomy, 77; comparative anatomy of the chimpanzee, 77; five cases of muscular and vascular anomalies,

77; anomalous coronary artery of the heart, 77; apparatus for illustrating pulse waves, 78; interesting anomalies relating to the thoracic duct and the nerve supply of the serratus magnus and levator and anguli scapulae, 78. Sub-Section of State Medicine.—On the results of the application of the laws relating to the adulteration of food and drugs, 8; relative disease and death-rate in town and country, 98; compulsory notification of infectious disease by medical men, 99

Accouchment by firearms, 193

Acne, ergot in, 11

Actina, chromatology of, 315

Admission of women to the profession, 596

Administration of iodide of potassium in milk, 33

Adulteration of food and drugs, on the results of the application of the laws relating to the, 8

Adulteration, the wine trade on, 269

Advances of surgery, 594

Albany memorial hospital, the new, 39

Albuminuria, intermittent, without apparent disturbance of health, 7

Alcoholism, some results of, 355

Alderson, Dr. F. H., notes of cases of scirrhus of the breast in private practice, 487

Alexander, Dr., the operation for correcting some uterine displacements by shortening the round ligaments, 48, 57

Alpine treatment of consumption, 13

Alpine winter in its medical aspects, 614

Althaus, Dr. J., syphilis of the brain, 91

Ambulance work, 261

Amyl, nitrate of, an eliminator of

uric acid, a remedy for gout, 329

American asylums, 477

Anatomy in American schools of medicine, 172

Anatomy, surgeons and, 228

Anderson, Dr., case of hemiplegia and mitral regurgitation, 530

Aneuroid thermometers, 575

Aneurism, galvano-puncture in a case of, 193

Aneurism of the ascending transverse portion of the arch of the aorta, pressure on the trachea and bronchi, on the left recurrent and left (?) vagus, paralysis of the crico-arytenoides postici, 552

Aneurism of the aorta, 513

Aneurism, sacculated, of the ascending aorta, 446

Aneurism, sacculated, of the transverse portion of the arch of the aorta, 532

Annual meeting of the British medical association, 125

Anomalies, interesting, relating to the thoracic duct and the nerve supply of the serratus magnus and levator, and anguli scapulae, 78

Anomalous coronary artery of the heart, 77

Anomalous, muscular and vascular, five cases of, 77

Antiseptics gone mad, 15

Antiseptics in dental surgery, 514

Antiseptic surgery at the West London hospital, 612

Antiseptic treatment of wounds, 182, 201

Antiseptic pavements, 198

Anti-vaccination, the perils of, 334

Anti-vivisectionists, comfort for, 39

Apparatus for illustrating pulse waves, 78

Appointments, 22, 44, 66, 90, 114, 126, 156, 178, 190, 222, 244, 268, 280, 340, 364, 390, 414, 428, 460, 482, 502, 522, 544, 566, 592, 600, 616

Archer, Mr. R. S., case of epigastric abscess, 75

Army medical competitive, the, 193

Army medical department, report for 1883, 194

Army medical service, 199

Arsenic among the ancients, 174

Arthropathy, experimental, 233

Arterial and venous walls, the resistance of, 233

Astasia, early tapping in, 172

Aseptic hands, 173

Association of teachers, the, 594

Asthma, pyridine for, 15

Asylums, English, reports on, 555

Atchill, Dr. Lombe, case of ovarian cyst, 1

Attitude of the medical profession in regard to the signing of certificates, 139, 157

Atropine in cases of overdose of chloroform, 61

Atropine in electric shock, 11

B

Bacilli, curved, in air and water, 237

Bacillus, a new, 230

Bacteriotherapy, 314

Bad meat, 13

Baker, Mr. W. M., 551

Barnes, Dr. F., clinical lecture on dysmenorrhoea, 67

Barnes, Dr. R., the physiology and management of placenta previa, 299; obstetric medicine and surgery (review), 500

Bee, death from the sting of a, 59

Bell's paralysis of central origin, 514

Belladonna poisoning during parturition, case of, 138

Bennett, Dr. E. H., injuries of the skeleton, 118

Berlin university, the, 194

Berlin, hygienic institution for, 61

Bichromate of potassium, pois on ing by, 592  
 Bigger, Dr. S. L., Elijah the proph- et of fire, 154  
 Births, 32, 44, 66, 90, 114, 126, 158, 178, 200, 222, 244, 268, 330, 340, 364, 390, 414, 438, 460, 482, 522, 544, 567, 592, 616  
 Black, Dr. G., sexual deafness and defective sight, 111  
 Books of the year, 595  
**BRADFORD MEDICO-CHIRURGICAL SOCIETY.**—Pathological specim- ens, 9; the connection be- tween fever and inflammation, 9; the pathology of purpura, 9; case of calculus in Whar- ton's duct, 471; case of opera- tion for knock-knee, 473; strangulated inguinal hernia, 472; the quantitative analysis of glucose in diabetic urine, 472  
 Bradley, Dr., of Brimington, the case of, 12, 197, 218, 318, 580  
 Brain case, interesting, 100  
 Brain, syphilis of the, 91  
 Bravery, rewards for, 591  
 British association for the advancem- ent of science, meeting of the, 107  
 British dental association, 230  
 British gynecological society, 23, 53, 87  
 British medical association, the, 23, 35, 107, 116, 175  
 British medical service, 177  
 British pharmacopoeia, the new, 61, 217  
 Bronchitis, oil of eucalyptus in, 11  
 Bryant, Mr. T., surgery, 64  
 Bronchus, foreign body in, 100, 512  
 Buckmaster, Mr. G. A., physiology, 590  
 Burmah, cholera in, 19  
 Buzzard, Dr. T., some forms of paralysis dependent upon periph- eral neuritis, 523, 545, 569

C

Cahill, Mr. T. E., Deahna on dress- ings, 184; recent German surgery, 254; the Whitson- Franks controversy on drain- age tubes, 317; translations from Schmidt's Jahrbucher, 330  
 Calculus, urinary, 447  
 Calculus in Wharton's duct, case of, 471  
 California, insanity in, 101  
 Cambridge, university of, 20, 43  
 Campaign honours, 217  
 Cancer, a new cure for, 151  
 Cancer of the stomach, 172  
 Cancer of the uterus, 102  
 Cancer, the etiology of, 487  
 Cancerous inh. ritanoes, the theory of, 491  
 Cape practitioners, a tax on, 318  
 Castlebar district asylum, the recent appointment to the, 130  
 Castration, double, 102  
 Castration, uterine fibromata and, 88  
 Cataract extraction performed on a lunatic, 402  
 Centenarian scientist, a, 237  
 Chapman, Dr. J., on cholera (review), 455  
 Characteristic symptoms of a fe- brile epidemic, 400  
 Charcot, Prof., hysteria in the male, 508, 523, 549, 567  
 Charcot's joints, a clinical report of six cases of, 10  
 Charing Cross hospital, 357  
 Cheyne, Mr. W. W., antiseptic treatment of wounds (review), 240  
 Chimpanzee, comparative anatomy of, 77  
 Chloroform, atropine in cases of overdose of, 61  
 Cholecystotomy, two successful cases of, with remarks, 399  
 Cholera, 211, 417, 441, 454, 466, 486  
 Cholera, a timely exhortation, 41  
 Cholera epidemic, M. J. Gueria on the, 172  
 Cholera in Burmah, 19

Cholera inoculation, 16, 176  
 Cholera, iodine in, 255  
 Cholera, precautions against, 60, 197  
 Cholera, the treatment of, 55  
 Cholera, treatment of, 553  
 Cholera, 438, 505  
 Cholera, treatment of, 83  
 Christmas books, 583  
 Chronic peritonitis, case of, lasting over three months, with extra- vasation of fecal matter through a perforation of the caecum, 318  
 Classification of eruptions of the skin after Willan, 91  
 Clinical cases shown by Mr. Keetley, 612

CLINICAL RECORDS.

Intermittent albuminuria without apparent disturbance of health, by Dr. Merklen, 7; successful case of ovariectomy, by Mr. T. Jackson, 30; lithiasis, 51; case of epizotric abscess, 75; case of stricture of the male urethra in which cocaine was used with success, by Dr. Griffith, 93; case of double pneumonia, 123; large multilocular cyst of the right ovary, small cyst attached to the left broad ligament, ovariectomy, recovery in eight days, 165; case of belladonna poisoning during parturition, by Mr. A. S. Gubb, 188; case of removal of tongue, 209; case of obstinate pemphigus, 231; case of tetanus infantum suc- cessfully treated, 258; an epidem- ic of sore throat and dipth- eria, 303; diphtheria, tracheo- tomy—prolonged artificial respiration—death, 329; case of chronic peritonitis lasting over three months with extra- vasation of fecal matter through a perforation of the caecum, 343; cases of dipth- eria and laryngitis, 378; two cases of enlarged prostate, treated successfully by the galvano-cautery, 398; obscure case of chronic renal disease, 423; cases of dipth- eria and laryngitis, 445; case of stran- gulated inguinal hernia in a female, recovery, 486; case of hematuria in a man, followed by suppuration, 490; case of glycosuria, 490; a case of Bell's paralysis of central origin, 509; case of hemiplegia and mitral regurgitation, 530; case of foreign body in vermiform appen- dix, 551; case of retarded labour, 551; two cases of pseudo- hypertrophic paralysis, 575; case of diabetic gangrene, with perforating ulcer of foot, 610

**CLINICAL SOCIETY OF LONDON.**—Hæmatemesis and melæna, in which blood was first vomited 2½ hours after birth, fatal with- in 24 hours, 349; two cases of strangulated umbilical hernia, treated by excision of the sac and skin covering with suture of the ring after reduction, 349; trephining for compres- sion of a clot derived from the middle meningeal artery, and suggested the resort to com- pression or closure of the carotid as a means of arresting hæ- morrhage, 351; two successful cases of cholecystotomy with re- marks, 399; characteristic sym- ptoms of a febrile epidemic, 400; case of idiopathic puru- lent peritonitis in a child of ten years with atopy, 469; diffuse purulent peritonitis, 469; two cases of ligature of the external iliac artery for femoral aneurism, 470; fatal case of nitric acid poisoning, 471; gas- trostomy, 510; gastrostomy in a boy, æt. 4, 511; jejunostomy, 511; aneurism of the ascending transverse portion of the arch

of the aorta, pressure on the trachea and bronchi, on the left recurrent and left vagus, paralysis of the crico-arytenoides posterior, 552; suppuration around the vermiform appen- dix, treated by abdominal in- cision, 552  
 Club-foot family, a, 514  
 Clyde, the pollution of the, 17  
 Cocaine, 258  
 Coles, Mr. C., testimonial to, 591  
 College election, the, 35  
 Colleges, the, 403  
 Colotomy, frozen specimens of the parts concerned in, 77  
 Coming election at royal college of surgeons of England, 13  
 Commensural theory of the corpus callosum correct, is the, 553  
 Compulsory notification of infec- tious disease by medical men, 99  
 Congestion, intestinal, 582  
 Conduct of the council at the British medical association, 175  
 Congress question, the, 215  
 Conjoint examination scheme, the, 58, 109, 597  
 Connection between fever and in- flammation, the, 9  
 Conservative surgery, 231  
 Constipation, clinical notes on the treatment of, 444  
 Consultation amenities, 82  
 Consumption, Alpine treatment of, 18  
 Contraxeville and Royat, notes of visits to, 166  
 Conway guardians and their medi- cal officer, 107  
 Cook, Dr. J. F., the new chemistry, 199  
 Co-ordination centre for the heart, a, 216  
 Copyright in lectures, 608  
 Cork workhouse, clinical teaching in, 315  
 Coroner, curious action of a, 13

CORRESPONDENCE.

Alpine treatment of consumption, 18  
 Anderson's college, Glasgow, 481  
 Antiseptic treatment of wounds, 203  
 Army medical honours and rewards, 235  
 Bradley's, Dr., case, 175, 197, 218, 219  
 Castlebar asylum, recent appoint- ment of resident superintendent, 42  
 Cocaine in asthma, 248  
 Coming election at the royal college of surgeons of England, 13  
 Conduct of the council at the British medical association, 175  
 Conjoint examination scheme for Ireland, 133  
 Council of the royal college of sur- geons and examiner's fee, 457  
 Dangers of cocaine, 543  
 Diseases attributed to tobacco, 255  
 Every man his own M.D., 63  
*Gazette, the London,* 243  
 Government of the royal college of surgeons of England, 588  
 Hart's, Mr. E., parliamentary can- didature, 42  
 Harveian oration, 411  
 History of the progress of laryn- gology, 245  
 Influence of sea voyaging upon the genito-uterine functions, 63  
 Inoculation against cholera, 198, 243, 264  
 Liabilities of constabulary doctors, 468  
 Method of evolution and germs, 316  
 Narcotics, administration of, to in- fants, 243  
 New obstetrical society for Glasgow, 18  
 New names for old diseases, 412  
 Outbreak of vaccinia, 601  
 Poor-law medical officers' superan- nuation, 359

Pasteur, Mr., hydrophobia, 590  
 Private practices by resident super- intendants of Irish asylums, 517  
 Quackery in England, 457  
 Qualifications of hospitala to issue certificates, 88  
 Report of experiments on living animals, 43  
 Royal university and its degrees, 13  
 Spinning in asylums, 317  
 Susceptibility to strychnine, 163  
 Sexual deafness and defective sight, 111  
 Uncontrollable vomiting of preg- nancy, 17  
 Whitson Franks controversy, the, 317  
 Criminal anthropology, an exhibi- tion of, 192  
 Criminal law amendment bill, 181, 182  
 Otrious action of a coroner, 13  
 Curran, Dr., new names for old diseases, 412  
 Currier, Dr., gonorrhoea in the fe- male, 590  
 Cutaneous hæmorrhage by auto- suggestion, 331  
 Cyst, large multilocular, of the right ovary, small cyst attached to the left broad ligament, ovariectomy, recovery in 8 days, 165  
 Cyst, renal, with numerous calculi, 403

D

Davy, Mr. H., case of tetanus in- fantum successfully treated, 255  
 Deafness, absolute, consequent on a fall on the pavement, 22  
 Death from hydrophobia, 174  
 Death from the sting of a bee, 59  
 Death-rate of Glasgow, 17  
 Deaths, 32, 44, 66, 90, 114, 126, 158, 178, 200, 222, 244, 268, 330, 340, 364, 390, 414, 438, 460, 482, 522, 544, 568, 592, 616  
 Death under ether, 59  
 Definitions, proper, 16  
 Dental surgery, antiseptics in, 514  
 Diabetes, 111  
 Diabetic gangrene, case of, with perforating ulcer of foot, 610  
 Diagnosis, a new aid to, 173  
 Diagnosis, ridiculous error in, 153  
 Digest, the medical, 26  
 Digitalis, peculiar effects of, upon the eyesight, 111  
 Digitalis, the centenary of, 192  
 Dipth- eria and laryngitis, cases of, 445  
 Dipth- eria, the etiology and spread of, 425  
 Dipth- eria, tracheotomy, prolonged artificial respiration, death, 329  
 Dirt and death, practical lesson on, 15  
 Dispensary tickets in Ireland, fees on, 106  
 Distension of the stomach, enor- mous, 532  
 Disqualification of voters by medi- cal relief, 83  
 Distinctions, titular, 595  
 Divorce of medicine and phar- macy, the, 317  
 Doctorate for London students, 591  
 Drainage, the liabilities of land- lords as to, 63  
 Dragendorff, plant analysis, 65  
 Dressings, Deahna on, 184  
 Drugolat, another fatal mistake by a, 214  
 Drury, special articles on, 447, 355, 613  
 Drysdale, Dr. C. R., the Alpine treatment of consumption, 18; the latest teachings of the hos- pital du Midi, Paris, 236, 216; the diseases attributed to to- bacco, 255  
 Dub in, adulteration in, 331



Dublin coroner's law, 331  
 Dublin hospital inquiry commission, 63, 459  
 Dublin hospital, visit of H.E. the Countess of Carnarvon to the, 181  
 Dublin, the small-pox in, 14, 63  
 Dublin, university of, 43, 615  
 Dodgson, Dr. R. E., administration of narcotics to infants, 243; the Harvard oration, 411; the causes and prevention of blindness, 479; M. Pastur's prophylactic for hydrophobia, 500  
 Dundee, proposed institution of a medical school in, 85  
 Duan, Mr. H. P., the government of the royal college of surgeons of England, 588  
 Durham, university of, 30, 319, 548, 565  
 Dymecorrhoea, clinical lecture on, 67  
 Dyson, Dr. W., two cases of pseudo hypertrophic paralysis, 675

**E**

Early menstruation, 15  
 Eberlein, Dr. W., the nature and treatment of gout, 25, 294, 350, 360, 384, 345, 372, 394, 439, 444, 578  
 Edinburgh and St. Andrew's universities, parliamentary representation of, 83, 84, 183  
 Edinburgh, cottage hospital for women and children, 289  
 Edinburgh, health of, 17, 182, 188, 197, 218, 229  
**EDINBURGH MEDICO-CHIRURGICAL SOCIETY.**—Case in which a splashing sound was heard synchronous with the cardiac action, by Dr. Russell, 78; nutrition and growth in connection with pulmonary phthisis, by Dr. A. James, 78; case of laparotomy, 100; interesting brain case, 100; foreign body in bronchus, 100; new material for making anatomical casts, 100; entire sections of tumours of the testicle, 101; the medical arrangements of an English army corps in war, and the shortcomings of the existing volunteer medical service, 492  
 Edinburgh news, 316, 337, 358, 361, 412, 433, 456, 478, 580, 603  
 Edinburgh, outbreak of small-pox at, 229  
 Edinburgh, royal college of physicians of, 43  
 Edinburgh, royal colleges of physicians and surgeons, 112, 119, 487  
 Edinburgh royal maternity and Simpson memorial hospital, 68, 494  
 Edinburgh, surgeons' hall, 197  
 Edinburgh, the fever hospital question, 17, 228  
 Edinburgh, university of, 21, 43, 62, 68, 89, 109, 133, 138, 484, 489  
 Election, to-morrow's, 11  
 Electric shock, atropine L., 11  
 Electrolysis, 330  
 Elmes, Dr., of Limerick, 107  
 Embolic cast of the ureter, 446  
 Encephaloid tumour of the kidney, nephrectomy for, 38  
 Endocarditis, a case of ulcerative, 631  
 Enlarged prostate, two cases of, healed successfully by the galvanocautery, 393; English morality, French views of, 83  
 Enlargement of the medical school of Trinity college, Dublin, 14  
 Enteric fever, recent outbreaks of, 167  
 Epidemic of sore throat and diphtheria, 306  
 Epigastric abscess, case of, 75  
 Epilepsy, inhibition, 238  
 Epigastric abscess, case of, 75

Epiphyses, on injuries to the, 461  
 Ergot in acne, 11  
 Ergot in typhoid fever, 255  
 Erysipelas, 478, 33  
 Ether, death under, 59  
 Eucalyptus, inefficacy of, 16  
 Eucalyptus, oil of, on bronchitis, 11  
 Eriksen's, Mr., parliamentary candidature, 60, 84, 133, 150  
 Examinations of candidates for Her Majesty's army, Indian and naval medical services, 104, 310  
 Examination, the Scotch preliminary, 16  
 Examination, the M.B., 603  
 Examiners and their pupils, 596  
 Examining system, change in the, 599  
 Excision of portion of rib for fracture and empyema, 445  
 Excision of right-half of upper jaw, 446  
 Experimental research, 607  
 Experiments on living animals, report on, 14  
 Extra-uterine foetation, 575  
 Eyeball, removal of right, and lids for rodent ulcers, 513

**F**

Fall on the pavement, absolute deafness consequent on, a 32  
 Family group affected with disease of the spinal cord, 31  
 Fatal injury with machinery, case of, 44  
 Fatal case of nitric acid poisoning, 471  
 Febrile epidemic, characteristic symptoms of, a 400  
 Fees for inspecting labourers' dwellings, 84  
 Fever and inflammation, the connection between, 9  
 Fever hospital, London, 15  
 Fever hospital question, the Edinburgh, 17  
 Fibrous rheumatism, case of, 445  
 Fidget, the measure of, 14  
 Food reform, 34  
 Focal fistula after ovariectomy, 103  
 Fetal heart beats, diagnostic value of, 111  
 Foreign body in bronchus, 100, 512  
 Foreign body in vermiform appendix, case of, 551  
 Foreign cities, the mortality of, 21, 62, 89, 112, 242  
 Form of pneumonia now prevalent in Dublin, the, 52  
 Food and drugs, on the results of the application of the laws relating to the adulteration of, 8  
 Fothergill, Dr. J. M., diseases of sedentary and advanced life (review), 456  
 Fracture of the base of the skull with loss of brain substance through the ear, 111  
 Fragment of steel in the sclerotic, 447  
 France, 22, 102, 230, 478, 511  
 Francis, Surgeon-General, the influence of sea-voyaging upon the genito-uterine functions, 63  
 Franks, Dr. E., antiseptic treatment of wounds, 181, 301  
 Fraser, Mr. W., pedicell: their treatment by parasitides; with observations, 550  
 French views of English morality, 83  
 Frelich's successor, 69  
 Frozen specimens illustrative of the parts concerned in calectomy, 77  
 Fuhs, Dr., the causes and prevention of blindness (review) 479

**G**

Galvano-cautery, two cases of enlarged prostate, healed successfully by the, 393

Gamble, Mr., case of chronic peritonitis, 245  
 Gangrene of the hand, 70, 187  
 Gant, Mr. F. J., the coming election at the royal college of surgeons of England, 18  
 Gard, Surgeon-Major, an outbreak of vaccinia, 501  
 Garratt, Dr. A. O., myths in medicine and old time doctors (review), 614  
 Gastrostomy, 519  
 Gastrostomy in boy, aged 4, 511  
 "Gazette, the London," 213  
 Geiston, Dr. T. J., cocaine in asthma, hay fever, &c., 242  
 General medical council, the, 62, 88, 591  
 Genito-uterine functions, influence of sea voyaging upon, 2, 63  
 German association of naturalists and physicians, 192, 194  
 German surgery, recent, 284  
 Germany, 604  
 Germs, a hot bed of, 191  
 Glasgow, charitable bequests in, 218  
 Glasgow, death-rate of, 17, 232, 154, 218, 223  
 Glasgow news, 223, 239, 473, 498, 520, 541, 604  
 Glasgow pathological and clinical society, 604  
 Glasgow, proposed southern hospital for, 63  
 Glasgow royal infirmary, new appointments at, 60  
 Glasgow southern medical society, 604  
 Glasgow, university of, 112, 155, 487, 454  
 Glucose, the quantitative analysis of, in diabetic urine, 472  
 Glycosuria, case of, 490  
 Goohart, Dr. G. Fr., diseases of children, 65  
 Gout, iodoforn in, 14  
 Gout, rheumatism and the allied affections, 20  
 Gout, the nature and treatment of, 25, 214, 250, 290, 324, 345, 372, 394, 439, 461, 538  
 Govan, presentation of a park to the burgh of, 40  
 Government and the patent medicine stamp, 22  
 Gowers, Dr. W. B., lectures on the diagnosis of diseases of the brain (review), 457  
 Goyder, Dr., on cholera, 464, 505  
 Green, Mr. F. W. E., case of diabetic gangrene, 610  
 Grant, General, death of, 104  
 Granville, Dr. J. M., gout, 360  
 Griffith, Mr. G. de G., sexual deafness and defective sight, 93  
 Grigg, Dr. W. C., conduct of the council at British medical association, 175  
 Gubb, Mr. A. S., case of belladonna poisoning during parturition, 128; on haemostatics, 304; treatment of habitual constipation, 444; case of haematuria, 490  
 Guerin, M. J., on the cholera epidemic, 173  
 Gustafson, Mr. A., the foundation of death (review), 410  
 Guy's hospital conversations, 363

**H**

Hæmatemesis and melæna, in which blood was first vomited 2 1/2 hours after birth, fatal within 24 hours, 249  
 Hæmaturia in a man, followed by suppuration, case of, 490  
 Hamilton, Lady C., Louis Pasteur, his life and labours (review), 241  
 Hampstead heath, 81  
 Hanging v. morphine, 356  
 Hart, Mr. B., parliamentary candidature, 42  
 Harvard lectures, 525, 545, 569  
 Harvard oration for 1884, 365  
 Harvey, the Reuben, p. 2, 61  
 Health of Edinburgh, 17  
 H as an oxytocic, 162

Heat of fever, 206  
 Hemiplegia and mitral regurgitation, case of, 530  
 Hernia, 425  
 Hernia and its radical cure, lectures on, 5, 27  
 Hernia, remarks on, based on 74 operations (with patients), 492  
 Hernia, strangulated inguinal, 472  
 Hernia, strangulated inguinal in a female, case of, recovery, 494  
 Hernia, two cases of strangulated umbilical, treated by excision of the sac and skin covering with suture of the ring after reduction, 319  
 Herpes and recurrent chancre, 391  
 Hewitt, Dr. Grady, uncontrolled vomiting of pregnancy, 17  
 Hicks, Dr. J. P., the treatment of placenta prævia, 228  
 Hogg, Dr., history of the progress of laryngology, 263, 339  
 Hæmostatic, a new, 315  
 Hæmorrhagic, lecture on, 384  
 Holms, Dr. G., history of the progress of laryngology, 49, 73, 93, 120, 142, 262, 185, 208, 228  
 Holmes, Mr. T., testimonial to, 257  
 Hood, Dr. P., gout, rheumatism and the allied affections, 20  
 Horrible London, 42  
 Hospital Sunday fund, 226  
 Hospital Sunday fund, 104, 129  
 Hutchinson, Professor J., on obstruction cases, and abdominal taxis, 231, 266; on the surgeon's share in locomotor ataxy, 241; herpes and the recurrent chancre, 291; leprosy, its causes, its course, and its treatment, 415; on injuries to the epiphyses, 467  
 Hydrophobia, 315, 406, 478  
 Hydrophobia, death from, 173  
 Hygienic institution for Berlin, 61  
 Hypodermic pocket case, improved, 88  
 Hysteria in the male, 503, 523, 519, 567  
 Hypogastric lithotomy, 33

**I**

Ice cream, 59  
 Idiopathic purulent peritonitis in a child, case of, with autopsy, 469  
 Idiopathic rupture of the bladder, 408  
 Illingworth, Dr. C. E., history of the progress of laryngology, 289  
 Imlach, Dr., on the treatment of prolapsed ovaries by oophorectomy, 699  
 Indian medical service, 199  
 Inebriety, the treatment of, 58  
 Inefficiency of the encephalon, 11  
 Infectious disease, compulsory notification of, by medical men, 99  
 Infectiousness of small-pox, 89  
 Inflammation, the connection between fever and, 9  
 Injury, case of fatal, with machinery, 447  
 Insanity in California, 101  
 Intercollegiate doctorate, the, 105  
 Interest, some cases of, from the late war in the Sudan, 611  
 Intermittent albuminuria without apparent disturbance of health, 7  
 Intestine, stricture of the small, 377  
 Intestinal concretion, 522  
 Intestines, suturing the, 260  
 International medical congress, 8, 106, 242, 311  
 International pharmaceutical congress, 151  
 Iodide of potassium in milk, the administration of, 32  
 Iodine in cholera, 255  
 Iodoform in gout, 14  
 Iodoformum absolutum, 216  
 Ireland, the apothecaries hall of, 151  
 Ireland, academy of medicine in, 418, 456, 597

Ireland, conjoint examination scheme for, 109, 183  
Ireland, royal college of surgeons in, 21, 43, 135, 543, 599  
Ireland, royal university of, 319, 368, 481  
Irish lunacy laws, some points in, 492  
Irish medical schools and graduates' association, 411  
Irish poor-law superannuation, 83, 259, 367, 597  
Irwin, Dr. J. A., influence of sea-voyaging upon the genito-urinary functions, 2  
Irwin, Mr. J. K., qualification of hospitals to issue certificates, 86

J

Jackson, M. V., a successful case of ovariectomy, 80  
Jacob, Dr., conduct of the council of the British Medical Association, 175  
Jones, Mr. C. H., two cases of tetanus, 245  
Jones, Mr. R., diphtheria—tracheotomy—prolonged artificial respiration—death, 329  
Jrjunostomy, 511

K

Kettlewell home, 89  
Kidney, primary sarcoma of the right, 187  
King and Queen's college of physicians, 83, 388, 543, 615  
Knee-joint, surgery of the, 80  
Knee-joint, surgery of the, 80  
Knight, Dr. C. F., the royal university and its degrees, 18  
Knock-knee, case of operation for, 472

L

Laboratory notes on new preparations, 64  
Laboratory work, 603  
Labourers' dwellings, fees for inspecting, 84  
Landlords, liabilities of as to drainage, 36  
Laparotomy, case of, 100  
Laparotomy, foreign bodies left in the abdominal cavity after, 60  
Laryngology, history of the progress of, 49, 72, 95, 118, 147, 162, 185, 203, 228, 339  
Lea, the river, 315

LEADING ARTICLES.

Abolition of poor-law officers in Ireland, 148, 171  
Bradshaw lecture, the, 190  
Caesarian section in Central Africa, 57  
Cancer cures, 79  
Can tuberculosis be inherited? 568  
Case of Dr. Bradley, of Brimington, 13, 113, 380, 583  
Catholic university of Ireland and its medical school, 450  
Cholera and the hospitals, 494  
Claims of science, the, 257  
Clothes in their relation to health, 218  
College election, the, 85  
Coming annual meeting, 403, 562  
Decision of the council, 575  
Degradation of the press, 55  
Diagnostic value of delirium, 103  
Disinfection of rage, 449  
Disqualification by medical relief, 104  
Doctorate for London students, 405

Doubtful opinion, a, 495  
Faults of the pharmacopoeia, 538  
Feeding the sick, 138  
French views of English medical charities, 238  
General medical council, 379, 493  
Gastrostomy, 514  
Harveian oration, 377  
Hutchinson, Prof., on locomotor ataxy, 358  
Influence of environment on disease, 123  
Influence of fungi on the development of giant cells, 354  
International medical congress, 434  
Introductory, the, 381  
Late Dr. Carpenter, the, 472  
Licensed midwives, 403  
London university reform, 84  
Medical council and their doings, 517  
Medical education in Dublin, 332, 354  
Medical men as voters, 191  
Medical profession and lunacy certificates, 169  
Medical votes and voters, 284  
New British pharmacopoeia, 257  
New method of examining water, 559  
Pensions to Irish poor-law officers for abolition of office, 80, 383  
Pharmacist on the new pharmacopoeia, 474  
Political helplessness of the profession, 149  
Position of the C.D. acts, the, 235  
Privileges of British practitioners in the colonies, 427  
Promising outlook, 423  
Prospects of the profession, the, 256  
Release of Dr. Bradley of Brimington, 104  
Scheme for a teaching university in London, 584  
Smith, Dr. H. and the royal college of physicians, London, 581  
Surgery, past and present, 147  
Tenure of workhouse appointments in Ireland, 555  
To-morrow's election, 11  
Tramcar slavery, 170  
Uncertain materia medica, 78  
Venous pulse, the, 212  
Will the congress meet in America? 180  
Wood, Mr. J., on antiseptics, 556

Latest teachings of the hospital du Midi, 226, 251  
Lectures of the year, 545  
Lefteria, Dr. G. M. W., pharmacopoeia for the treatment of diseases of the larynx, &c., 199  
Legge, Mr. W., a guide to the examination of the urine (review), 337  
Leicester, a challenge from, 334  
Leith, cholera scare at, 239  
Leprosy, 415  
Ligature of the external iliac artery for femoral aneurism, two cases of, 470  
Lightning, death from, 218  
Lithiasis, 51  
Lithotomy, hypogastric, 33  
Literary notes and gossip, 111, 221, 433, 563  
Little, Mr. P. C., the etiology and treatment of cholera, 485  
LIVERPOOL MEDICAL INSTITUTION.  
—Renal cyst with numerous calculi, 402; ca'aract extraction performed on a lunatic, 402; myoma of the uterus, 402; remarks on hernia based on 74 operations (with patients), 402; renal and biliary calculi, 445; case of fibrous rheumatism, 445; excision of portion of rib for fracture and empysemia, 445; excision of right half of upper jaw, 446; pathology and treatment of chorea, 446; aneurism of the aorta, 512; foreign body in the bronchus, 512; ulceration of the trachea and innominate after tracheotomy, 513; abscess of the spleen occurring in

arteric fever and exhibition of specimen, 513; removal of right eyeball and lids for rodent ulcers, 513; is the committal theory of the corpus callosum correct? 555  
Living animals, experiments on, report of, 14  
Locomotor ataxy, on the surgeon's share in, 341  
London college of physicians, conversation at, 89  
London fever hospital, 15  
London, healthiness of, 335  
London royal college of physicians, 135  
London, university of, 155, 177, 199, 591, 615  
London university M.D. degree, 36  
London university reform, 84  
Lord Lieutenant of Ireland, medical appointments by the, 38, 61  
Lomes, the year's, 596  
Low temperature, effects of, on living organisms, 261  
Lunatic, ca'aract extraction performed on a, 402  
Lunacy literature, 337  
Lunacy legislation, 101, 189  
Lupus and tuberculosis, 335

M

MacCabe, Dr. F. F., testimonial to, 33, 84  
Macdonald, Dr. A. D., nitrate of amyl; an eliminator of uric acid; a remedy for gout, 329  
McGregor-Robertson, Mr. J., elements of physiological physics (review), 87  
MacKenzie, Dr. W., hay fever, (review), 64  
Mad, antiseptics gone, 15  
Malignant obstruction of the pylorus enormous distortion of the stomach, 532  
Manchester, health lectures, 313  
Maniacal excitement, treatment of, 189  
Marseilles epidemic, the, 191  
Marriages, 22, 44, 66, 80, 114, 136, 156, 178, 223, 244, 268, 390, 438, 480, 502, 522, 544, 566, 592, 616  
Martin, Dr. J. W., therapeutic hints, 75; Dr. Bradley's case, 110, 219  
M.D., every man his own, 63  
Measure of fidget, the, 14  
Meat, bad, 13  
Medical appointments by the Lord Lieutenant of Ireland, 3, 618  
Medical arrangements of an English army corps in war, and the shortcomings of the existing volunteer medical services, 492  
Medical candidates for parliament, 356  
Medical council, the general, 63  
Medical digest, the, 36  
Medical men as voters, 219  
Medical news, 20  
Medical relief, disqualification of voters by, 33, 313  
Medical school of Trinity college, Dublin, enlargement of, 14  
Medical school in Dundee, proposed institution of a, 36  
Medical society of London, 357  
Medical v. legal corners, 151  
Medicine in Japan, 261  
Medico-chirurgical society of Edinburgh, 32  
Medico-chirurgical society of Glasgow, 604  
Medico-psychological association, 102, 155, 454, 492  
Meetings of the societies, 22, 320, 340, 384, 390, 414, 438, 460, 482, 502, 522, 544, 566, 616  
Menstruation, early, 15  
Merklen, Dr., intermittent albuminuria without apparent disturbance of health, 7  
Methyl, salicylate of, 233  
Microbe of mumps, the, 13  
Microbe, a new, 337  
Microbes from water, removing, 151

Micro-organisms, the relation of, to the tissue elements, 61  
Micro-organisms as a cause of diphtheria, 261  
Middlesex hospital, conversazione at, 21  
Middlesex hospital, the work of the, 60  
Milk, the administration of iodide of potassium in, 33  
Mitral regurgitation, case of hemiplegia and, 530  
Morbid anatomy, the study of, 182  
Moore, Dr. J. W., conjoint examination scheme for Ireland, 133  
More-Madden, Dr. T., some points in the treatment of uterine fibro-myomata, 23; the recent progress of obstetric and gynaecological science, 573  
Morphia, the dangers of, 312  
Morris, Dr. J. D., hydatid disease with special reference to its prevalence in Australia, 409  
Mortality of foreign cities, 21, 62, 89, 118, 243, 219, 339, 363, 389, 403, 501, 521, 543, 565, 591, 615  
Motor and sensitive nerves, the excitability of, 233  
Multilocular cyst, large, of the right ovary, small cyst attached to the left broad ligament, ovariectomy, recovery in 8 days, 165  
Mumps, the microbe of, 13  
Murphy, Dr. J., the treatment of placenta praevia, 179, 205  
Muscle, ossification in, about the hip, 513  
Myoma, of the uterus, 402

N

Nairne, Mr. J. D., a new obstetrical society for Glasgow, 13  
Narcotics to children of tender age, the administration of, 213  
National dental hospital and college, 65  
Naval medical department, 199  
Neale, Mr. W., an epidemic of sore throat and diphtheria, 205  
Necrosed tibia, sequestromy performed many years ago, 576  
Needle, rapid passage of a, through the body, 233  
Nephrectomy, 11  
Nephrorrhaphy, followed by nephrectomy, 36  
Nephrectomy for encycloidal tumour of the kidneys, 33  
New material for making anatomical casts, 100  
Newcastle, report of the medical officers of health, 41  
Night lecture system, the, 337  
Nitrate of silver in ophthalmic neontatorum, 11  
Nitric acid poisoning, fatal case of, 471  
Non-arsenical wall hangings, 243  
Norman, Mr. C., spinning in asylums, 317  
Norton, Mr. A. T., a text-book of operative surgery and surgical anatomy (review), 638  
Notes from exchanges, 10, 33, 111, 254, 306  
Notes on current topics, 13, 35, 57, 81, 105, 129, 150, 172, 191, 214, 236, 256, 311, 334, 355, 381, 407, 423, 450, 464, 496, 517, 536, 559, 583  
Notes on the development of specific fevers, 514  
Notification, compulsory, of infectious disease, by medical men, 99  
Nothnagel, Prof., the treatment of peritonitis, 608  
Notices to correspondents—See last page of each number  
Novelties, 362, 499, 591  
Numerous calculi, renal cyst with, 492  
Nutrition and growth in connection with pulmonary phthisis, 73

**O**

Obesity, treatment of, by blood-letting, 452

Obituary—Dr. Wotherspoon, 41; Dr. Auld, 62; Dr. Himes, 88; Dr. Schlager, 181; Dr. Graham, 151; Mr. Earl, 156; Dr. French, 177; Dr. Walker, 197; Dr. Guy, 289, 318; Mr. Canton, 314; Mr. Gay, 318; Dr. Malcolmson, 339; Dr. Warren, 338; Dr. Cahill, 431; Dr. Taffnell, 521; Dr. Bodkin, 543

Obscure case of chronic renal disease, 423

Obstetrical progress and science, 573

Obstetrical society for Glasgow, a new, 13

Obstruction, malignant of the pylorus, enormous distention of the stomach, 532

Obstruction to breathing, curious cause of, 215

O'Connor, Dr., suicide of, 150

O'Flanagan, Mr. J., inoculation against cholera, 193, 264; medical men as voters, 219

Oleum deoline in skin diseases, 264

Ophthalmic neonatorum, nitrate of silver in, 11

Ophthalmological society, the London, 80

Ord, Dr. W. M., the heat of fever (presidential address), 296

Ormsby, Dr. L. H., the emergencies of surgery, 133, 159, 302, 326, 347, 374

Outlawry of the medical practitioner, 195

Out-patient system in London, 37

Ovarian cyst, case of, 1, 165

Ovariectomy, successful case of, 30

Ovariotomy, a successful case of, 30

Ovariotomy, fecal fistula after, 105

Ovariotomy, pregnancy after double, 315

Over pressure controversy, the, 217

Oxford, university of, 20

Ozone and pneumonia, 356

**P**

Paralysis, action of lightning on, 238

Paralysis of the sympathetic, 180

Parasites of fresh water fishes, 318

Paronychiomatous infection of Fowler's solution into a leucemic hypertrophied spleen, 16

Parish, Dr., an English welcome to, 311

Parliamentary representation of Edinburgh and St. Andrew's universities, 33

Pass lists, 43

Pasteur, M., on hydrophobia, 463

Patent medicine stamp, government and the, 32

Pathology and treatment of chorea, 446

Pathology of lead paralysis, 530

Pathological specimens, 9

Pearse, Dr. W. H., inoculation against cholera, 177, 242; the method of evolution and germs, 316; cholera and epidemics hypothetically viewed in relation to pangenesis, evolution, and continuity, 417, 441, 466

Peduncul, their treatment and parasites, 550

Pemphigus, case of obstinate, 231

Pepper, Mr. A. J., elements of surgical pathology, 590

Percy, Dr. D. A. M., on haemostyptic, 304

Peritonitis, 608

Peritonitis, case of chronic, lasting over three months, with extravasation of fecal matter through a perforation of the caecum, 345

Pharmacy act, prosecution under, 122

Phosphoric acids, 135

Place of specialism in general practice, 32

Placenta previa, treatment of, 179, 205, 229

Pneumonia, case of double, 123

Pneumonia, the form of, now prevalent in Dublin, 52

Poisoning from domestic medication, 234

Poisonous honey, 237

Poisoning by bi-chromate of potassium, 532

Political influence of the British medical association, the, 107

Pollution of the Clyde, the, 17

Pollution of the Thames and Lea, 185

Poor-law medical service, 598

Practical lesson on dirt and death, 15

Pregnancy, multifetal, 239

Prepared foods, disadvantages of, 132

Prepuce and glands, on a peculiar ringed affection of the, 255

Prescription, who owns the? 216

Primary sarcoma of the right kidney, 167

President of academy of medicine in Ireland, inaugural remarks of the, 563

Professional jealousy, 478

Progressive muscular atrophy in a lad set 13, 766

Proper definitions, 15

Proposed addition of a medical school in Dundee, 35

Prostate, two cases of enlarged, treated successfully by the galvano-cautery, 398

Pseudo-hypertrophic paralysis, 576

Psoriasis, treatment of, 11

Pseudo-hypertrophic paralysis, two cases of, 575

Psychological section of British medical association, 189

Puerperal eclampsia, hot bath in, 11

Pulse waves, apparatus illustrating, 78

Purpura, the pathology of, 10

Purulent peritonitis, case of idiopathic, in a child of 10 years, with autopsy, 469

Purulent peritonitis, diffuse, 469

Pulmonary phthisis, nutrition and growth in connection with, 73

Pye-Smith, Mr. E. J., hernia, 420

Pyridine for asthma, 15

**Q**

Quain, Dr., the influence affecting the modern progress of medicine (Harveian oration), 465

Qualification of hospitals to issue certificates, 36

Queen's colleges, the reform of the, 38

Quacks, surgeons as cover to, 37

Queen's college, Cork, 21

Qualitative analysis of glucose in diabetic urine, 472

Quinlan, Dr., laboratory notes on new pharmaceutical preparations, 64

Quinoline from coal tar, 237

**R**

Rabagliati, Dr., 468, case of strangulated inguinal hernia in a female—recovery, 468

Rearing premature infants, 194

Registrar-general's returns, the, 218

Reform of the Queen's colleges, 33, 608

Relations of micro-organisms to the tissue elements, 61

Relative disease and death-rate in town and country, 93

Remarks on hernia, based on 74 operations (with patients), 402

Remedies for the social evil, 194

Removal of right eyeball and lids for rodent ulcers, 513

Renal cyst with numerous calculi, 499

Renal and biliary calculi, 445

Report of experiments on living animals, 14, 43

Reports of medical officers of health, 305, 542

Resection of the sternum for retro-sternal abscess, 102

Retrospect of the year 1895

Rheumatism, case of fibrous, 445

REVIEWS.

Alpine winter in its medical aspects, 614

Antiseptic treatment of wounds, 240

Bryant's surgery, 61

Case-taking, 590

Causes and prevention of blindness, 479

Cholera, 455

Clinical notes on cancer, 134

Contributions to pathology, 455

Elements of physiological physics, 87

Elijah, the prophet of fire, 154

Face and foot deformities, 134

Fairlie Clark, Dr., his life and letters, 386

Foundations of death, 410

Goodhart's diseases of children, 63

Gonorrhoea in the female, 590

Gout, 390

Gout, rheumatism and the allied affections, 20

Guide to the examination of the urine, 337

Handbook for the instruction of attendants on the insane, 19

Hay fever, 64

Humphry Sandwith, 203

Hydatids, 410

Index catalogue, 30

Index catalogue of the library of the surgeon-general's office, United States, 457

Lectures on the diagnosis of diseases of the brain, 457

Medical reports on Chinese imperial customs, 457

Myths in medicine and old-time doctors, 614

New chemistry, 199

Obstetrical medicine and surgery, 500

Operative surgery, 538

Pasteur, Louis, his life and labours, 241

Pathological myecology, 264

Pathology, 590

Pharmacopoeia for the treatment of diseases of the larynx, pharynx, and nasal passages, 199

Pharmacopoeia of the British hospital for diseases of the skin, 199

Physiology, 590

Plant analysis, 65

St. Thomas's hospital reports, 134

Sedentary and advanced life, 459

Selected monographs, 240

Suicide, 456

Surgical delusions and follies, 154

Surgical diagnosis, 65

Transactions of the academy of medicine in Ireland, 318

Treatment of lateral spinal curvature, 37

Ribs, fracture of the, 478

Roberts, Dr. J. A., surgical delusions and follies, 154

Robson, Mr. A. W., a case of retarded labour, 551

Rogers, Mr. J., the council of the college of surgeons and examiners' fees, 360; poor-law medical officers members of parliament, 457

Roth, Dr. M., treatment of lateral spinal curvature, 37

Royal college of physicians of London, 435, 498

Royal college of surgeons in England, 21, 43, 155, 177, 369, 436, 479, 481, 576, 585, 593

Royal college of surgeons in Ireland, 21, 113, 618

Royal free hospital, the, 151

Royal hospitals commission, 598

Royal recognition of devoting to duty, 195

Royal university and its degrees, the, 18

Rupture of the urethra, 102

Ruptured perineum, an original operation for, 11

Russell, Mr. V. W., case of gangrene of the hand, 70

**S**

Sacculated aneurism of the ascending aorta, 446

Sacculated aneurism of the transverse portion of the arch of the aorta, 532

St. Andrew's and Edinburgh university, parliamentary representation of, 33, 81, 133

St. Andrew's graduates' association, 61

St. Mary's hospital, opening of the session, 337

Sanitary conditions of Windsor, 174

Sanitary point, an important, 38

Science fellowship in Australia, 32

Sclerotic, fragment of steel in the, 417

Scotch preliminary examination, the, 16

Sea-voyaging, influence of, upon genito-uterine functions, 2, 63

Sections, entire of tumours of the testicle, 101

Sempie, Dr. A., case of obstinate pemphigus, 231; case of diphtheria and laryngitis, 445

Senator, Dr. H., selected monographs (review), 240

Sexual deafness and defective sight, 86, 111

Shaftesbury, the late Lord, 333

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.—Hernia, 426; embolic cast of the ureter, 443; epulis, 446; sacculated aneurism of the ascending aorta, 446; case of fatal injury with machinery, 447; stricture in the sigmoid flexure, 447; urinary calculus, 447; fragment of steel in the sclerotic, 447; passage of steel splinter through the cornea, lens, and posterior wall of eyeball, 513; acute necrosis of the hip-joint, ossification in muscles about the hip, 513; Bell's paralysis of central origin, 514; anti-epileptic in dental surgery, 514; notes on the development of specific fevers, 514; a club-foot family, 514; intestinal concretion, 531; sacculated aneurism of the transverse portion of the arch of the aorta, 532; malignant obstruction of the pylorus—enormous distention of the stomach, 532; poisoning by bichromate of potassium, 532; sequelae of zymotic diseases, 532; aneroid thermometers, 575; extra-uterine foetation, 575; pseudo-hypertrophic paralysis, 576; progressive muscular atrophy in a lad, set 13, 766; necrosed tibia, nequectomy performed many years ago, 576

Shoemaker, Dr. J. V., the international congress of 1895, 242

Skelton, injuries of the, 118

Skin, eruptions of the, classification of, 88

Small-pox in Dublin, the, 14, 58

Small-pox, infectiousness of, 89

Smoking, the dangers of, 239

Social science association, 109

Social evil movement, the, 194

Society for relief of widows and orphans of medical men, 89

Some causes of disease, 115

Soudan, the war in the, 481

Soudan, some cases of interest from the late war in the, 611

Sound deadener, new, 37

Specialism in general practice, the place of, 32

Specific fevers, notes on the development of, 598

Specific fevers, notes on the development of, 514  
 Spinal antrhopathies, 10  
 Spinal cord, a family group affected with disease of the, 23  
 Splinting in asylums, 236  
 Splashing sound, case in which was heard synchronous with the cardiac action, 724  
 Spleen in rabbits, extirpation of, 216  
 Spleen, parenchymatous injection of Fowley's solution into a luteous hypertrophied, 18  
 Spleen, abscess of the, occurring in enteric fever, and exhibition of specimen, 513  
 Splinter, passage of a steel through the cornea, lens, and posterior wall of the eyeball, 513  
 Squire, Mr. B., pharmacopoeia of the British hospital for diseases of the skin, 199  
 Star in, Mr. J., notes on classification of eruptions of the skin after Willan, 93  
 Strangulated inguinal hernia, 472  
 Stricture, electrolytic treatment of, 512  
 Stricture, treatment of, by internal urethrotomy, 146  
 Stricture in the sigmoid flexure, 447  
 Stricture of the male urethra in which cocaine was used with success, successful case of, 98  
 Structure of the small intestines, 817  
 Suicide of Dr. O'Connor, 150  
 Summer drinks, 88  
 Suppuration around the vermiform appendix treated by abdominal incision, 553  
 Surgeons as cover to quacks, 27  
 Surgeons, royal college of, England, 185, 155, 177  
 Surgery, the advances of, 504  
 Surgery, the emergencies of, 183, 156, 302, 326, 345, 374  
 Surgery, antiseptic, at the West London hospital, 612  
 Syphilis of the brain, 91  
 Systematic examination of wet nurses for preventing the transmission of syphilis, 198

T

Tait, Mr. L., on report of experiments on living animals, 43, 63; Dr. Bradley's case, 243  
 Taylor, Dr. C. E., the dangers of cocaine, 543

Teachers, the association of, 544  
 Teaching university scheme, 568  
 Teeth, chemical composition of, 224  
 Teeth swallowing, 39  
 Temperature, influence of, on muscles at rest, 335  
 Tentas abri, 108  
 Testicle, entire sections of tumours of the, 101  
 Testimonial to Dr. Abraham, 261  
 Testimonial to Dr. Bradley, 180  
 Testimonial to Dr. F. F. MacOabe, 38  
 Testimonial to Mr. T. Holmes, 357  
 Tetani, urari in the treatment of, 31  
 Tetanus infantum, case of, successfully treated, 255  
 Tetanus, two cases of, 245  
 Thallin sulphate, 16  
 Therapeutic hints, 75  
 Therapeutics, experimental, 234  
 Thilar, Dr., large multilocular cyst of the right ovary, 165  
 Theory of cancerous inheritance, the, 491  
 Thermometers, aneroid, 275  
 Thomas, Dr. W. B., a case of Bell's paralysis of cerebral origin, 509  
 Thompson, Mr. W., transactions of the academy of medicine in Ireland, 813  
 Tissue elements, the relations of micro-organisms to the, 61  
 Titular distinctions, 596  
 Tobin, Mr. E. T., case of removal of the tongue, 299  
 Tracheotomy tube, skeleton, 223  
 Translations from Schmidt's Jahrbucher, 330  
 Traumatic tetanus, recovery from, 215  
 Treatment of cholera, 553  
 Treatment of cholera, 55  
 Treatment of placenta previa, 179, 305, 223  
 Treatment of uterine fibromyomata, some points on the, 23, 23, 46  
 Trephining for compression of a clot derived from the middle meningeal artery, and suggested the resort to compression or closure of the carotid as a means of arresting hæmorrhage, 251  
 Trinity College, Dublin, enlargement of the medical school, 14  
 Tongue, case of removal of the, 299  
 Turnbull, Mr. A. R., the attitude of the medical profession in regard to the signing of certificates, 159, 157  
 Typhoid outbreak at Ashford schools, 237

Typhoid fever, ergot in, 255

U

Uncontrollable vomiting of pregnancy, 17  
 United States, medical education in the, 513  
 Universities bill (Scotland), 107, 153  
 University changes, 603  
 Urari in the treatment of tetanus, 31  
 Urethra, rupture of the, 102  
 Urethrotomy, treatment of stricture by, 146  
 Ureter, embolic cast of the, 446  
 Urinary calculus, 447  
 Ulceration of the trachea and innominate after tracheotomy, 513  
 Uterus, myoma of the, 403  
 Uterine displacements, the operation of correcting some, by shortening the round ligaments, 45, 53, 57  
 Uterine fibromata and castration, 33  
 Uterine fibro-myomata, some points on the treatment of, 23, 31, 46  
 Uterine hæmorrhage, hot and cold injections in, 255  
 Uterus, cancer of the, 102

V

Vaccines, 22, 44, 66, 90, 114, 136, 178, 200, 222, 244, 266, 290, 290, 414, 433, 460, 482, 502, 544, 592, 616  
 Vaccination, 39, 173  
 Vagina, rupture of, during coitus, 255  
 Variola, 402  
 Vascular and muscular anomalies, five cases of, 77  
 Vermiform appendix, case of foreign body in, 551  
 Vermiform appendix, suppuration around the, treated by abdominal incision, 552  
 Vital statistics, 21, 39, 113, 243, 265, 319, 339, 339, 437, 481, 521, 543, 565, 591  
 Vivisection, Mr. Lawson Tait and, 63  
 Volunteer medical staff corps, 108  
 Volunteer surgeons, annual dinner of, 59

W

Ward, Mr. T. H., Humphrey Sandwith, a memoir (review), 263  
 Wardell, Dr. J. R., contributions to pathology and the practice of medicine (review), 455  
 Warner, Dr. E., the student's guide to clinical medicine and case-taking (review), 590  
 Warning, timely, 193  
 Wells and Sons, Messrs., instruments, 565  
 Westbrook, Mr. W., suicide (review), 453  
 West-London medico-chirurgical society, — Stricture of the small intestine, 377; the theory of cancerous inheritance, 491; some cases of interest from the late war in the Sudan, 611; antiseptic surgery at the West London hospital, 612; clinical cases shown by Mr. Keetley, 612  
 West-London medico-chirurgical society, 21, 319  
 Westminster hospital medical school, 316  
 Whittie, Dr. E., Dr. Bradley's case, 218  
 Whitson, Dr., antiseptic treatment of wounds, 225  
 Wilks, Dr. S., on some causes of disease, 115  
 Willis, Dr. C. H., notes on the development of specific fevers, 508  
 Windsor, the sanitary condition of, 174  
 Wise, Dr. A. T., alpine winter in its medical aspects (review), 614  
 Wolverhampton and district medical society, 352  
 Wolverhampton and Staffordshire general hospital, 30  
 Wood, Mr. J., lectures on hernia and its radical cure, 5, 27  
 Woodhead, Dr. G. S., pathological mycology (review), 264

Y

Yellow fever, microbe of, 238

Z

Zamana medical mission, the 173, 313, 355, 356  
 Zymotic diseases, sequela of, 532

# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

225.

WEDNESDAY, JULY 1, 1885.

CONTENTS.		PAGE	PAGE
<b>ORIGINAL COMMUNICATIONS.</b>			
Case of Ovarian Cyst complicated by the Existence of a Deeply Seated Pelvic Abscess. By Lombe Atthill, M.D., Ex-Master of the Rotunda Hospital	1	BRADFORD MEDICO-CHIRURGICAL SOCIETY— Pathological Specimens ..... 9 The Connection between Fever and Inflammation ..... 9 The Pathology of Purpura ..... 10	A Practical Lesson on Dirt and Death .. 15 Inefficacy of the Eucalyptus ..... 16 The Scotch Preliminary Examination .... 16 Parenchymatous Injection of Fowler's Solution into a Leucæmic Hypertrophied Spleen ..... 16 Thallin Sulphate ..... 16 Cholera Inoculation ..... 16
Influence of Sea-Voyaging upon the Genito-Uterine Functions. By J. A. Irwin, M.A. Cantab., M.D. Dub. Univ., formerly Physician to the Manchester Southern Hospital for Women and Children	2	<b>BRIEF NOTES FROM OUR EXCHANGES .. 10</b>	
Lectures on Hernia and its Radical Cure. Delivered at the Royal College of Surgeons of England. By John Wood, F.R.S., F.R.C.S., Hunterian Professor of Surgery and Pathology; Senior Surgeon to King's College Hospital; and Professor of Clinical Surgery in King's College	5	<b>LEADING ARTICLES.</b>	
<b>CLINICAL RECORDS.</b>		<b>TO-MORROW'S ELECTION</b>	
Intermittent Albuminuria without Apparent Disturbance of Health. Under the care of Dr. Merklen, Paris	7	<b>THE CASE OF DR. BRADY OF DUBLIN— TOM .. 12</b>	<b>SCOTLAND.</b>
<b>TRANSACTIONS OF SOCIETIES.</b>		<b>NOTES ON CURRENT TOPICS.</b>	Edinburgh—The Fever Hospital Question 17 Death-Rate of Glasgow ..... 17 Health of Edinburgh ..... 17 The Pollution of the Clyde ..... 17
<b>ACADEMY OF MEDICINE IN IRELAND—</b>		The Misdeeds of Mumps ..... 13 Bad Meat ..... 13 Curious Action of a Coroner ..... 13 The Small-pox in Dublin ..... 14 The Measure of Fidelity ..... 14 Enlargement of the Medical School of Trinity College ..... 14 Iodoform in Gout ..... 14 The Report of Committees on Living Animals ..... 14 Early Menstruation ..... 15 Antisepsis gone Mad ..... 15 London Fever Hospital ..... 15 Pyridine for Asthma ..... 15 Proper Definitions ..... 15	<b>CORRESPONDENCE.</b>
On the Results of the Application of the Laws relating to the Adulteration of Food and Drugs	8		The Uncontrollable Vomiting of Pregnancy 17 The Coming Election at the Royal College of Surgeons of England, &c. .... 18
			<b>SPECIAL CORRESPONDENCE .. 9</b>
			Literature ..... 19 Medical News ..... 20 NOTICES TO CORRESPONDENTS ..... 21

WITH TITLE-PAGE AND INDEX.

## Original Communications.

### CASE OF SUPPURATING OVARIAN CYST COMPLICATED BY THE EXISTENCE OF A DEEPLY-SEATED PELVIC ABSCESS.

By LOMBE ATTHILL, M.D.,  
Ex-Master of the Rotunda Hospital.

On the 26th Nov., 1884, a lady came to town to undergo the operation of ovariectomy. She was sent to me by Dr. Moran, of Gort, who had previously diagnosed the existence of an ovarian tumour.

On examination I was satisfied that the tumour consisted mainly of one large cyst, but there was also a solid portion which lay in the left inguinal region. The case seemed a favourable one for operation, and as the patient was very anxious to have the tumour removed, I decided to operate at once; but a sharp attack of bronchitis, the result of cold caught during her journey, supervening, the operation was necessarily postponed. On the bronchitis subsiding, she was attacked with peritonitis, which required the application of leeches and the free exhibition of opium. The fever was high, and there was much pain.

As these symptoms subsided I was much disappointed to find that her condition did not improve as I had hoped, and I now observed a new phase in her illness; hitherto, the temperature had ranged from 101 deg. to 102 deg., now at night it rose to 103.5, to fall to 98 deg. in the morning, the pulse ranging from 140 to 120 in the minute; the tongue too became dry and glazed, and I came to the conclusion that the contents of the tumour must be undergoing a change.

Dec. 21st.—Her condition now was most unsatisfactory, and indeed alarming, her illness had lasted four weeks. She was very feeble and greatly emaciated, the pulse small and rapid, the temperature, as already stated, varying 5 deg. between night and morning. The urine was very scanty and high coloured, only eight ounces

being secreted in 24 hours. There was great thirst, and any attempt to take food other than milk and soda-water, or beef tea, was followed by vomiting, in fact, nothing could be more unfavourable than her condition for the performance of a capital operation. It was evident, however, that in the condition the patient was in she could not long survive, and that the only hope of saving her life rested on the speedy removal of the tumour. The patient willingly agreed to undergo the risk, and was operated on the morning of the 23rd of Dec. Ether was administered by Dr. Charles Ball, and I was assisted by Professor Stokes. The atmosphere in the room was thoroughly impregnated with carbolic spray, but it was not allowed to play on the abdomen, all other antiseptic precautions were strictly observed.

The first part of the operation presented no difficulty. The large cyst was rapidly exposed and emptied. There was nothing exceptional in the fluid contained in the large cyst, but on proceeding to break down the small cysts which composed the more solid portion of the tumour, they were found to contain pus. The diagnosis that the cyst was a suppurating one was therefore verified.

But although the cyst was thoroughly emptied of its contents, it could not be drawn forward, and I now found that its base was intimately adherent to the pelvic walls, both laterally and posteriorly. The task of breaking down the adhesions was tedious and difficult, those to the right were first separated, then those posteriorly, but while breaking down those to the left, at a point corresponding to the solid portion of the tumour, in which were situated the suppurating cysts, I was disagreeably surprised at finding a quantity of by no means inodorous pus to well up. At the moment I assumed that I had torn the wall of the cyst, and that the pus had been contained within it, and it was not till some time after the operation was over, that I discovered, on a careful examination of the tumour, that it had been removed in perfect condition. The pus, therefore, must have come from a deeply-seated pelvic abscess.

The base of the tumour was at length freed from its

attachments, drawn forward and separated. The pelvis was now full of blood and pus, which was carefully removed, and the cavity washed out with a five per cent. solution of carbolic acid.

Blood, however, continued to ooze freely from the torn surfaces, and pressure by means of sponges had to be made on them for a short time, before it was arrested. The wound was then closed, but I deemed it wise to insert a drainage tube. My reasons for doing so being, the oozing of blood had not absolutely ceased, and also because a large quantity of pus having escaped into the pelvis the danger of septic poisoning was greatly increased. The result fully justified this step.

The patient was in a state of extreme collapse at the termination of so tedious an operation, but she soon rallied, and in 2 hours complete reaction was established.

At 3 p.m. the temperature was 102 deg. at 10 p.m. it had fallen to 99.6 deg., pulse 130; there was no vomiting, and the urine, which had been very scanty for some days previously, was not freely secreted, little pain was experienced. A quantity of serous fluid escaped from the drainage tube, and at 10 p.m. I removed through it, by means of a syringe, nearly twelve ounces of bloody fluid which fell rapidly a copious deposit consisting mainly of blood and pus corpuscles. The fluid thus removed had a very heavy sickening smell. The patient past a very quiet but sleepless night.

During the next day all went on well. The temperature did not rise above 100 deg., the pulse, however, was feeble, and 130 in the minute. About three ounces of fluid similar to that removed the previous day was sucked out through the drainage tube.

On the morning of her fourth day (the 26th Dec.) her state was so satisfactory, and such a small quantity of fluid could be withdrawn from the tube, that I removed it, laying a fold of carbolic gauze over the place it had occupied in the abdominal wall, but on visiting her at 10 p.m. that night, I found matters altered for the worse, the temperature had risen to 102 deg., and the pulse to 130. I at once decided to reopen the communication with the cavity of the abdomen, but instead of again inserting the drainage tube, I passed into the pelvis a No. 12 gum elastic catheter, attached to an exhausted rubber bag and sucked out six oz. of fluid of similar character to that previously removed, but with a much more feculent odour.

27th.—She had a very restless night, but the temperature fell to 100 deg., the tongue had again become dry and glazed, there was no pain or tympany, and flatus was passed per anum. I again introduced the catheter and removed a couple of ounces of foetid fluid, so foetid that I at once decided on washing out the cavity with a disinfecting lotion, and with this view injected several ounces of carbolic solution of the strength of about 5 grains to the ounce, and this was repeated twice daily till the 2nd of January, when I substituted for it a solution of the permanganate of potash.

For several days subsequently her condition remained unchanged. On the 28th the bowels were moved by an enema, and a large quantity of flatus passed; there was not the slightest symptom of peritonitis, but the pulse continued small and rapid, 120 to 130 in the minute, and the temperature ranged from 100 deg. in the morning to 102 deg. at night. The tongue was dry and glazed, and there was much thirst.

On the 29th I was obliged to place her on a water bed, being apprehensive of bed sores forming. The fluid removed from the abdomen became less in quantity, but more and more like pus, and at the same time more foetid, and about the 31st (that is the 9th day) could not be distinguished from the pus met with in abscesses formed in close proximity to the rectum. I have seldom indeed met with more markedly foetid pus.

During all this time, and up to the 14th day (that is the 6th Jan.) she had taken nothing but beef tea, or soda water and milk, one ounce of one or other being also given every alternate hour; but on the 6th her

tongue had become so moist and clean that I allowed her a little bread and butter with a cup of tea, this she enjoyed very much, and I considered all danger over, it being the fifteenth day since the operation. The bowels had moved without discomfort every second day during the previous week, an enema of tepid water being given to assist their action. Judge then of my disappointment on being hastily summoned at noon on that day, to find that fecal matter was being discharged through the opening in the abdominal wall. The nurse was in the act of administering the enema, and had only injected about 8 ounces of water, when the patient called out that the fluid was coming through the opening in the abdomen, and so it was, and it was evident that the wall of the intestine had softened and given way. That the opening was valvular was proved by the fact that though fecal matter passed into the pelvic cavity, no pus passed the reverse way, namely, from the pelvic cavity into the rectum.

From the date of this unfortunate occurrence, namely 8th Jan., the patient's recovery was steady, but very slow. Of course the exhibition of enemata had to be discontinued, and, as the patient absolutely refused to take pills, it was a matter of difficulty to get the bowels to act satisfactorily. When the motions were solid no fecal matter passed through the fistulous opening in the abdominal wall, but if they were liquid more or less always did so. As the opening in the abdominal wall showed a great tendency to contract, I inserted a short piece of vulcanite drainage tube, which the patient was taught to remove and cleanse daily.

After the lapse of a few weeks the patient was well enough to travel to the West of Ireland, and I saw her on her way through town on the 10th of May. During the interval she had greatly improved. She had gained flesh, looked healthy, and was able to take a little outdoor exercise daily. She still wore the drainage tube, and occasionally a small quantity of fecal matter was voided through, but for several days together this was absent, and the bowels acted with tolerable regularity. It is therefore evident that the opening in the wall of the intestine is closing, and there is, I think, good reason to hope that this lady will recover perfectly.

The operation in this case was undertaken as a last resource, under the most unfavourable circumstances. The diagnosis of suppurating cyst was verified, but the existence of a deeply-seated pelvic abscess was not suspected, indeed I do not see how it could have been diagnosed, as the size of the tumour rendered an exploration of the pelvic cavity impossible. The occurrence of the recto-pelvic fistula was probably due to the fact that the wall of the intestine was in contact with the abscess and had become softened as the result of the inflammation which had been set up in its vicinity, and possibly in which it had been implicated.

P.S.—Since this paper went to press I have received a letter from my patient, stating that there had been no fecal discharge for some time, and this even though she had suffered from diarrhoea for several days. This points to the conclusion that the communication with the intestine has closed. I have therefore directed her to withdraw the drainage tube, and allow the opening in the abdominal wall to heal up.

## INFLUENCE OF SEA-VOYAGING UPON THE GENITO-UTERINE FUNCTIONS.

By J. A. IRWIN, M.A. Cantab., M.D. Dub. Univ.,  
Formerly Physician to the Manchester Southern Hospital for Women and Children.

(Concluded from page 557.)

SINCE it has been shown that the sea influence is of a distinctly stimulating character to the ovario-uterine organisation, it may fairly be supposed that a voyage soon before the natural advent of puberty would hasten that event. My opportunities of direct observation have



been too limited to throw much light upon this matter, as only on two occasions was I certain of first menstruations occurring on ship-board; although at other times I have suspected that such might be the case when circumstances did not favour a positive knowledge. A careful inquiry among those of wider experience confirms the belief that this incident is by no means infrequent during the Transatlantic passage; and it seems probable that the same may happen soon after landing, hastened by the voyage. The point acquires a local interest from the fact that it is during the late spring and early summer that American girls usually cross the ocean for the first time, at which season of the year, according to Emmet (21) and others, the organs of generation are most active, and first menstruations most frequently take place.

Turning to the other extreme of menstrual life, it is easily understood that an unwonted pelvic vascularity should disturb a process which, although normal, is essentially one of decadence of nutrition and degeneration of tissue. I have had under observation, at sea, three women at the climacteric epoch. On each occasion a hæmorrhage occurred during the voyage, and exceeded anything previously experienced by these patients. Dr. Brice and others have seen many similar instances. Dr. Exham, of the *City of Berlin*, tells me of a remarkable case which occurred in his practice scarce two months since: A lady, aged forty-five, who had not menstruated for over three years, and was free from local disease, became extremely sea-sick soon after embarkation, and on the fourth day of the voyage was attacked by a profuse and obstinate menorrhagia. As already stated, I have failed to establish any necessary connection between kinetia and menstrual disturbances. Cases such as Exham's, however, suggest a reflection, which at an appropriate moment might be worthy of consideration. Many observers of sea-sickness have compared its severer forms to the collapse stage of cholera, during which it has been noticed that a sanguineous discharge from the uterus is by no means uncommon. (22) Can it be possible that not only does the vomiting of kinetia irritate and congest the uterine organisation, but further, by its rapidly exhausting influence, rob the vessels of the tone necessary to resist the increased stress put upon them? Upon both sexes, but more especially upon the female, the aphrodisiac influence of the life afloat may be accepted as a traditionally established fact. To test its universality or estimate its degree would be a manifestly difficult task; nor can it be deemed important, since the introduction of steam has so materially abridged the duration of ocean voyages. It is easily understood how an increased blood-supply to the genito-uterine organs should stimulate sexual instinct; there are, however, on ship-board a variety of coincident circumstances all tending in the same direction: the mentally soothing influence of the sea, the invigorating air, the highly spiced nature of the food, the close and constant proximity of the sexes, the relaxation of social restraints, the indolence of the life, and lastly, a universal idleness—"the mother of mischief." Dr. Brice mentions the case of a lady whose life was exemplary, and who had reached the menopause, but who found herself constantly tormented with amorous dreams every night while at sea. The distinction of cases likely to be benefited by a voyage from those in which there would be danger of positive injury follows almost as corollary upon the views already expressed.

An ocean voyage should be regarded as a *potent emmenagogue*, having, in addition to this special quality, a well-marked tonic, alterative, and sedative influence. With this character it is entitled to head the list of therapeutic agents of similar effect, and should no longer be prescribed empirically, but, as they are, with a definite object in view. There are many cases in which these local and constitutional properties are especially indicated, and in which they may be jointly utilised with excellent results—in the conditions included under the term chloro-æmæmia; in amenorrhœa dependent upon deficient tone, or an undeveloped state of the organs; in retarded sexual

maturity; in certain forms of leucorrhœa, uterine asthenia, and sterility; and above all, in those delicate, gawky, over-schooled girls in whom abeyance of uterine function is often among the first warnings of approaching phthisis.

Dr. Emmet (23) mentions an interesting case which may be taken as typical of the entire class: A young lady in whom, as a consequence of over-study, the menses became scanty and irregular, and finally suppressed entirely toward the close of the first year of menstrual life. For three years she travelled about, but with no return of the menstrual flow, except when the period was passed at sea. It was finally arranged, as a part of the treatment, that she should sail a day or two before the period during several successive months, with the effect on each occasion of inducing the natural flow. The same satisfactory result and concomitant improvement in general health may, I am satisfied, be confidently expected in every similar case. It will of course be understood that, upon a large majority of the women who cross the ocean the sea influence is too slight and too transient to be considered of serious import. There are, however, many conditions of the uterine organism which, if not positively interdicting a voyage, at least demand careful prophylaxis, and skilled attention while on board. I have arrived at the somewhat general conclusion, which, however, I express subject to the dictum of future investigation, that almost every form of uterine and ovarian disease becomes worse while at sea. Gynecologists are aware that the menstrual period is usually a time of retrogression. It has appeared to me that a sea-voyage, and more especially the turbulent Atlantic transit, is an intensification and prolongation of the same unfavourable conditions. I am certain that cases in which local congestion is a prominent feature, and there are few in which it is not, are aggravated while on board; and I have never seen such reactionary beneficial effect following a voyage, as might be hoped for, or would justify the experiment of sending these cases to sea. Uterine displacements are especially liable to give trouble. Dr. Finucane, of the steamer *Servia*, tells me of a lady who had worn a pessary with comfort for over four years, except during two transatlantic passages, with an interval of nearly a year between, on each of which occasions it became necessary to remove the instrument. My own experience affords two instances, in one of which—a long-standing retroversion—the accustomed support could not be tolerated for nearly three weeks after landing. No doubt there may occasionally exist conditions of chronic disease associated with uterine inertia, in which a nervous and circulatory stimulus of this character would prove of immediate benefit. I will briefly mention a case in which some part of the satisfactory result seemed due to this influence. At Calcutta, during the winter of 1880 the wife of a surgeon in H.M. Indian Army was placed under my care for the return voyage to England. Her general condition was lamentable, and represented the worst effects of the enervating climate and surroundings. She had several miscarriages, suffered from profuse and irregular menstruations, and during the intervals from copious leucorrhœa. The os was patulous, and the uterus measured three inches and three-fourths. I determined upon the treatment recommended by Dr. Athill, (24) which has on several occasions proved satisfactory in my hands. I still further dilated the cervix, and through an extemporised canula swabbed out the entire uterine cavity with fuming nitric acid. The result far exceeded my highest expectations; and within one month following this procedure I had the gratification of handing over this lady in relatively perfect health. The treatment of uterine troubles during the ocean transit should be conducted upon general principles, and needs no special consideration. Ergot and opium control menorrhagia, but unless the loss was excessive, I have not thought it wise to check an irregular return of the menstrual flow. Morphia and atropia, duboisia, cannabis indica, and camphor, all prove useful in dysmenorrhœa, more especially when they can be administered by the hypodermatic

method, which is of inestimable value in all departments of maritime practice. No part of our subject is of more practical importance than that which still remains, and to which we can now afford but brief consideration—an estimate of the influence of sea-voyaging upon the course of utero-gestation.

During my service at sea, I became aware of 104 pregnancies, of which no fewer than 14 were terminated on board. Nine were at about full term, and of these it is probable that in at least two or three instances the voyage had been purposely timed, so that delivery might take place on ship-board, thus saving trouble and expense at home. Three were premature at about the seventh or eighth month, and two were abortions before the fourth.

In June, 1881, I had the peculiar experience of attending at three births during the first sixteen hours of the voyage, while still between Liverpool and Queenstown. All the labours were easy and rapid. The mothers and infants did well, and were landed in good condition. Of the miscarriages, one is worthy of special mention. It occurred at about the third month in a lady whose general health was excellent, who had borne three children to full term, had before crossed the ocean when six months pregnant, and had never previously aborted. If the uterine congestions produced by menstrual periodicity may justly be admitted as a cause of abortion (25) it seems certain that when the period occurs during a voyage this influence will be considerably intensified. At the same time, I am of opinion that, however active even upon the impregnated uterus, may be the ganglionic and sympathetic influences of motion, sea-sickness, and the mechanical disturbance of the viscera by violent and prolonged vomiting, is the main cause of premature labour and miscarriage at sea. In every delivery which occurred under my notice, with the exception of a single case in which labour had set in almost as soon as the ship weighed anchor—in all the premature cases, and all the miscarriages—the women were severely sea-sick before the commencement of uterine action. I am aware that this view is open to the criticism that the vomiting of kinetia should not be provocative of premature labour, since the ordinary vomiting of pregnancy, even when persistent and pernicious, has seldom a marked effect in terminating that condition. The possible utility of sea-sickness in certain conditions of pregnancy might even be considered by those who follow in the belief of Dewees, Bedford, and others (26) that the so-called physiological vomiting may prove beneficial in warding off abortion, and some of the other more serious neuroses incidental to the state. It should be remembered, however, that the vomiting of severe kinetia is more violent and unremitting than the morning sickness of pregnancy; that it has no claim to the term *physiological* as being a response to some abnormal reflex irritation, directly associated with that condition; and that it is most likely to excite uterine contraction at about the seventh or eighth month, a period of pregnancy at which the other vomiting is seldom troublesome. I have noticed that about this time violent kinetia almost invariably gives rise to spurious labour pains, which if not early checked will usually go on to the expulsion of the uterine contents. It is also extremely hazardous during the early months, and although the middle period is not entirely exempt from danger, when a voyage must be taken, it should, when possible, be arranged for the two months intervening between the conclusion of the fourth to the beginning of the seventh. Sea-sickness invariably perverts or entirely suspends lactation.

In recording these views and the grave caution which they imply, I am bound to state that other opinions, entitled to the highest respect, differ widely from my own. Dr. Forlyce Barker, at the date of his essay (1868), had never known a case of abortion from sea-sickness, and implies that such a result is extremely rare. Dr. Fourness-Brice, of the *Germanic*, has observed no very marked effect of the ocean transit upon

the course of pregnancy; he believes, however, that many are delivered soon after reaching land, and that if the Atlantic passage was twice as long the midwifery and mortality would both be immensely increased. In which opinions Drs. de Vere Hill, of the *Aurania*, and Finucane, of the *Servia*, generally concur. On the other hand, Dr. O'Loughlin, of the *Britannic*, with an experience of nearly fifteen years, and Dr. Leet, of the *Baltic*, hold views almost identical with my own. They have seen many premature deliveries and abortions, and consider sea-sickness the principal exciting cause. Dr. Exham, of the *City of Berlin*, in over four years' service has seen but one labour and one miscarriage. He has observed, however, the frequency of flying labor pains, commencing in the back and threatening parturition, and he attributes the satisfactory results in his practice to the care with which he has sought out and watched such cases, and to the free use of opium.

Among French writers on sea-sickness who allude to this matter, there exists more unanimity; but even from them we get nothing better than an occasional abstract opinion, based upon no stated observation or statistical deduction. With the exception of M. Obet, (27) who served four years in the *Compagnie Générale Transatlantique*, they are all agreed that a voyage seriously imperils the course of utero-gestation; (28) and this, I believe, fairly expresses the consensus of our present knowledge. No one will pretend that every pregnant woman who becomes sea-sick will abort during the voyage; and to cite particular instances of those who suffered severely from that distressing malady without disturbance of the uterine contents, is no more than could be done to prove the impotence of almost every well-known abortifacient. That so many competent observers agree as to this hazardous tendency, proves its existence; that others equally competent have not experienced similar results, only shows that this disturbance is not universally potent in overcoming the ever conservative energy of a natural and necessary process. Upon a secondary point we can scarcely expect more unanimity: Dr. Barker (29) has known several women who were always sea-sick when non-pregnant, and who were entirely exempt during pregnancy; Le Roy de Méricourt (30) has seen women sea-sick when pregnant who had not suffered before. My own opinion is most emphatically that pregnancy, more especially during the later months, predisposes to, and always aggravates, the most distressing features of kinetia.

As expressed by Spencer (31) "not directly, but by successive approximations, do mankind reach correct conclusions." If this paper stimulates those of greater ability and wider opportunity to pursue the line of study, here initiated, to more positive and scientific conclusions the highest aspiration of its author will be amply realised.

(21) Op. cit.; Wiltshire; *British Medical Journal*, February 9, 1881.

(22) Tanner: *Practice of Medicine*, vol. II., p. 61.

(23) Op. Cit., p. 182.

(24) Clinical lectures on Diseases of Women.

(25) Cazeau et Tarnier. *Am. ed.*, p. 563.

(26) Dewees (Midwifery): "Very sick women rarely miscarry." Bedford (Principles and Practice of Obstetrics): "Females who escape nausea and vomiting during gestation are exceedingly apt to miscarry." Tilt, op. cit.: "Vomiting seldom damages pregnant women." Ramsbotham, Churchill, and others.

(27) *Archives de Méd. Navale*, June, 1875.

(28) Fourcaut, and Le Coniat: *Arch. de Méd. Nav.*, 1868. Arnaud: *Gaz. Méd. de Paris*, 1860. Rey: *Nouveau Dic. de Méd. et Chir. Pratique*, vol. xxi. Fonsagrives: *Traité d'Hygiène Navale*. Guilen: *Guide de Voyageur sur mer*. Le Roy de Méricourt: *Guide de Méd. prat. de Vallée*, fifth edition, vol. I. Bénard: *Thèse de Paris*, 1879.

(29) Op. cit.

(30) *Principles of Biology*, vol. I., p. 408.

THE autumn course of holiday study in Berlin for 1885 for medical practitioners will commence on September 25th, and will last till the end of October.



## Lectures

ON

### HERNIA AND ITS RADICAL CURE.

*Delivered at the Royal College of Surgeons of England.*

By JOHN WOOD, F.R.S., F.R.C.S.,

Hunterian Professor of Surgery and Pathology;  
Senior Surgeon to King's College Hospital and Professor of Clinical  
Surgery in King's College.

#### LECTURE III.

IN the hollow of the groin below the inner extremity of Poupart's ligament, and forming, with the deep and superficial abdominal rings, an inverted triangle, of which it is the apex, lies the saphenous opening. Formed by the separation of the fascia lata into two layers, of which the outer or iliac part is advanced forwards by its attachment along the whole length of Poupart's ligament, and the inner or pubic portion covering the sloping surface of the adductor and pectineus muscles, is attached to the pectineal line, and continued behind the sheath of the femoral vessels to be continuous with the ilio-psoas fascia, and connected with the capsule of the hip-joint, the saphenous opening presents an oval outline, looking forwards and a little downwards and inwards. The outer border curves sharply inwards in a falciform manner, lies in front of the femoral vessels, and is attached to and blended with Gimbernat's ligament by a process about half an inch wide, Hey's ligament, important to surgeons, because it crosses the upper part of the crural canal, and may be the seat of strangulation. Below, the falciform edge passes under the saphena vein, receiving, as it does so, the veins which accompany the superficial branches of the common femoral artery, namely, the two external pubic, the epigastric, and the circumflex iliac. The two first pass inwards, the next upwards, and the last outwards. They supply the numerous lymphatic glands which lie in two groups in this situation, the upper directed obliquely along Poupart's ligament above and invested by Scarpa's fascia, and the lower lying parallel and internal to the saphena vein. Nearly all the afferent ducts of these glands pass in a body through the saphenous opening, the inner part of the femoral sheath, and the crural ring, to join the deep iliac and lumbar glands. The saphenous opening is covered in by a layer of fascia connected with its borders, called, from the numerous holes which transmit these lymphatics and some of the vessels, the cribriform fascia. This is blended, superficially with the deep layer of superficial fascia of the thigh, and, deeply, with the inner part of the sheath of the femoral vessels.

By detaching Hey's ligament from Poupart's, and turning down the fascia lata and cribriform fascia, the sheath of the femoral vessels is brought to view. It is arranged in three compartments; the outer for the common femoral artery, the middle one for the vein, and the inner one, smaller and funnel-shaped, is filled up by the afferent lymphatic ducts. On clearing these, it is found that they are held in position by a thin horizontal layer of perforated fascia containing a lymphatic gland, derived from, and continuous with, the subperitoneal fascia and fat of the iliac fossa, attached externally to the strong longitudinal septum, covering and protecting the femoral vein, and, internally, to Gimbernat's ligaments. This is the septum crurale of Cloquet, and is of little or no surgical importance.

If the finger be pushed upward into the iliac fossa, it will pass through the crural ring. Arching over it, in front, will be felt a curved border, formed by the union of the fascia transversalis with the deep fibres of Poupart's ligament, the deep crural arch. This is the usual seat of strangulation in crural hernia. Outside is the femoral vein, covered by its septum; inside, the edge of Gimbernat's ligament, to which the deep crural arch

is attached; and behind is the hinder part of the crural sheath, resting upon the pectineal line of the pubis, and the pectineus muscle arising from it, and covered by the strong pubic portion of fascia lata. Above and externally the epigastric artery arises from the external iliac trunk. Sometimes this gives origin to an irregular obturator artery, which may then descend into the pelvis close behind the border of Gimbernat's ligament.

Sometimes this branch arises from the external iliac itself, and then it passes down external to the crural ring altogether, and the precautions taken to avoid injuring the iliac vessels will also avoid the irregular branch. It is but rarely, however, that this vessel is cut in relieving the strangulation of a crural hernia. It yields readily to pressure in the loose subperitoneal investment. If the hernia-knife be not too sharp, it will cut the tense fibres of Gimbernat's ligament without injuring the loose yielding and elastic artery. In dividing the strangulating portion of the crural ring, the knife is usually directed inwards.

On opening the peritoneum and dissecting the crural ring from the abdominal cavity, it will be seen that a depression is formed opposite to that opening, internal to the iliac vessels. When the pubis presents a salient border or projection at the pectineal line, as in old age, it becomes more easy for the bowel, by its pressure, to obtain a purchase or hold for the formation of a hernial sac. It will also be seen that the peritoneum around is more closely attached to the subjacent structures than in the inguinal region. Hence the sac of a crural hernia is rarely so large as that of an inguinal one. The aspect of the crural ring is more horizontally placed than the deep inguinal ring. It faces upwards and downwards, with a slightly forward direction. The best guide to it is the pubic spinous process; which is about half an inch internal to, and a little above it; while Poupart's ligament is directly above.

The most frequent seat of strangulation is at the deep crural arch, or in the neck of the sac, at that point thickened by the continued pressure. Next frequently, the strangulating point may be the edge of Hey's femoral ligament, when the sac and bowel are bent outwards at an acute angle. Ill-directed attempts at taxis may here do much harm, and may even cause ulceration of the bowel at the point of constriction. This is especially apt to occur in elderly females, whose tissues are thinned and delicate, and the edge of the fasciæ and pectineal line sharp.

In a large crural hernia, the manipulation of the taxis should be at first directed inwards and downwards, and then backward, with a slight upward inclination of the neck of the sac. It is rare that directly upward pressure is required.

*Formation of a Crural Hernia.*—First, the sac is pressed downwards and slightly forwards, dilating the canal, along the lymphatic compartment of the femoral sheath, pushing before it the septum crurale, and spreading out the lymphatic ducts. It is then directed forwards, pushing before it the front wall of the innermost compartment of the femoral sheath and the cribriform fascia, and forming a tumour in the groin below Poupart's ligament and inside the femoral vessels. It then passes outwards and a little upwards, across the femoral vessels, where the fascial connections of the falciform process are weaker and looser than on the inner side, which is, moreover, supported to some extent by the numerous small vessels and lymphatic ducts before described. Finally, it lies with its fundus placed upon and above Poupart's ligament under the integuments, and its neck considerably in front of, and close to, the femoral vein.

In the course of the formation of a large hernia, Poupart's ligament is bulged forwards, and the groin loses more or less of the hollowness that it presents normally over the saphenous opening. The greater length and slenderness of Poupart's ligament in the female, with the greater width of the pelvis and of the hips, render them more liable to this form of rupture than the male sex;

while the latter, from the presence of the spermatic cord, are more liable to open abdominal rings and inguinal hernia.

The coverings of a crural hernia, are 1, the integuments, often thickened by the presence of a deep layer of fat, which may mask the position of Poupart's ligament, and render the diagnosis somewhat difficult. Enlargement of the femoral glands in these tissues may also tend to obscure the diagnosis, and mask the saphenous opening. 2, is the cribriform fascia, recognised by the perforations of the lymphatic ducts, often also obscured by fat and glands? 3, the fascia propria or crural sheath recognised by its superior density and fascial appearance. 4. *Septum crurale*, subperitoneal fascia, covering the sac, recognised by its greyish blue, sometimes greenish colour. 5th. The sac itself is often thickened, wholly or in part, sometimes presenting an hour-glass shape, from the crossing of vessels, regular or irregular. In one case, the shape was due to an irregular origin of the deep epigastric by a common trunk with the obturator from the common femoral, the former crossing and deeply indenting in front a crural hernial sac, and thus forming a very dangerous irregularity. The crural hernial sac and its contents are more liable to adhesions and abnormal positions of the omentum and bowel than in an inguinal hernia.

Thickening of the sac at the neck and adhesive blendings of the covering structures and glands may render it difficult to discriminate the tissues during operation. Or a varicose condition of the saphena or femoral vein may give rise to great difficulty and need careful precautions. By drawing down the sac and exposing Poupart's ligament and the pubic spine clearly, a good guide is obtained in difficult cases. In large and old standing cases, very often no discrimination between the different layers of covering is possible. In operating, the femoral vein should be carefully protected by the finger or a small spatula, and both Poupart's ligament and the pectineal fascia should be kept distinctly in view, as well as the edge of Gimbernat's ligament.

*Operation for the Radical Cure of Crural Hernia.*—The skin of the groin being shaved and washed with carbolic lotion, and the patient anaesthetised, a fold of skin over the site of the hernial tumour should be pinched up, and scalpel or tenotomy-knife, carried with its edge upwards, cutting towards the surface in a vertical line. This will usually expose the cribriform fascia. In a stout subject it is better to dissect down, through the fat, in successive layers. The deeper tissues are then cut through, down to the sac, which is to be opened by pinching up a portion, lateralisation of the knife, and with or without a director, slit up vertically. With the handle of the knife the sac is then carefully separated from the surrounding structures, then it is opened, the contents examined, and thickened, elongated or adherent omentum removed, after ligature of the vessels separately with thin catgut. The sac being carefully emptied, is to be transfixed at the neck with the handled hernia-needle, carrying a stout tendon ligature, tied on each side, and cut off close.

Next, the needle is carried through the deep layer of the crural sheath, and pubic portion of fascia lata, entering an inch below the crural ring, and emerging close up to the pectineal line, at the side of the femoral vein, which is to be carefully protected by the finger or a spatula. The needle is then carried through Poupart's ligament, emerging at the upper part of the incision. It is then threaded with one end of the same stout piece of tendon, used to ligature the sac, which is then drawn down, emerging at the lower part of the incision. The needle is then again to be passed at the inner side of the wound, through the pubic fascia lata skirting Gimbernat's ligament, and transfixing a second time the inner end of Poupart's ligament. The upper end of the tendon ligature is then attached to the eye of the needle, and brought down, the two ends tied with a double surgeon's knot, or, if wire be used, twisted by two turns. The effect will

be to draw, backwards and downwards to the pubis, the inner end of Poupart's ligament, and to close up the crural ring completely. A piece of small drainage-tube, or horsehair, is then placed along the wound, from the ring to the lowest angle; the wound closed by closely-applied interrupted sutures, and gauze or cotton wool dressing applied in the usual manner. Latterly, I have found the use of tendon ligature so satisfactory, that, for this operation, I prefer it to wire. The wound usually closes over it and heals by adhesion at once, and there is not the pain and inconvenience of the withdrawal of the wire. So far the endurance of the tendon, when buried in the tissues, has been long and satisfactory enough to maintain the cure, in some cases for above two years.

*Operations for the Radical Cure of Hernia after Kelotomy for the Relief of Strangulation.*—At the meeting of the British Medical Association at King's College, London, in August, 1873, in the address given by me to the Surgical Section, I described an operation, performed in March of the same year, for the closure of the inguinal canal and rings, after relief of the strangulation by kelotomy. The hernia was a large one, the bowel strangulated to a chocolate colour, and the sac contained inflammatory serous effusion. The case did excellently well, no peritonitis ensued, and the patient was shown to the members of the Association wearing no truss. The steps required, in addition to the ordinary operation of kelotomy with opening of the sac, consisted in ligature of the neck, and the application of wire for the closure of the canal and rings, in the same way as in the subcutaneous method. In all, I have ligatured the neck of the sac flush with the peritoneal opening, and in some removed it altogether, and then laced up the canal and rings, with wire or tendon-ligature.

I have operated for the radical cure of strangulated hernia, after kelotomy, in sixteen cases—namely, eight inguinal and eight crural. Seven were done by ligature of the neck by catgut and entire removal of the sac, with the closure of the canal and rings by wire-lacing, and nine by the use of tendon for all these purposes. Of these, one case of inguinal in a male, and one of crural in a female, died from the effects of the strangulation upon the bowel. In neither did the removal of the sac or the closure of the canal appear to add to the risk of a fatal result, inasmuch as none of the *post-mortem* morbid appearances implicated the rings or the canal, but were confined to the bowel, omentum, and visceral layer of peritoneum. Such, indeed, is usually the case in the cases of death from the operation for the cure of hernia. It is rare to find any amount of peritonitis, and still more rare to find morbid appearances affecting the sac or canal.

The history of hernia shows that the sac may be twisted, perforated through and through, injected with irritants, ligatured or removed altogether, or may slough off without any appreciable amount of peritonitis; and that death, when it ensues, is far more often from blood-poisoning, erysipelas, and such diseases as may occur from any operation, than from peritonitis. We may, therefore, conclude that, antiseptic means being employed to prevent such results, the attempt should be made to cure the patient of the hernia after kelotomy, in all cases where the condition of the bowel renders it safe to return it into the peritoneal cavity, after the relief of the strangulation. The omentum may be dealt with more freely than has heretofore been done. If sphacelated or suspicious in appearance, the vessels may be taken up in a healthy part above, tied with small catgut, and the doubtful part removed by tearing, or with a pair of blunt scissors. This may be done by spreading out the omentum, and taking up the vessels, which are usually plainly seen from the congestion of the veins, with a piece of thin catgut, applied by a common suture-needle, aneurism-needle, or a common pair of dissecting-forceps.

In a very few cases, indeed, a cure of the hernia may occur after kelotomy, where no attempts have been made to close the sac or canal; but, ordinarily, the division of

the strangulating structures leaves the hernial aperture much more patulous, and the hernia larger and more uncontrollable by trusses than before. To prevent this by an addition to the ordinary operation of kelotomy, which does not appreciably increase the risk, and is effected while the parts are exposed by that operation, seems to be a course of proceeding which will commend itself to most surgeons.

*Umbilical Hernia.*—The anatomy of the umbilicus is sufficiently simple. An opening left in the *linea alba* at the side of the exit of the omphalo-mesenteric duct between that and the closed urachus from imperfect development sometimes permits at the period of birth a portion of bowel to protrude into the substance of the umbilical cord during the pressure and struggles of parturition.

On examining the infant before the application of the ligature to the navel string, the appearance of the latter should be carefully noticed when the infant cries. If any swelling takes place, or the cord appears thicker than normal, the sac, which is composed of the tissues of the funis, lined by a thin layer of serous membrane, should be carefully compressed, so as to exclude the bowel, if present, and a broad ligature placed nearly flush with the surface of the integuments. By this means the rupture may be at once cured.

To tie the cord at a distance from the navel is in these cases to invite the occurrence of an umbilical hernia, while no harm can result from the application of a thick silk ligature in the way just described if the swelling be carefully manipulated to exclude any bowel which may be present in the sac. Often the weakness at the navel opening is unobserved, or the treatment by a pad and belt is discontinued too soon, and the result is the appearance of an infantile umbilical hernia, when the muscular system of the child becomes more powerful and the efforts in crying more continuous. Sometimes, although no hernia may at once ensue, a weakness is left in the site of the aperture, and a piece of omentum may pass in and out of the sac, preventing the circular contraction of the tendinous cicatrix, which should seal up the opening and cure the hernia. The original weakness may persist, and the first occurrence of the hernia, though this is not commonly the case, may happen in adult life or even in its decline. At this time the accumulation of intra-abdominal fat, the occurrence of pregnancy or ascites, or the habitual distention of the bowels by air, may produce a rupture here. In such cases the navel cicatrix never presents the cup-shaped depression of a strong and healthy development. The peritoneum covering the inner surface of this point when healthily developed, is tough, grayish-white, and presents small puckerings, produced by the contraction of the cicatrix, which binds the margins of the umbilical aperture together.

In hernial cases this part is looser, more bulgy, and less firmly adherent. As the hernia gets larger by the intrusion of omentum, the peritoneum becomes stretched, and finally is much attenuated as to be incapable of demonstration, so that we may look in vain in a long established case for a real peritoneal sac. The sac is a blending of the stretched and attenuated cicatrix with the remains of the peritoneal structure.

The abdominal wall gives way, in fact, at its weakest part, under the distention. In such cases that part lies in the navel, and not in the groins. In some instances the small apertures in the middle line aponeurosis, which usually transmit the small intercostal vessels and nerves, may become dilated by the growth of pellets of fat, which gradually enlarge them, and finally may permit (when the patient from any cause, becomes afterwards thin), the occurrence of a rupture close to the navel, and apparently (at first sight) umbilical. It will be found, on close examination of such cases that the aperture is on one side of the real navel. The umbilical hernia of adults is always formed in one of the ways just described, but most frequently in the way

first mentioned, and usually there is a history of infantile or congenital weakness in the part. From the exposed and prominent position of the rupture the part is liable to the results of pressure and friction, or injury. The sac may be rendered irregular in shape, bulging out on all sides, like a mushroom, and thickened irregularly by hypertrophy. The omentum within is very liable to become adherent, or thickened in lumps of fibrinous effusion. Or the bowel may be adherent to the omentum or sac.

Such changes are more commonly found at the lower part of the sac. This is brought about by the weight and pressure of the contents downwards upon the sharp lower curved edge of the hernial opening; while the pressure of the clothing, or even of a belt or truss worn to support the rupture; but often ill-fitting, pressing downwards instead of lifting upward, and uncomfortable to the patient, as well as injurious, produces a constant irritation and shifting of the pressure.

Hence it is found that the strangulating part of an umbilical hernia is placed at the lower edge, with the bowel hanging over it, and sometimes sharply ulcerated through, with extravasation of fecal matter into the sac. Not uncommonly, however, the strangulating part is intrasaccular, produced by the adhesions or omental openings, and may be, during operation, difficult to find and to separate from the matted tissues.

The transverse colon is usually involved in an umbilical hernia, but by no means invariably so. Frequently the small intestines are found in the sac, generally the omentum; in a few instances, a portion of the stomach and spleen.

In applying the taxis or any supporting apparatus to a large umbilical hernia, the pendulous position of the fundus must be carefully borne in mind. The pressure should be a lifting pressure towards the umbilical cicatrix. If this is not attended to, the bruised and damaged bowel is pressed and rubbed upon the cutting lower edge of the hernial aperture, and still further damaged, or even ruptured. The fundus should be placed in the hollow of the hand, and lifted up gently, while the fingers of the other hand manipulate the neck of the sac by the gentle kneading motion.

*(To be concluded in our next.)*

## Clinical Records.

### INTERMITTENT ALBUMINURIA WITHOUT APPARENT DISTURBANCE OF HEALTH.

Under the care of Dr. MEKLEN, Paris.

THE patient, a youth sixteen years of age, had usually enjoyed good health, but, being the son of gouty parents he himself presented the characters of the lymphatic temperament, extremities cold and blue, pale complexion, the limbs of exaggerated growth as compared with the trunk, and delicate skin, with a tendency to acne. Towards the end of last September he was seized on two successive occasions, after taking horse exercise, with sudden and fleeting loss of vision. This occurrence led to consultation of a medical man, by whom it was suggested that the urine should be examined, the result being that this excretion was found to contain a considerable quantity of albumen. This was the more surprising because the other organs were free from disease, and the general health good, so that it was impossible to entertain the idea that nephritis existed. Provisionally the patient was confined to his chamber, and put on a milk diet.

Careful and continuous examination of the urine for a week showed that a considerable quantity of albumen existed in it from midday to midnight, but not a trace during the intervening hours. This phenomenon, joined to the absence of any other suggestive symptom, excluded the supposition of a renal lesion, which was, moreover, rendered

improbable by the non-existence of any casts, although the urine was several times examined for them. As a complement to this negative diagnosis the eyes were examined by the ophthalmoscope, the acuteness of vision was perfect, but the eye a little hypermetropic. Retinae healthy, no traces of the lesions usual in albuminuria; the only anatomical peculiarity being a certain hardness (possibly congenital) of the optic nerve fibres, and at one point a delicate injection of the same nerve. The retinal veins were relatively slightly turgid, this being assigned to some atonic condition of the vaso-motors. The temporary impairment of vision was regarded as due to sudden suspension of accommodation in a hypermetropic eye, which was as suddenly rectified.

Two examinations of the urine passed at intervals of several days gave the following results:—(1) Urea, 15 grammes, in 24 hours; uric acid, '59 grammes. Albumen in considerable amount, but not found at night. The microscope reveals a very few leucocytes, and some epithelial cells. No sugar. (2) Urine passed between midday and 6 p.m. This contained eighteen centigrammes of coagulated albumen per litre.

The ophthalmoscopic examination having been productive of negative results only as far as regarded the retinal lesions usually found in albuminuric subjects, and the albuminuria itself intermittent and moderate in degree the patient was permitted to return to school, and the rigidly enforced diet relaxed, but he was ordered to drink milk rather than wine, and to avoid severe exercise and chills. Continuous examinations of the urine gave the same results as previously detailed. On February 14th, the patient was suddenly attacked with a violent fever, attended by pain in the side, and resulting in an acute chest affection having the characters, first of diaphragmatic pleurisy, next of pleuro-pneumonia. This febrile attack persisted twenty days, with sweating and sudamina; the condition of the patient was grave at times, the evening temperature varying from 39 to 40° C. The strange fact in connection with this period, however, is, that throughout it the urine never contained a trace of albumen, although examined at frequent intervals, and at all times in the 24 hours. Subsequently, the fever abated and convalescence was established, but the albuminuria did not return, although a meat diet was regularly indulged in at this time. Nor on getting up did it return, and a hope was entertained that the fever had exercised a curative influence over it. As soon, however, as the patient commenced to move about as usual this expectation was dispelled, and the urine being one day examined about this time, soon after breakfast (*dejeuner*) the characteristic albuminous precipitate was once more observed. Next morning it had disappeared, and thenceforward the same phenomena which were witnessed anterior to the fever were reproduced, but with the difference that as time proceeded the amount and frequency of the albuminous deposit grew less, and some prospect of amendment was apparent, with attending improvement in the patient's general health.

## Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.  
SUB-SECTION OF STATE MEDICINE.  
THURSDAY, APRIL 16, 1885.

The President, Dr. J. W. MOORE, in the chair.

### ON THE RESULTS OF THE APPLICATION OF THE LAWS RELATING TO THE ADULTERATION OF FOOD AND DRUGS.

SIR CHAS. A. CAMERON stated that the first Act relating to adulteration of food and drugs had been passed in 1860, through the influence of Mr. Scholefield. Only three public analysts were appointed under the provisions—Dr. Letheby, by the Corporation of London; Dr. Bell, by that of Birmingham; and the author, by that of Dublin. With the exception of Dr. Bell, the author was now the senior public analyst in the United Kingdom. The Act of 1860 was not put into force in any town save Dublin. In 1862 a public analyst was appointed, and the following year the clerks of the markets collected articles for analysis, and several of them were found to be adulterated, and the vendors were successfully prosecuted. The defects in the Act were, how-

ever, conspicuous. No officers could be appointed under it whose sole duty it would be to act as food inspectors. The fines levied for breaches of the Act were payable into the Imperial Treasury instead of into that of the local authority charged with the execution of the Act. The seller of the inspected articles had the option of accompanying the purchaser to the analyst—obviously a privilege which, in the case of country districts, prevented the Act from being worked. Notwithstanding its many defects, this Act was worked in Dublin for ten years, and was the means of putting an end to the practice of adulterating many of the articles of food in common use. A very large number of convictions for the sale of adulterated articles were obtained in Dublin. In 1872 another Act was passed which enabled local authorities to appoint food inspectors to collect articles for analysis. A defect in the first Act was remedied—namely, appointing the Courts of Quarter Sessions instead of Grand Juries in Ireland to be the appointing authorities. In England the Courts of Quarter Sessions are fiscal bodies and the Grand Juries are not, while in Ireland the Grand Juries are fiscal bodies. By the Act of 1860 the Irish Courts of Quarter Sessions could appoint but could not pay public analysts. Only one court made an appointment—namely, that of the County of Dublin. In 1875 a third Act was passed. It repealed the section enabling the vendor to accompany the purchaser to the analyst. This alteration enabled the Grand Juries of the County to appoint analysts in cities outside of the counties. In Dublin these Acts have, on the whole, worked fairly. At first it was found that bread, flour, tea, coffee, mustard, sweetmeats, and milk were largely adulterated. Now, with the exception of milk, it would be difficult to find an adulterated article in Dublin.

The PRESIDENT inquired whether Sir Chas. Cameron had met with many cases of adulterated butter, instancing butterine and bosh butter.

Sir CHAS. CAMERON said there was a great deal of bosh butter sold; but within the last few years a new form of adulteration had been introduced by incorporating water in the butter. Quite recently, in Drogheda and Newry, there were cases in which 45 per cent. of water had been incorporated.

Dr. WRIGHT, speaking from personal knowledge, said there were a great many instances of adulterated drugs having been supplied to dispensaries.

Sir CHAS. CAMERON said he too had met with many cases of adulterated drugs.

Dr. STRAHAN, adverting to the adulteration of milk in the city, mentioned a case in which a lady who resided at Drumcondra about twelve months ago, having found fault with the milk she was getting, made a change, but no sooner had she partaken of the fresh milk than her stomach became sick, and she had a miscarriage in twenty-four hours.

Dr. J. KNOX DENHAM considered that many of the stomach disorders among children were due to eating adulterated sweets, especially sugar-stick which was hawked about by rag gatherers. He instanced a case in which a woman, convicted for selling butterine for butter without notice, recovered £100 damages from the merchant who sold her the butterine as butter.

Dr. MACDOWEL COSGRAVE stated that, when in Huddersfield, he found that a great many traders were convicted for adding salt to the beer—a practice that was adopted at the dinner hour, when the mill hands were set free. He asked whether that practice existed in Dublin, and whether whisky was adulterated?

Dr. HENRY KENNEDY said he had frequently seen children whose illness he could attribute to nothing but adulterated sweets. He believed plaster of Paris entered largely into their composition, especially of almond sweets, and that the colouring matter was also deleterious. The only pure sweet, in his opinion, was sugar barley. However, as he had seen the certificate of pure sweets, he asked whether there were any sweets really pure, in the proper sense of the term. As to milk, he had seen white powder in it, and the specific gravity being made up in a way that he could not explain, and he had heard that calves' brains were mixed with milk. What the adulterants other than water were he was anxious to know, both with regard to milk and butter.

The PRESIDENT considered that vermilion was more likely to cause obstinate diarrhoea than any other symptom of mercurialisation, and that possibly the great fatality of diarrhoea in Dublin was to a certain extent, due to the enor-

mous indulgence by children in sweets. Of sweets, one of the safest was the crystalline sugar-candy, the crystals being unlikely to take up obnoxious or adulterant matter.

Dr. MONTGOMERY inquired the cause of the deterioration in the quality of butter. Whether from adulteration or the mode of feeding milch cows, it was exceedingly difficult to get eatable butter now compared with fifteen or twenty years ago.

Sir CHAS. CAMERON, in reply, said it was perfectly true that a great deal of adulteration was practised in drugs, and many were spurious, especially bark preparations. He met an instance of sulphate of cinchonine being sold as sulphate of quinine, and audaciously labelled "Howard's." In the United Kingdom an enormous adulteration was practised in butter. When a small quantity of butter was used to sophisticate pure butter, it was difficult to state positively the butter was not pure. The way in which the adulteration of butter by butterine was arrived at was a curious one. In all kinds of fats there were certain quantities of fatty acids, soluble in water. As the result of analysis, it was found that not more than 3 per cent. of the fatty acids in suet and lard dissolved in water, whereas 7 or 8 per cent. of butter fats dissolved. Therefore, when he got less than 3 per cent. there must be the common fats present not butter fats; and similarly, when he got 6 or 7 per cent. there was pure butter. Butter fats were peculiarly constituted, being physiologically intended to be eaten raw, whereas the others were intended to be eaten cooked. As a popular test, in warm weather butterine was much firmer than pure butter. Butterine rolls cracked across, but butter was plastic, and hence the more brittle the roll the greater the amount of butterine fats. He believed there was a great deal of butterine adulteration, and as public analyst he was most anxious to put a stop to it. But Dr. Montgomery's complaint pointed to another defect, and that was, the complete carelessness in the manufacture of butter. From his early days he knew a good deal about experimental farming, which he studied at the Albert Model Farm, and he had written on the butter manufacture. Speaking from a knowledge of the subject, he stated advisedly there was no worse butter made in the world than in Ireland. There was a total disregard of cleanliness, and the salt used was extremely bad. In the west of Ireland he positively saw milk put under the bed to set for cream, that place being chosen to protect it from the fowl, and perhaps to increase the quantity, though not the quality. The only way to improve the butter was to establish butter factories, as in America and in Denmark. It was a common practice with the large farmers in Denmark to get milk from the smaller ones, and, having extracted the cream, return the skimmed milk for food purposes. But a different system prevailed in Ireland. There were a great many small farmers, and no proper dairies. Pedlars went round and collected small quantities of butter, which they mixed up together to make it homogeneous. Therefore the bad manufacture accounted for the bad quality of the Irish butter. The brains theory of adulterated milk had been long ago exploded, being impossible to carry out. There was little adulteration practised except with water. He found flour seldom, sugar occasionally, and salt frequently, and not long ago he found rice, flour, sugar, salt, skimmed milk, and fore milk, which was the milk first drawn from the cow, the strippings being kept to manufacture into butter. There was no adulteration of sweets at present in Dublin. He had analysed hundreds of specimens during the last four years without finding plaster of Paris, white clay, or poisonous pigments. The yellow was from saffron, and the pink from carmine. He found the yellow stuff sold in the street to be composed of a small quantity of honey, and sugar, and flour. Eating large quantities of sweets and diarrhoea resulting did not prove that the sweets had been adulterated. Pastry made children and adults ill. The only question was, whether the raw flour in the cheaper kinds of confectionery might not produce some bad effects. But the common sugar-stick was nothing more than sugar partly candied by being heated in an iron pot and rolled upon a flag. Comfits were perfectly pure at present. Several times he found salt in beer, but not so often here as in England. A low-class beer was manufactured from molasses. Having had the misfortune to certify that an article sold near Belfast was a debased, spurious production from molasses, deficient in solids, and containing little or none of the extract of barley, the vendor was fined £50—a conviction which was confirmed on appeal.

BRADFORD MEDICO-CHIRURGICAL SOCIETY.  
MEETING HELD IN THE BRADFORD INFIRMARY, TUESDAY,  
MAY 5TH.

Dr. GOYDER, President, in the chair.

#### PATHOLOGICAL SPECIMENS.

MR. CARTER showed specimens taken from the intestines of two patients who both suffered from severe abdominal pain with vomiting, the first dying six weeks, and the second four weeks, after admission, yet whose pathological conditions were found to be quite different from one another. Both cases were those of young men, J. D. being *æt.* 20, and J. K. 17. In J. D.'s case the small intestine showed alternate dilatations and contractions along its whole course, but mainly affecting the ileum. Colon healthy. On opening the intestine the contractions of the gut were found to be due to masses of cicatricial tissue passing horizontally across the lumen of the bowel. So narrow was the contraction in one place that only a knitting needle was allowed to pass the opening. Mesenteric glands much enlarged. In Mr. Carter's opinion this was a case of tubercular ulceration of the intestine, the extension of the bands across the lumen of the bowel, and the great enlargement of the mesenteric glands confirming him in this view. (Under care of Dr. Alexander.)—Case 2, on the other hand, was one of lymphosarcoma of the small intestine. It was under the care of Dr. Goyder. In life a doughy swelling had been made out, the size of a medium-sized orange, in the hypogastric region. During an attack of pain the abdomen became irregularly distended, and the swelling hardened, as if there were some accumulation, or some constriction of the gut. *Per rectum* a hard movable mass could be felt just within reach of the finger, and apparently fixed to the promontory of the sacrum. On post-mortem examination the intestines were distended with flatus and fluid fæces, and a coil of small intestine was found firmly adherent to pelvic walls, and surrounded by an irregular mass of new growths, brain-like in consistence. The whole length of the small intestine was found to be more or less affected by new growths from the size of a bean to that of a walnut, and increasing in frequency and size towards the ileum, where they projected into the cavity of the bowel, but did not much diminish its calibre. On section the masses showed marked absence of stroma, with abundance of small nucleated cells.

Remarks on these interesting specimens were made by the President and Dr. Denby.

Dr. RABAGLIATI then read a note on

THE CONNECTION BETWEEN FEVER AND INFLAMMATION, as shown by the occurrence of a case of diphtheria which seemed to be caused by metritis in the puerperal state. Dr. Rabagliati commenced by offering these definitions of inflammation and fever respectively: "Inflammation is the result of the interaction between the organism and inorganic causes." "Fever is the result of the interaction between the organism and organic causes." By inorganic causes he meant cold, heat, damp, injury, &c. By organic causes he meant all forms of organic matter, whether so highly developed as to have reached the stage of spores or not. For the moment he took no account of the difference between the causation of specific inflammations, as they are called, and fevers proper, as it was not necessary to his argument to settle, *e.g.*, whether typhoid fever was a fever proper or a specific inflammation of Peyer's glands, with other like questions. Dr. Rabagliati said that for a long time he had been convinced that many of the ideas prevalent about fever are erroneous, and instanced that extraordinary and oft-repeated statement that "fevers run a definite course," contending that if one feature rather than another characterised such a fever as typhoid, it was not the definiteness, but the indefiniteness of its course. He also thought there was much evidence for the view that fevers run into one another. His case was this: A primipara was confined on 7th Feb., 1885. For a month before confinement she had not been well, though not sending for the doctor. She had, for instance, been so hot at nights that in the cold month of January she had never been able to bear more than a sheet to cover her in bed, and had drunk frequently at nights of cold water. During the day of the confinement the tongue was dry and furred. Labour lasted fourteen hours. She had chloroform



and two doses of ergot. No other interference. On February 9th, patient low, dull, and complaining of headache and backache. 10th and 11th, worse. T. 102.6. Ordered icebag to abdomen and one to head. On the 12th, in spite of icebags, temp. 102.2, but by more free use of ice it gradually fell, and on the 13th was 98 F. During the course of the illness there were repeated rigors, profuse sweatings, and on the 15th the whole body was covered with a lichenous rash. There were signs also of inflammation of left side of cervix and body of uterus. The inflammation crept from point to point, but never involved the whole uterus. Dr. Dobie, who saw the patient on the 14th, diagnosed simple creeping metritis. On the 12th and 13th there was a bad smell noticeable when one entered the room. On the 17th the monthly nurse, who had been most unremitting in her attentions to the patient, and who, no doubt, saved her life, showed a grey patch on the left tonsil. On the 18th she went home. On the 20th Dr. Hime saw her, and agreed with Dr. Rabagliati that the nurse had true diphtheria. She said she had sore-throat two days before she mentioned it, so that it would begin on the 15th. As the incubation of diphtheria is three or four days, it is certain she caught it in her patient's house. The house, it may be said, was examined and reported on by the Engineer of the Bradford Sanitary Association, and alterations in the sanitary arrangements made at his suggestion. At the same time the housemaid, who brought her mistress's meals upstairs, had a herpetic pustule on her nose, and the husband of the patient had a sore-throat, with a crimson colour, not diphtheritic. The cook, who did not go to her mistress's room, was not ill. Dr. Rabagliati thought the facts justified his view that the puerperal patient was in a low state of health before confinement, that she took a low form of metritis in consequence, that she infected the nurse with diphtheria, the housemaid with the pustule on the nose, and her husband with dark sore-throat, and that this was therefore a case which showed that inflammation could generate a fever (or specific inflammation) like diphtheria. If inflammation could breed fever, then he thought it likely fevers did not always breed true. In support of his argument he instanced epidemics of scarlatina, where in one house some persons take scarlatina and some a sore-throat without rash. He also said that in a houseful of children he had often known a child take a simple cold which induced in turn a specific cold or fever in a second child, the last being far more difficult to treat and running a longer course than the first. To put the case in terms of the definitions on which he had ventured, he thought that an inflammation, produced by inorganic causes, might generate a fever, produced by organic causes, and that this was a case in point.

A discussion followed, in which the President, Drs. Burnie and Denby, and Messrs. Mossop and Ellis took part, and Dr. Rabagliati replied.

Mr. R. H. MEADE then read some remarks on

#### THE PATHOLOGY OF PURPURA,

which, he said, had been a puzzle to him all his professional life, and he hoped now rather to receive information than to throw light on the subject. One reason for obscurity was that many difficult forms of disease had been confounded under the name purpura. Purpura, he said, is not a disease after all, but a symptom, and scurvy and purpura were often confounded, yet they were really distinct, and not amenable to the same form of treatment. Petechiæ, again, vibices, ecchymoses, &c., occur in such different states of system, some plethoric, others anæmic, that they cannot arise from the same causes in the blood. The ordinary division of purpura into simple and hæmorrhagic he thought artificial, and suggested a division into plethoric and anæmic, to which, perhaps, adynamic, or putrid (found in malignant small-pox and typhus), might be added. The characteristic sign of purpura was a spot or spots of red purple colour on the skin. Sometimes marks are seen as of bruises which go through the same changes of colour as the latter, and sometimes bullæ are seen filled with blood, or blood may be effused among the muscles, and supuration and sloughing may occur. Even the gums may bleed, as in scurvy, and there may be internal hæmorrhages. Mr. Meade then mentioned four cases of purpura he had seen, the first occurring when he was a medical student. It was a second attack, and occurred in a woman whose forearms showed cicatrices of the former attack. Bullæ, filled with blood, formed, and sloughing among the muscles followed. The

case slowly recovered. Case 2 occurred in a young married woman who was weak from over-suckling, and who was vomiting almost all the food she took. Blood also passed from the bowels, not florid as in piles. By and bye blood appeared in the urine, and in a few days more an exanthematous eruption, like roseola, came on on the limbs, and this was quickly succeeded by spots of the true purpura. The case was very troublesome, and characterised by numerous relapses, the irritability of stomach rendering it particularly difficult of treatment by food and medicine, but it ultimately recovered perfectly. Case 3 occurred in a middle-aged plethoric woman of drinking habits, whose face and limbs and great part of the body were covered with livid blotches, the upper eyelids being converted into bags of blood. The gums were spongy, and bled, as did also the palate and fauces. This case died. Case 4 was that of an oldish gentleman, a free liver, of full habit, who had purpura on the legs, which soon got well, but shortly after he died of an attack of apoplexy, and Mr. Meade asked if this was a co-incidence, or another phase of the disease. *Causes.*—The causes of purpura are various. In scurvy it is due to the absence of salts of potash. In hæmorrhagic small-pox there is a putrescent state of blood. In other cases the causes are obscure. Iodide of potassium and chloral have been known to cause it, and it has been found both in anæmia and plethora. The pathology is interesting, but obscure. What causes the capillaries to give way? Dr. Wilson Fox, found degeneration of the minute vessels in some cases, but could this come on suddenly? How does the serum exude in pemphigus? In cases of fracture we often find large bullæ filled with blood in parts of the skin not apparently bruised, and also in cases of incipient gangrene. Can the nervous system be at fault, as in cases of herpes zoster? The treatment must vary according to the nature of the cause, so far as it is known, and may be in some cases administration of fresh vegetables; in others, purgation, or bleeding; and in others, tincture of steel, turpentine, or ergot, &c.

In the discussion which followed, the President, Drs. Burnie and Rabagliati, and other gentlemen took part.

#### BRIEF NOTES FROM OUR EXCHANGES.

THE SPINAL ARTHROPATHIES—A CLINICAL REPORT OF SIX CASES OF CHARCOT'S JOINTS.—Dr. A. Sidney Roberts contributes a very interesting paper upon his clinical experience of this class of cases, in the *Philadelphia Medical Times*, April 18th, 1885, p. 523, to which, those interested in the subject will do well to refer. In all, the development of the "ataxic" nerve symptoms preceded *pari passu* with the development of the joint changes, but in some there was slight precedence of the one or the other. The following are the practical deductions Dr. Roberts draws from the clinical study of his cases:—"Period of Development.—1st. The tabetic arthropathies may occur independently, or precede the active symptoms of locomotor ataxia. 2nd. They occasionally develop suddenly late in the course of a posterior spinal sclerosis. *Nature of the Lesion.*—The peripheral expression of central nerve irritation is characterised by the following changes found in the structure of the various articulations. 1st. A chronic asthenic hyperæmia of the synovial membranes, a hydrarthrosis. 2nd. An interstitial atrophy of the epiphyses. 3rd. A fungous or rarefying epiphysal hypertrophy. 4th. The formation of osteophytis and bony stalactites. These various joint-expressions characteristic of the spinal arthropathies may exist separately, but are usually combined in the same subject. *Differential Diagnosis.*—They may be readily distinguished from the common inflammatory lesions of the epiphyses by the total absence of the reflex neural phenomena, i.e., of pain, both reflex and local, the apprehensive state regarding joint movements, and the reflex or tetanic spasm of the muscles always associated with joint arthritis. Abscess is never directly associated with the arthropathies, unless incident upon direct traumatism. They are more difficult to differentiate from malignant disease of the articulations, but a careful inquiry into the history and course of the lesion, and the presence or absence of central disturbance, are our most reliable guides. *Course.*—This progress of the arthropathies is essentially chronic. Occurring early, not unfrequently in the history of the tabetic

lesion they slowly increase, with occasional exacerbation, and years elapse before fully matured. A rapidly developing arthropathy may be associated with the later stages of an ataxia. Their course is self-limiting, though never reparative.

**TREATMENT OF PSORIASIS.**—Professor Fournier's formula for the treatment of this disease is as follows:—  
R Chloroform, 8 parts; Gutta-percha, 1; Crysophanic acid, 1; M. To be applied with a brush to part affected. It has the special advantage of forming a pellicle by means of which the medicine is kept applied to the part.

**AN ORIGINAL OPERATION FOR RUPTURED PERINEUM.**—At a recent meeting of the New York Academy of Medicine, Dr. A. C. Past read a brief paper on this subject. He had successfully performed the operation he proposes upon three cases. The following are the advantages he claims for it:—  
1st. Simplicity in execution. 2nd. The securing of a more solid perineal body. 3rd. No loss of substance in its performance. 4th. Repetition easy should the first operation fail. The method of operating is as follows:—"An incision was made on each side of the vagina to the depth of fifteen or twenty millimetres. The incisions meet in front in a manner to divide the parts into an upper and a lower segment. The upper segments were turned up and formed the floor of the vagina, and were secured in position by a row of catgut sutures passed, not through the skin, but through the subcutaneous cellular tissue, so as to turn the edges of the skin upward to form a ridge on the floor of the vagina. A second row of sutures, of silver wire, were passed from either side through the deepest part of the incisions, where the upper and the lower segments met. The ends of these sutures were passed through glass beads and perforated shot, and after the flaps were brought into close contact the slits were compressed. The inferior edges were united by fine sutures, and an iodoform dressing was then applied. The integument on the inner side of the thighs should be protected from pressure by the shot and beads. The patient should be allowed to urinate without the use of the catheter, and the parts be washed afterwards with a solution of mercuric bichloride. The sutures might be removed at the end of ten days or a fortnight.

**ERGOT IN ACNE.**—Prof. Broca (*Therapeutic Gazette*) finds ergot in doses of 15 to 30 grains daily, and washing morning and evening with warm water containing a little spirits of camphor, or even eau-de-Cologne, are often more effectual in relieving the unsightly simple acne than harsher measures.

**HOT BATH IN PUERPERAL ECLAMPSIA.**—Dr. C. Breus, in the *Journal de Médecine*, asserts that he has obtained very favourable results by immersing the patient in a bath of 100°, and then raising the temperature of the water as high as can be tolerated. After half-an-hour, the patient is placed in bed and wrapped in warm blankets for three hours. The immediate effects are profuse diaphoresis and sleep.

**OIL OF EUCALYPTUS IN BRONCHITIS.**—Prof. H. C. Wood reports, in the *Therapeutic Gazette*, that in his hands the oil of eucalyptus in ten minim doses (in two gelatine capsules) four times a day, has replaced all stimulant expectorants in chronic or obstinate sub-acute bronchitis.

**NITRATE OF SILVER IN OPHTHALMIC NEONATORUM.**—“Prof. Credé, of Leipzig, has successfully prevented infantile ophthalmia by washing the infant's eyes with filtered water immediately after birth, and then dropping into each eye one drop of a 2-per cent. solution of nitrate of silver with a rounded glass rod. The subsequent redness and swelling soon disappears. The ‘Credé Method’ has been adopted in the maternities of Berlin, Vienna, and Paris.”  
*Note.*—We presume that the term “Credé's Method” is applied simply to the routine employment of the nitrate of silver solution of this strength to all infants without waiting for the development of conjunctival symptoms. The good effects of nitrate of silver in such affections of the eyes is now a very old story. In the *Medical Press and Circular*, Feb. 20, 1884, p. 157, there is a note upon the instillation of a solution—strength, gr. j. to the ℥j. of water, hourly, in the conjunctivitis of the newly born, and of the excellent results obtained by John W. Martin, M.D., of Sheffield, in whose hands the practice was an old one when he wrote.

**ATROPINE IN ELECTRIC SHOCK.**—Dr. Wm. G. Eggleton, of Philadelphia, observes that the extreme cardiac and respiratory depression occasioned by the shock of lightning-stroke, or from the dynamo-electric machine, may be

effectually remedied by hypodermic injections of gr. 1-100 to 1-80 of atropine at intervals according to improvement, conjoined with brandy and ammonia.—*Ibid.*

**NEPHRECTOMY.**—Dr. Vincenzo Dattilo on the 8th March, 1885, performed a difficult operation of nephrectomy for suppurative pyelonephritis. The walls of the cyst could not be removed owing to extensive adhesions to the lumbar muscles, the diaphragm, and peritoneum. They were accordingly secured to the edges of the external wound by interrupted sutures. The cyst was previously evacuated eight times with Potin's apparatus, four pints of a purulent fluid being obtained at each evacuation. The operation, which was preceded by a ninth puncture with Potin's aspirator, and by free section of the twelfth rib, lasted forty minutes, and was conducted under strict antiseptic precautions. The highest temperature recorded subsequent to the operation was 100·4° F. On the 25th March the patient was rapidly recovering.—*Gazzetta degli Ospitali.*

REGISTERED FOR TRANSMISSION ABROAD.

## The Medical Press and Circular

Is published every Wednesday morning. Price 5d. Post free, 5½d

POST FREE TO ANNUAL SUBSCRIBERS . . . . £1 2 6

“ IF PAID IN ADVANCE . . . . . 1 1 0

Post-office Orders and Cheques to be drawn in favour of—

A. A. TINDALL, 20 King William Street, Strand, London, W.C.

A. H. JACOB, 3 Molesworth Street, Dublin.

Agents for Scotland:—

MACLACHLAN & STEWART, South Bridge, Edinburgh.

A. & W. STENHOUSE, Hillhead, Glasgow.

Sole Agent for the Continent:—

JOHN F. JONES, 31 Bis, Rue du Faubourg Montmartre, Paris.

ADVERTISEMENT SCALE—Whole Page, £5 Os. 0d. Half Page

£2 10s. 0d.; Quarter Page, £1 15s. 0d.; One-eighth Page, 12s. 6d.

Small Announcements of Practices, Assistances, Vacancies, Books, &c., of Seven lines or under, 4s. per insertion; 6d. per line beyond.

Considerable reductions are made from the foregoing Scale when orders are given for a series of insertions. Letters in this department should be addressed to the Publishers.

SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIÈRE, Rue Hautefeuille, Paris—post free in advance, £1 3s. 6d. per annum.

SUBSCRIPTIONS FOR RUSSIA are received by Messrs. RAJCHMAN and FERNDLER, 18 Senatoren Street, Warsaw—post free, £1 5s. 0d. per annum.

SUBSCRIPTIONS FOR THE UNITED STATES are received in New York by Messrs. WILLIAMS & ROGERS, Philadelphia, by Dr. BRINTON: post free in advance, 5½ dollars (£1 3s. 6d.) per annum; or direct from the Offices in this country for the same amount, if remitted by International Post-Office Order.

## The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, JULY 1, 1885.

### TO-MORROW'S ELECTION.

To-morrow (Thursday) the Fellows of the Royal College of Surgeons of England will decide by their votes who of the seven candidates for seats in the Council shall be chosen to occupy the three vacancies to be filled in that body; and at the same time an important indication will be afforded of the feeling among, at any rate, the metropolitan Fellows, in favour of a much-needed measure of reform. It must not, however, be too speedily assumed that the result of the poll will be a full indication of the sense of the majority in this respect, for so

long as present restrictions exist as to the facilities offered for the registration of votes, it must follow that not a few provincial Fellows willing and even anxious to record their votes will hesitate to incur the considerable expense in time and money necessary to this end, owing to the uncertainty whether their efforts may not after all be futile. Such an accident might very well happen under the rule which confers on the President of the College the power of closing the poll at any time, in case ten minutes shall elapse during which no single Fellow shall have registered his vote; for so long as this antiquated and indefensible regulation is in force, it is quite possible that a voter arriving from the country may not improbably find that all his sacrifices have been made in vain. Under all the circumstances it would not have been too much to expect that some intimation would have been given to the effect that this right would not be exercised on the present occasion; but in the absence of any suggestion of the kind, the risk has necessarily to be kept in view, and should be as far as possible guarded against.

We have already referred on more than one occasion to the candidates before the electors, and have shown how three of them, Messrs. Gant, Macnamara, and Pemberton, have definitely proved themselves worthy to receive the suffrages of all voters who are desirous of seeing the abolition of all the manifold abuses connected with the Council of the College. Of the remaining candidates, one, Mr. Savory, a retiring councillor, is the avowed champion of obstruction to the wishes of the body of Fellows and Members, he being unalterably determined to uphold the recent action of the Council in refusing to comply with reasonable requests preferred to it, and justifying its insulting attitude towards the two Associations pledged to bring about its reform. Three gentlemen, Messrs. Rouse, Mason, and Cowell, have not chosen to accept the public challenge held out to them to inform those whose votes they solicit on what grounds they base their claims to represent the Fellows on the Council, but we understand that an open statement has been made by one of them to the effect that he is in sympathy with the objects of the Association of Fellows. This proceeding, as a substitute for a straightforward exposition of policy, is most unsatisfactory; it affords no pledge for future conduct, and with the experience of last year to guide us, it suggests a most unpromising future, for it is still fresh in the minds of all how more than one nominal champion of reform, returned to the Council for the one purpose of preaching its purification, succumbed at the first available opportunity to the fatal influence at work within the chamber, and are now, in place of defending the views that they were supposed to uphold, joined with the most vigorous opponents of change in attacking the interests of those who trusted them not wisely but too well. This recollection will, we trust, exert a proper influence at the poll tomorrow, with the result that merely nominal reformers will meet with the fate their questionable sincerity richly merits. We need only urge further that any candidate for election to the Council who has not the courage to put himself irrevocably into a position he has publicly pledged himself to uphold, can only be relied on to swerve from the opinions that are alone valuable at the present

crisis; and we would once more repeat that, of all the candidates before the constituency, the three who have fulfilled their obligations in this connection, and so merited the confidence of the Fellows, are Messrs. Gant Macnamara, and Pemberton.

#### THE CASE OF DR. BRADLEY, OF BRIMINGTON.

THE miserable plight of our unhappy *confrère* Dr. Bradley has been again brought under the notice of the Home Secretary by Dr. Lyons, M.P., as well as by memorials from the medical practitioners of Derby and other places where the circumstances of the case are known, and by Dr. Ewing Whittle, of Liverpool, who has been in London, working up influence in favour of his release. It will be remembered that Dr. Bradley was prosecuted for rape on the wife of a collier, the transaction having been supposed to have taken place at 3 o'clock in a July afternoon in a ground-floor room off a crowded street, with both front and back doors open, the blind raised, and persons in the next room. Nevertheless, in consequence of Dr. Bradley's foolish confidence in his own innocence and his want of knowledge of the liability of the law to punish the wrong man, he was convicted of an indecent assault, and sent to jail by Judge Coleridge for two years and hard labour. Since then every means has been taken by his professional brethren to sift the evidence to satisfy themselves as to his previous character and to search out any evidence to prove his guilt, but the search for any incriminating circumstance, or any doubtful point in his character, has been in vain, and having taken every means of forming a just judgment, we entirely concur in the universal verdict of the profession that he is completely innocent of the crime for which he is suffering. Dr. Lyons, M.P., at our suggestion, has kindly made strong representations in the proper official quarters, but with no better success than is indicated in the following letter:—

Whitehall, 15th June, 1885.

SIR,—With reference to the application recently submitted by you, in behalf of the prisoner, David Bradley, I am directed by Secretary, Sir William Vernon Harcourt, to acquaint you that, after considering the whole of the circumstances of the case, and consulting the learned judge before whom it was tried, he regrets that he is unable to advise Her Majesty to interfere in the prisoner's behalf.

I am, Sir, your obedient servant,  
A. F. O. LIDDELL

R. D. Lyons, Esq., M.D., M.P.

Notwithstanding this assurance, we are very certain that the case has not been adequately considered by Sir William Harcourt, and we have very little confidence in the dictum of a judge who may be reasonably supposed to be very unwilling to admit the possibility of his having been wrong in sentencing an innocent man to so terrible a punishment as two years' hard labour. It happens that at the same Assizes at which Dr. Bradley was sentenced a man named Briggs was convicted and sent by Mr. Justice Coleridge to twenty years' penal servitude for poisoning his wife and son, but when doubts were thrown on the justice of the conviction, and a report obtained from a distinguished medical jurist, it turned out that



the unfortunate convict was quite innocent, and that if Mr. Justice Coleridge possessed any knowledge of forensic medicine he would have known that he was innocent. The man was at once pardoned (for being innocent), and the transaction kept as quiet as possible for the Lord Justice. If those who have undertaken to fight Dr. Bradley's case mean to succeed in restoring him to liberty and re-establishing his character, they must take much more vigorous steps than have hitherto been adopted, and having now satisfied themselves that paper and print produce very little effect on Home Secretaries and Judges, must arrange to have the matter forced upon the notice of Parliament.

We entertain not the least doubt that, if this be judiciously and energetically done—if the case be put plainly and briefly to members of the House, their opinion of it will be, overwhelmingly, in Dr. Bradley's favour; and if the opinion of the House be once aroused, we may anticipate that the new Home Secretary will evince a very lively interest in the case.

The following letter from Sir Joseph Neale McKenna, M.P., to Dr. Jeffreys, of Chesterfield, is encouraging evidence of the influence which such an effort might have:—

DR. JEFFREYS.

SIR,—I have received this morning the memorial of the medical practitioners of Sheffield addressed to the Home Secretary in the case of Doctor Bradley.

That memorial, in the absence of fraud on the part of those who have framed it and signed it, constitutes a body of evidence which no executive government can afford to disregard.

The Lord Chief Justice is a man of great eloquence and many accomplishments, but his individual opinion expressed at the trial of Doctor Bradley is not entitled to more unqualified respect than that which I have always paid to the opinion of the learned judge who tried Kilmartin, whose case came before the House of Commons on the 31st of July last.

Judges are not infallible. The Lord Lieutenant of Ireland subsequently saw fit to order an inquiry, and the result was that Kilmartin was released from penal servitude, and received a gracious pardon for the offence he had not committed.

I said when the case of Kilmartin was before the House of Commons that to my mind Kilmartin was as innocent of the crime of which a jury had convicted him, and for which a learned judge had sentenced him to penal servitude, as was the Chief Secretary (Mr. Trevelyan) who had just spoken on the case. I have no hesitation now in expressing an opinion on Dr. Bradley's case. I believe him to be as innocent of the offence of which he has been convicted and for which he suffers as the Home Secretary or the Lord Chief Justice.

But you must persevere with your remonstrance. The official and judicial mind is slow to receive impressions at variance with the dicta of judges and juries until you give evidence that they have exasperated the common sense and sense of justice of those who have better grounds for entertaining a strong opinion, on review of the case, than either judge or jury could have had at the trial on the case as then presented.

I am, &c.,

JOSEPH MCKENNA.

67 Lancaster Gate, London, W.  
20th June, 1885.

Dr. Bradley is, we are convinced, perfectly innocent. He is the victim of a felon's punishment, and hopelessly ruined in his profession. Is there no organisation to take his case in hand? Where now is the Parliamentary influence of the British Medical Association?

## Notes on Current Topics.

### The Microbe of Mumps.

THE researches which have already been instituted by MM. Capitan and Charrin on the microbes which are found in patients suffering from mumps have been further continued by M. Ollivier, who is said to have succeeded in discovering definite forms of micrococci in both the saliva and the urine of such subjects. These micrococci exist either singly, or united in pairs, or in the form of a zoogloea mass; and in addition to them the fluids examined contained the bacteria usually found in such excretions. The specific organisms, however, do not exist in the fluids obtained from persons in good health, and this fact is held to justify the theory that mumps is a disease of microbic origin, and by aid of which M. Ollivier is enabled to satisfactorily explain the phenomena it exhibits.

### Bad Meat.

SIR THOMAS DAKIN had before him on Friday last, at Guildhall, a dealer of Blandford, in Dorsetshire, who was charged with sending to the London market four quarters of a diseased cow unfit for human food. It appears the animal in question was drowned in a ditch, when its owner, a farmer, sold it to the defendant for £5, and the latter, after having it properly dressed, sent it for purpose of sale to the Metropolitan Market. In commenting on the facts of the case the worthy magistrate very rightly condemned the sending of bad meat to market as being constructive murder, since it was impossible to foresee the amount of injury that might not be occasioned by such proceeding. He proceeded to declare his resolution of sending to prison every one brought before him charged with this offence and proved to have committed it knowingly; but as in the case before him it was uncertain if defendant was really aware of the condition of the animal, he gave him the benefit of the doubt, and inflicted a fine instead.

### Curious Action of a Coroner.

ACCORDING to the newspaper reports of an inquest held a few days ago at Birkenhead, the course of action pursued in respect to it by the coroner presents a very curious aspect. The subject of the inquiry was a cellarman who fell and fractured his femur in March last. He was attended for more than two months by Dr. Butcher, whose practice is in the neighbourhood, and who is a member of the Birkenhead Borough Hospital staff. The deceased was a most unfavourable subject for such an injury, being of alcoholic habit, and was suffering from cerebral disease and arterial degeneration. Being in poor circumstances, and the treatment ordered by Dr. Butcher being greatly interfered with by meddling neighbours, the man was ultimately removed for better care and attendance into hospital, where he died from congestion of the lungs, his death being in no way remarkable when the circumstances are considered. An inquest was, however, held; and it is highly surprising to learn that Dr. Butcher's evidence was not only not requested, but was actually declined by the coroner, who elected to leave the case to the jury after they had heard a long series of

utterly valueless and inconsequent statements from a number of lay witnesses, many of whom appear to have been influenced by some special and ignorant animus against Dr. Butcher, whose treatment of the case seems to have met with the disapproval of the rabble. It is very much to be regretted that an officer holding the responsible position of coroner should permit himself to be influenced by the statements and prejudices of the unlettered mob, and doubly so when these so far prevail as to induce him to dispense with the only witnesses who are competent to give evidence as to causes of death, namely, medical men. We say nothing of the undignified attitude that non-medical coroners too often place themselves in by neglecting the plainest rules in this connection; the inference is too obvious. Dr. Butcher has our sympathy, and we feel assured that every right-minded reader of the facts of the case will at once appreciate his position, and regret for his sake that the inquiry was not more fittingly conducted.

#### The Small-pox in Dublin.

We are glad to learn that no extension of the small-pox has taken place in Dublin. The lady who brought the infection from England and the nurse died; the other lady is convalescent. With reference to our annotation of last week on this subject we think it right, in justice to the management of the Nursing Institute of the City of Dublin Hospital to say that the nurse sent to the case, though young, was experienced in fever. She had served a year and a-half in Sir Patrick Dun's Hospital, about a year in the Cork Street Fever Hospital, and three months in the City of Dublin Hospital, and, as she had been twice vaccinated, it was reasonably assumed that she would be as insensible to small-pox infection as any other nurse in the Institute. When the disease showed itself in her she was necessarily sent to the Cork Street Hospital because the family were leaving the infected house.

#### The Measure of Fidget.

UNDER the title "The Measure of Fidget," F. G. communicates a most original and interesting article to *Nature*, the subject of the paper being the study of "fidgetiness" in persons who are bored by an uninteresting lecture or similar performance. F. G. chanced to be present on such an occasion, and from his position at the back of the platform—unfavourable for hearing—he enjoyed an admirable opportunity for observing the effects of the lecturer's prosing on the audience. In his own words, "The feature that an instantaneous photograph, taken at any moment, would have most prominently displayed was the unequal horizontal interspace between head and head. When the audience is intent each person forgets his muscular weariness and skin discomfort, and he holds himself rigidly in the best position for seeing and hearing. As this is practically identical for persons who sit side by side, their bodies are parallel, and, again, as they sit at much the same distances apart, their heads are correspondingly equidistant. But when the audience is bored, the several individuals cease to forget themselves, and they begin to pay much attention to the discomforts attendant on

sitting long in the same position. They sway from side to side, each in his own way, and the interval between their faces which lie at the free end of the radius formed by their bodies with their seat as the centre of rotation varies greatly." F. G. further endeavours to apply a numerical standard of boredom, based on the number of movements made per minute by each individual, and his ingenious calculations well deserve to be made the forerunner of further observations. The whole subject is sufficiently novel to attract attention, and it is one of no inconsiderable interest, being capable of extension in many ways that will at once suggest themselves to the mind medical.

#### Enlargement of the Medical School of Trinity College, Dublin.

PLANS have been adopted by the Board of Trinity College for the erection of additions to the Medical School, which will cost about £14,000. An anatomical lecture-theatre, capable of accommodating over 300 students, is to be built.

#### Iodoform in Gout.

PROFESSOR TESTA (*Gazz. Med. di Torino*, 1885), having previously ascertained experimentally that iodoform fulfilled the requirements of a remedy for gout, i.e., that it accelerated oxydation processes within the system, increasing the excretion of urea, and diminishing that of uric acid and of oxalic acid, tried it in seven cases of gout and continued the use of the drug for months together. The dose varied from 7 to 25 cgrm. daily, given at twice. The remedy exercised on the whole a very favourable effect. The attacks became less frequent, and their intensity and duration were diminished. He thinks its use is contra-indicated, or at least, that it should be given with extreme caution, when the gout is complicated with kidney disease, as in case it is not duly eliminated by the kidneys, accumulation of it in the system might lead to serious results.

#### The Report of Experiments on Living Animals.

OUR contemporary the *Spectator*, although usually taking a fair and straight forward view on most matters connected with the profession, can hardly ever find a good word for anyone who may happen to differ from it on the question of "Experiments on Living Animals." Commenting on the annual meeting of the Anti-Vivisection Society last week, it impugns the *bona-fides* of the inspector's report, which it says, "is not so exhaustive as it should be." It is difficult to say what more should be said than what is said in the report. Mr. Bernard Coleridge, too, we are told, "showed that in many respects it did not tally with the facts reported in the medical journals," which means that it did not enable him to turn and twist the facts so as to place them in a sufficiently misleading way before his audience; while the evidence of "a great surgeon" is cited to show "how utterly inapplicable are experiments made on the livers of dogs to justify conclusions concerning the action of the human liver." "Tis pity 'tis true" that an "eminent surgeon," Mr. Lawson Tait, should have allied himself to

a society of fanatics who are determined to misrepresent the work and labours of men more eminent as physiologists than himself, and whose opinions on the subject have far more weight with the majority of surgeons. It is no doubt distasteful to "anti-vivisectionists" to learn from one who has the confidence of the profession and of men of science, Mr. Busk, "that the amount of direct and indirect suffering as the result of physiological and therapeutical experiments performed in England and Scotland under the Act in the year 1884 was wholly insignificant," as it has ever been before any Act came into force, and, therefore, that the ravings of the Bishop of Oxford "and other eminent speakers," were wholly uncalled for and out of place.

#### Early Menstruation.

A DR. DERVEER, writing to the *Gazetta Medica di Bahia* records a case of extremely early menstruation. The subject was an infant 2 years and 7 months old, who had menstruated from the age of four months, with the exception of a period of three months during which the menses did not appear. She exhibited symptoms of illness during the period they were absent, which disappeared on the return of the monthly flow. The child at the date of observation weighed 40 lbs. The mammae were the size of small apples, the mons Veneris, the labia majora and minora were well developed, and the former was covered with a growth of hair.

#### Antisepsis gone Mad.

AT Breslau a midwife was recently condemned to six weeks' imprisonment because she neglected to wash her hands in carbolic lotion immediately before commencing work in a case of confinement. The midwife said that she washed her hands in the carbolic wash before leaving her home; but this was declared unsatisfactory.

#### London Fever Hospital.

ON Tuesday evening last the festival dinner of the London Fever Hospital was held at Willis's Rooms, when a goodly number of influential gentlemen testified to their interest in this deserving charity by being present on the occasion and sharing in the proceedings. The Lord Mayor presided, and, at the close of the after-dinner speeches, the respectable sum of £2,517 was announced in donations and subscriptions. It is satisfactory to find that the claims of this important and essential institution are so well recognised, and that the heads of large business houses are alive to the privileges it offers to subscribers, as is shown by the long list of such names read out by the secretary. A fourth part of the annual outlay of the hospital is paid out of the contributions received from paying patients, a fact which is of itself an excellent sign, and at which wonder will not be felt when the admirable management of the place is reflected on, the arrangements for the care and comfort of the patients being perfect in every respect, while medically they could not be under more skilful or anxious hands. The mortality returns sufficiently prove the great care bestowed upon the cases, especially when it is remembered that very many of the patients are admitted in a most dangerous condition, needing that the utmost possible efforts shall be

made for their recovery. Indeed, the Fever Hospital provides a place of succour for the middle classes in time of infectious disease the value of which cannot be over-estimated, and deprivation of which would be one of the heaviest losses the community could endure. It is in every way worthy of support, and we trust the funds needed for the completion of the additional buildings will be at once forthcoming.

#### Pyridine for Asthma.

PROFESSOR GERMAIN SEE has recently laid before the Academy of Sciences some favourable results obtained in the employment of pyridine in the treatment of asthma. The best method of administration has been found to be by inhalation, which yields better results than either subcutaneous injections or the smoking of cigarettes saturated with the base (*Nouv. Rem.*, June, p. 121). For this purpose four or five grams are poured on a plate placed in a closed room. The air in this confined space being breathed by the patient, the pyridine rapidly passes into the blood, and its presence can be very soon after demonstrated in the urine. The patients are said to quickly experience a marked diminution of oppression, and the symptoms generally rapidly improve.

#### Proper Definitions.

THE following amusing story is going the round of the American medical journals, having first appeared in the *New York Medical Record*, and having arisen in connection with a certain celebrated suit in reference to the testamentary depositions of Miss Hoyt:—Dr. Millard testified that Miss Hoyt had many imaginary ailments, among them a belief that she had diphtheria and that she had coagulated blood upon the brain. The doctor testified that to humour her he called a professional cupper and leecher, a man named Hansen, who conducted an employment agency for nurses. This man bled her a trifle behind the ear, and then showed her a clot of blood on a plate, and she after that considered her head all right. "Did the nurse obtain the blood from her head?" General Butler asked. "He wasn't a nurse," answered the witness, "he only kept a nurse agency." "If he kept a nurse agency," returned the Massachusetts statesman, doggedly, "he was a nurse." "Then I suppose if a man keep a stable, he's a horse," suggested Senator Evarts, wearily. "Or if he drive an ice-waggon, he's a cold in the head," murmured Mr. Root, sadly.

#### A Practical Lesson on Dirt and Death.

THE town of Plymouth, in Pennsylvania, has been the scene of an epidemic of typhoid fever fearful in the extreme. Out of a population of some eight thousand about one-third have suffered from the disease. The local physicians have been unable to attend the sick, and so volunteers have been called for. The origin of the epidemic is clear. The town is situated on the alluvial soil of hills, which slope towards the river. The water supply has become polluted to an extreme degree, and Professor Kedzie reports it the very worst drinking water he ever examined. The town has no sewerage system. Hence, all the water polluted by being used for household and other purposes is left to find its own way

through the soil to the river. The epidemic seems to have been imported from Philadelphia. A person visiting that city contracted typhoid fever, and after his return to Plymouth the disease broke out. While sick he was in a house above the reservoirs, formed by damming the brook on its way through the town. From this water is distributed by pipes to most of the town. The excreta of this typhoid fever patient were carried by rains, melting snow, &c., into the brook, and so to the reservoir, whence it was widely distributed. In support of this view is adduced the fact that many of the families obtaining water from wells were not attacked by the disease.

#### Inefficacy of the Eucalyptus.

NOTWITHSTANDING the positive statements that have been made as to the suitability and value of plantations of *Eucalyptus globulus* in swampy and marshy districts, some scepticism has been manifested upon the point, and some time since a paper attributed anything but favourable results to the experiments made in this direction in Italy. In a recent report on the Lucknow Horticultural Gardens (*Gard. Chron.*) Dr. Bonavia records a similar experience and expresses a wonder that the tree should have ever been thought suited for the purpose.

#### The Scotch Preliminary Examination.

THE Colleges of Physicians and Surgeons of Edinburgh have given notice that after the 8th October next the preliminary examination hitherto conducted by them will be held by the Educational Institute of Scotland, whose examinations have been recognised by the General Medical Council.

#### Parenchymatous Injection of Fowler's Solution into a Leucæmic Hypertrophied Spleen.

THE *Deutsche Medicinal Zeitung* quotes the following from a paper by Dr. Peiper, of Greifswald:—In the course of eight weeks ten injections of a whole hypodermic syringeful of undiluted Fowler's solution were made into the spleen in a case of leucæmia. The patient bore the injections without any untoward symptoms. At first a decided diminution in the size of the tumour was noticed. It became hard, with a nodulated surface. Some weeks later a considerable diminution could be verified. The patient left the hospital some months afterwards decidedly improved. Such treatment is only recommended in the early stages of the affection, and before the tendency to hæmorrhage has become manifest.

#### Thalin Sulphate.

THIS drug has already been referred to in our columns as a reliable antipyretic. Amongst many who have already made trial of it may be mentioned Professor Landenberger, of the Katharinen-Spital Stuttgart, whose observations embrace over seventy cases. He reports that it brings about a reduction of temperature in all cases without any noteworthy undesirable bye-effects (cyanosis, collapse, &c.). According to the size of the dose the lowering of temperature lasts—three, five, or six hours, and the succeeding rise comes on slowly, so that the ori-

ginal temperature is not reached or passed for eight or ten hours. The dose varied from 0.25 grm. to 1 grm., 0.5 grm. being a medium dose. Wafers form a suitable vehicle for its administration. It may be procured from the B. Anilin and soda fabrik, Stuttgart.

#### Cholera Inoculation.

VERY little that is definite appears to have found its way into English journals regarding Dr. Ferran's inoculation for cholera. From a paper in the *El Siglo Medico*, June 7th, by Dr. Pulido, we get the following statistics, which will not be without interest. The town of Alcira contains 18,000 inhabitants: of these 9,874 were inoculated. The period of time to which the figures refer is the month of May:—

	Not Inoculated.	Inoculated.	Re-inoculated.
Attacked . . .	118	14	8
Recovered . . .	47	10	7
Died . . . . .	56	3	0
Under treatment	15	1	1

Three cases died within five days of inoculation before protection could be afforded by the procedure.—Town of Algemesi: inhabitants 7,856; inoculated 893:—

	Not Inoculated.	Inoculated.
Attacked . . .	263	8
Recovered . . .	186	7
Died . . . . .	32	1
Under treatment	35	0

Six died within five days of inoculation, and thus before the individual could be "protected." This reduces the number of those attacked after inoculation to 2, and one death was that of a child, who died on the seventh day of the disease, after refusing food throughout the sickness. The figures, if not absolutely unreliable, point to the necessity for thorough investigation. One fact mentioned by Dr. Pulido is significant, and quite sufficient to make one hesitate to pass through the ordeal of inoculation. He says, "Inoculation may cause death with symptoms of cholera."

#### The Franchise and Medical Relief.

THIS subject has been so exhaustively treated in these columns that we need only add the latest phase of development. On Sunday last Hyde Park was once more used for political purposes by a large concourse of persons, who met to protest against "the disqualification of voters by medical relief." It would be too much to expect that anything like a majority in so heterogeneous a mass understood the purposes of the meeting. Enough that there were bands and banners, that "the people were being put upon," and that the House of Lords said they should not vote if they got their medicine for nothing, which of course the Lords never thought of saying, but the professional agitators had a theme, and that was sufficient, and "Down with the House of Lords" was carried *nem. dis.* by thousands of the afflicted poor. One banner bore the following inscription:—"The Lords decree that if the people get sick they risk their votes. The people are sick of the Lords." Of course all this would be amusing were the public not being imposed upon; but it was ever thus.

By an announcement in another column it will be seen that the annual festival dinner of Volunteer surgeons will

take place in London on Wednesday next, at the Freemasons' Tavern, the Earl of Wemyss in the chair.

DR. JOSEPH EDWARD KENNY, Visiting Physician of the North Dublin Union, and Dr. Joseph R. Cardiff, of Carrigbyrne, co. Wexford, would, no doubt, think that we did them an injustice if we did not give them the advantage of publicly announcing that they have both ceased to be subscribers to this journal, alleging as their reason that they would not extend their valuable patronage to any periodical which expressed any disapproval of the recent insult to the Princess of Wales by a Dublin hospital surgeon, from whose house a black flag was hung while H.R.H. was passing. Our ex-patrons are entirely welcome to the credit of this little display of narrow-mindedness and intolerance, as it does us no harm, and we hope they may find the demonstration useful to them as a recommendation to their friends. Dr. Joseph Kenny is the gentleman whose battle we fought in these columns when he was (as we thought illegally) dismissed by the Irish Local Government Board.

### Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

EDINBURGH.—THE FEVER HOSPITAL QUESTION.—As previously mentioned in these columns, the authorities of the Royal Infirmary and the Sick Children's Hospital are to cease to receive into these institutions cases of infectious diseases after to-day (July 1). As the city authorities have now to provide for and control cases of infectious diseases, negotiations have been opened by them with a view to the purchase of the present Fever Hospital. In expectation of his, the managers have decided that if the Town Council make an offer of £4,000 for the grounds, buildings, and furnishing of the Hospital, the same would be accepted. This, it is explained, is very liberal on the part of the Infirmary Managers, as the Hospital with its equipment and the grounds in which it stands are worth about £10,500. The matter, it is hoped, will be satisfactorily settled to-day.

DEATH-RATE OF GLASGOW.—The mortality in Glasgow for the week ending with Saturday, the 20th ult., was 23 per 1,000 of the population, while in the previous week it was 24. In the corresponding weeks of 1884, 1883, and 1882 the rates were 25, 30, and 25 respectively.

HEALTH OF EDINBURGH.—For the week ending with Saturday, the 20th ult., the mortality in Edinburgh was 85, and the death-rate 18 per 1,000 per annum. Diseases of the chest accounted for at least 40 deaths, and zymotic causes for 9, of which 2 were due to fever, 1 to scarlatina, 3 to measles, 2 to whooping-cough, and 1 to erysipelas.

THE POLLUTION OF THE CLYDE.—The report of Dr. Wallace, city analyst for Glasgow, on the pollution of the Clyde through the discharge of offensive refuse from local works into the public sewers has been issued, giving analyses of the refuse water from various chemical works, tanneries, distilleries, refineries, slaughter-houses, &c. Of 45 samples analysed, 14 were alkaline, 18 acid, and 13 neutral; and the highest degree of alkalinity was equal to 958.7 grains per gallon of real soda, while the largest quantity of free acid was equal to 5,432 grains of hydrated sulphuric acid or oil of vitrol per gallon. The quantities

of waste liquids containing those enormous proportions of alkali and acid were, fortunately, comparatively small; but, on the other hand, there were samples containing considerable quantities of acid and alkali which represented large outflows. Dealing with the various cases, he recommends that in some instances the discharges into the river should be stopped altogether, and in others that they should be subjected to processes of purification. The quantity of refuse water sent into the river from the factories referred to in the report is given at nearly nine million gallons per day; and on the average it is said to be three times as strong in putrescible organic matter as ordinary Glasgow sewage.

### Correspondence.

#### THE UNCONTROLLABLE VOMITING OF PREGNANCY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR

SIR,—I shall be obliged if you will permit me to make one or two observations in reply to the remarks in the last number of the *Medical Press* on the uncontrollable vomiting of pregnancy. I am the last person in the world to deprecate criticism of my views on the subject in question, but I should like it to be exactly stated what my views really are, as it is evident there is a misconception in this particular.

From an analysis of thirty-two cases of so-called uncontrollable vomiting of pregnancy in which the condition of the uterus had been recorded, I argued that the cases "pointed conclusively to interference with the normal expansion and growth of the uterus" as the prominent pathological factor. Also, that "this is most frequently brought about by, or in connection with, detention of the bulk of the uterus in the bony pelvis," there having been in the large majority of cases incarceration of the body of the uterus in the pelvis in a state of ante flexion or anteversion; or, in a few instances, in a state of retroflexion or retroversion. Further, it is recorded that in certain other cases where no mention was made of displacement, there was particular mention made of presence of "hardness, resistance, unusual rigidity of the os and tissues of the cervix, and this abnormal condition extending to the internal os uteri."

From the above recorded facts I deduced the conclusion that "there appear to be two factors to be considered, both capable of interfering with the expansion of the uterus—A. Incarceration of the organ in the pelvis associated with flexion or version; and B. Undue hardness and rigidity of the tissues of the cervix around the os uteri internum."

The above quotations from my paper represent my views on the subject, and it will be evident from these paragraphs that I admit the possible occurrence of severe vomiting in pregnancy without actually present version or flexion. In another part of my paper I have expressed the opinion that the altered condition of the tissues of the cervix is mostly due to previous flexion or displacement, this latter opinion being, according to my experience, thoroughly supported by clinical facts. This latter opinion will, I confidently believe, come to be recognised as correct when the previous clinical history of cases is accurately investigated.

You rightly state that anteversion of the uterus "in early pregnancy may be, and in many cases certainly is, normal." But it is one thing for the uterus to be anteverted simply; and another for it to be anteverted and almost immovably fixed in that position in the pelvis. The latter condition, as is demonstrated by the cases I have collected, is one of the most frequently present conditions associated with uncontrollable vomiting in pregnancy.

It is not a little curious that Professor Horwitz, whose cases so completely support my views on the subject, expresses two absolutely opposite conclusions in his paper. In one place he says that I have over-estimated the frequency of alterations in the shape of the uterus in these cases, while in another part of the same paper he says "we have in most cases to deal with versions of the uterus, and sometimes to such a degree that the fundus uteri touches the symphysis, and is extremely difficult to redress; sometimes the uterus

appears to be wedged in the pelvis." The latter of the two opinions is further backed up by his statement that "he has been convinced by several observations that the direct redression of the uterus is the most beneficial measure that can be adopted." After this latter statement what are we to think of the value of the *first* expressed opinion?

Faithfully yours,

GRAILY HEWITT.

London, June 27, 1885.

#### THE COMING ELECTION AT THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Will you allow me to correct an important error in my letter which appeared in your impression of last week, an error which has just come to my knowledge, and which I am grateful for having had more accurate official information communicated to me, that now enables me at once to rectify it. I stated "that the office of Examiner in Surgery was restricted almost exclusively to members of the Council" of the College, whereas this is certainly not an absolute rule. As exceptions may be mentioned the present president and both the vice-presidents, each of whom was elected by the Council as an examiner in surgery before he became a member of Council, and the last two such examiners elected are not on the Council.

I feel that I ought to have ascertained these facts, or have remembered the more recent exceptions, before making a statement which, however, had reference to the principle of generally combining the two offices of examiner in surgery and member of the Council.

Trusting that you will insert this communication in your next impression,

I am, &c.,

FREDERICK JAMES GANT.

London, June 26th.

#### THE ALPINE TREATMENT OF CONSUMPTION. SEQUEL OF A CASE SENT TO DAVOS IN JANUARY, 1885.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Some time ago you were good enough to insert for me the narrative of the case of a patient who proceeded at my advice to Davos on January 4, 1885, being at that date 24 years of age. His mother had died of consumption, and two of his brothers died in early youth. The patient had, on January 4, a pulse of 130; there was dulness under the right clavicle, with bronchial breathing, and greatly-increased vocal resonance. The patient was very weak, and unfit for business. He proceeded at once to Davos at my advice, and lived there until June 4. During the month of January of this year there were, it seems, some twenty-three days without clouds at Davos, so that the patient, writing on Feb. 15, had had most favourable and most curative weather. The height of the barometer during January was from 25 inches to 24.20 inches, and the temperature varied from 50° F. to minus 1° F. There seems to have been very little wind in January, so that patients could walk out with very little clothing. Writing on March 13, he said he got out every day with very little inconvenience, and that he felt greatly better, his pulse having fallen to 76 and 80 when at rest, and his weight having increased 10 lbs. Dr. Ruedi, who saw him every now and then, said he was a "most promising patient," and, for his own part, he would not have known he was a patient were it not that he coughed occasionally.

On his return to London, this young gentleman resumed business on June 4, and came to see me on June 10. He said he could now walk some ten miles without fatigue. He did not sweat, and coughed only in the morning. On examination of the chest, I found scarcely any dulness under the right clavicle, and no rhonchus, but there was still considerable increase in the vocal resonance. Temperature was normal, and he felt quite equal for business, although he coughed and felt a little sickish in the morning. The improvement in this case was very marked, much more so, I think, than it would have been had the patient gone to Italy or the South of France, or taken a sea-voyage, although all of these treatments are occasionally, in my experience, very

curative of phthisis. I rather think the purity of the air at Davos and the dryness of the climate, conjoined with the low barometrical pressure, must be the main curative agents.

I am, Sir, yours, &c.,

23 Sackville St., London,

C. R. DRYSDALE, M.D.

June 16, 1885.

#### THE ROYAL UNIVERSITY AND ITS DEGREES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue of June 10th, you publish a correspondence between the secretaries of this University and myself, together with some editorial remarks bearing on the two points at issue, viz., the evidence of study required from students for the degree of Master in Obstetrics and the surrender of the midwifery diploma by a Queen's University graduate on his receiving the M.A.O. of the Royal University. You agree with my contention that "attendances" are a farce, and bear no evidence of special study in obstetrics. I have suggested twenty "conductions"—you seem to think twelve would suffice, but though the actual number does not much matter, I would point out that students are required to *conduct* at least twenty cases of labour before being admitted to examination for the diploma of the Coombe Hospital. Surely it is not unreasonable when students can in this hospital always conduct the twenty cases without the slightest difficulty to expect that at least an equal evidence of competence should be required from a candidate for a University Degree.

With regard to the surrender and destruction of the Queen's University Midwifery Diplomas it does, at first sight, appear unwise to permit one individual to hold two diplomas, but these diplomas are not registrable, and therefore do not entitle the holder to practise midwifery. We must not, however, lose sight of the fact that the present question relates to a diploma furnished as an evidence of study for a *degree*, and therefore in the present instance there is no discussion on the judiciousness of a person being permitted to hold two diplomas; it is certainly strange that the apprehended danger has not occurred before the present time, although hundreds of medical men hold at least two diplomas. Surely it stands to reason that if this diploma is to be destroyed, the Senate, on their own rating, cannot as they contemplate, permit a graduate of the University to retain his M.B. diploma bearing the University seal, when he is granted the degree of Doctor in Medicine. A suggestion was made in the Senate by Mr. Farrelly, the senior representative of the graduates, to have the diploma perforated with the statement that the holder had been granted the degree of Master in Obstetrics, but this did not meet with the approbation of the majority. I should be glad, with your permission, to have these matters discussed in your columns, in order that I may bring the matter more forcibly before Convocation and the Senate, as it is a question of principle affecting a large number of graduates—especially as an Act of Parliament is at this present moment being promoted to make this degree and others of a similar character, registrable qualifications.

I am, Sir, yours, &c.,

CHARLES FREDERICK KNIGHT, M.D.

#### A NEW OBSTETRICAL SOCIETY FOR GLASGOW.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—If it is not out of order, perhaps you will allow me a few words in connection with the new Obstetrical and Gynaecological Society of Glasgow. Everyone who reads your paper values it for the valiant and independent spirit it habitually displays in the cause of truth, and we are glad of your reference to this society. The very general and almost universally favourable notice it has received is at least an indication that the establishment of it is a matter of interest. That there should be a diversity of opinion as to the necessity of its existence, however, *il va sans dire*. No two men think alike, and you are quite entitled to express your disapproval of this and any other society having for its object the study of any kind of speciality, such as an ophthalmic society, an aural society, and so on; and, of course, on the same kind of reasoning, there should be no Meteorological Society, nor Physical Society, nor Geographical Society, nor Statistical Society, nor, in fact, botanical,



geological, or astronomical society, because an old philosophical society takes in all the subjects *occasionally*. This kind of argument is, in fact, so all-embracing that it may very fairly be described as not-at-all-embracing, and as so deep as to have no bottom. All these kind of societies then being excluded or included by the same line of argument, they ought all to be very content.

So far, then, as this we are perfectly agreed, namely, agreed to differ. You say there is no use for our society, and we say there is, and that is an end of it. But, Sir, in so far as some assumptions in your notice are concerned, I beg respectfully and firmly to contradict you more at large. This society which was first mooted only in the beginning of May last, had its origin outside any gynaecological or any other fad. It was, in fact, a general practitioners' affair, and was so favourably regarded that within this short time (six weeks) forty-eight members have joined. You use the word "claquers" with regard to these, a word which is scarcely polite talking of your professional brethren, and you seem to think that a large body of men like this could be gathered together for the purpose of glorifying a few. I am sure you do not know them, else you would not think this, let alone write it. And as for worshipping, why, if one may conscientiously believe in the *orare est laborare maxim*, then this society intends to worship, *i.e.*, it intends to work. When I tell you, Sir, that one of its special rules is that work, attendance, communications, some kind of vital energy, shall require to be exhibited by every man to avoid exclusion, you will be able to see at once the kind of worship we intend to offer, and we will be glad to welcome all such worshippers. To, end, as for the other assumption that this new society may fan a mysterious kind of "pernicious flame," is there any more reason for saying this than that an ophthalmic society would spread diseases of the eye? I say on the other hand that disease and suffering and death (gynaecological or not) have nothing unusual or pernicious about them, but a terrible atmosphere of tragedy, which is sufficient to choke even indecorum. Why need you grumble at us preparing all kinds of weapons to fight these three enemies? *Honi soit qui mal y pense.*

I am, Sir, yours, &c.,

J. STUART NAIRNE.

Glasgow, June 26th.

## Special Correspondence.

### CHOLERA IN BURMAH.

[FROM AN OCCASIONAL CORRESPONDENT.]

WHILE the delegates of foreign governments at the Congress at Rome on the subject of cholera appear extremely eager to force ships from British India to submit to the delay and annoyance of quarantine, it may not be inopportune to point out where we may put our Anglo-Indian house in order. Cholera makes its appearance every year in Burmah; it is of frequent occurrence in Rangoon and Akyab. The authorities have to take immediate measures; alarming telegrams are at once sent to Europe, and the Italian and Spanish governments as a certainty declare quarantine against ships coming from the rice ports. The *Indian Pioneer Weekly Mail* just received in London contains a Rangoon telegram stating that the people about Pegu are dying of cholera by hundreds, faster than they can be buried. Although there may be some exaggeration, we find confirmation in the last Rangoon *Gazette Budget* of the 8th May. Fatal cases had occurred in Pegu in the end of April, and the disease had broken out in Rangoon, where there is a British garrison. On the 4th May, a Pegu correspondent reported cholera as raging there, with many deaths, adding that the grave diggers had run away, the magistrates were out in the district, and the corpses were lying unburied. Another person describes the disease as appearing in the district of Maoobin, where for the sake of a public ceremony the corpse of a priest was kept unburied for some days, to the danger of the resident inhabitants. No matter what the season, hot, cool, or wet, cholera is, however, never long absent from Burmah, and the foreign Consuls always let their governments hear about it.

The Burmans are superstitious, and after a few score of deaths occur, they get up propitiatory ceremonies, and

adopt what they consider spiritual means of driving the visitation out of their town. To adopt preventive sanitary measures they are little inclined, although the magistrates do what they can. But there are no natives trained as medical men in the European method; they know nothing of European systems of treatment of cholera or other diseases, and believe not only in frightfully large doses, but also in the efficacy of charms, and the remedy very often consists in incantations against witchcraft. The British Government has provided a few European Civil surgeons and a few natives of India who keep dispensaries. But these only touch a fringe of the population, and most of them cannot converse with the people in either the Madrases, Karen, or Burmese vernacular. What is wanted, and has been wanted for many years, is a supply of trained Burmese surgeons, or even compounders, who can teach and practise a reasonable and scientific system of medicine. Nothing has been done in this direction by the Department of Public Education except to offer a few scholarships at the Universities of India. A few Burmese have gone there, but the Government has been informed that as these gentlemen cannot pass the examination preliminary to B.A., the University will certainly refuse a medical degree. It appears that hardly any Burman has been able to get beyond the stage of matriculation.

This crude state of things has been exposed by the Rev. Dr. Strachan, M.D., Bishop of Rangoon, who is a qualified physician, and also by Mr. Jardine, the Judicial Commissioner, who has constantly to adjudicate on medical evidence in the Supreme Court. But as yet, neither the public instruction nor the Burmah medical authorities seem to heed the complaints of these gentlemen, and when public subscriptions to found scholarships were offered, these departments made no effort to collect them. Rangoon European surgeons, too, have pointed out another need of medical reform. It seems that any person, however ignorant, may practise as a physician and surgeon. There are no medical colleges, no test-examinations, and the law does not even require any practitioner to register his name. In this way, as the *Medical Press* has very recently pointed out, the really qualified medical man is exposed to a frightful competition, and the progress of medical knowledge is in every way delayed. The authorities have not treated Burmah, the home of cholera, as it deserves. The least that might be expected is, that when an epidemic breaks out, there should be a sufficient number of qualified medical men available on the spot to deal with the sick and the dying. But, in fact, their places are taken by the unqualified, the quack, and the dealer in incantations. We do not know whether these defects are known to Sir W. G. Hunter and Sir J. Fayerer, but we think that even without any suggestion from foreign governments, Lord Dufferin might direct the immediate organisation of a better state of medical arrangements than at present exists.

## Literature.

### HANDBOOK FOR THE INSTRUCTION OF ATTENDANTS ON THE INSANE. (a)

THE appearance of this little book marks a new departure in the field of lunacy practice. Few will affirm that the best is done for attendants that can be done; few will deny that they present one of the greatest problems with which lunacy administrators have to deal; and no one can conceive of lunacy treatment in its highest perfection apart from an ideal system of specially trained attendants. The object of the book before us is to form a stepping stone to this ideal system which we may only approximately reach, but which it is the duty of all asylum physicians to strive to reach. That the promoters of the handbook have prepared a perfect work we are not prepared to say; but that they have done what was required of them in large measure is certainly true. The idea is the product of a collective mind. The fructifying of the idea should have been entrusted to one, or at most two, individual minds. In the desire to meet the views of many, and in the arbitrary interference of a large committee, the risk of failure was great;

(a) "Handbook for the Instruction of Attendants on the Insane." Compiled by a Committee of the Psychological Association. London: Baillière, Tindall, and Cox. 1885.

but we are glad to find that in its completed form the work has not lost individuality, nor has the boiling down process of the committee interfered seriously with its integrity. Overlapping of the several sections one upon the other is manifest, but this is in some respects an advantage, as emphasising good points. The last chapter is a digest of asylum rules, and is perhaps too specialised for general use; but taken as a whole we are well satisfied with the result, and anticipate for it no small share of popular favour. The contributors are to be congratulated on their conscientious endeavour to reduce instruction to the simplest and most intelligible expressions, to that of concrete and not abstract subjects, and to uphold primarily the authority of the doctor in charge. The domain of medical treatment proper has not been trenchanted upon, the names and uses of medicines are conspicuous by their absence, and the dominant idea throughout has evidently been to stimulate observation and reflection, to increase the self-respect of attendants, to emphasise the intimate relations of body and mind, and to show insanity as a manifestation, not of temper, but of disease. A chapter is provided on mental nursing in private houses. The book is printed in excellent type, on good paper, and is bound in cloth. Side notes are lavishly supplied, and the price is so moderate as to bring it within the reach of all attendants and nurses.

#### GOUT, RHEUMATISM, AND THE ALLIED AFFECTIONS. (a)

DR. HOOD is a practitioner, not a teacher in a medical school, and writes accordingly. He commences with a preface which is written under the inspiration of sound good sense. He in it points out that in his education the student is instructed about diseases; but it is only after entering practice he finds that he has to deal with "the sick man." This is a new factor he finds. Certainly this is true about gout and gouty persons. It is well to treat the gout, doubtless; but in order to do so successfully the individual in whom the gout shows itself has to be borne in mind. Dr. Hood states boldly: "I have sometimes stated and assumed doctrines in support of which I can adduce no chemical or physiological experiments, but which have been slowly formed amidst the work of healing, and which are deeply graven on my mind by the finger of time." And the reader will find as he reads that Dr. Hood will exhibit on alternate pages a decided want of acquaintance with the modern scientific knowledge pertaining to medicine, together with an exceedingly shrewd practical knowledge of the treatment of disease. He leads off with some remarks upon historical personages, as Henry VIII. and the Emperor Charles V., both of whom were decidedly gouty, and both of whom were large meat-eaters—remarks not at all out of place. Then he follows with quotations from authorities on gout all useful. That he has seen much of gout is obvious from the manner in which he handles the subject. He states: "Of all remedies for the prevention and cure of gout, next to judicious abstinence, there is none equal to exercise," a sentence which speaks for itself. Those who are inclined to resort recklessly to colchicum in the treatment of acute gout will find some very instructive pages in this little work. Those who have not learned the value of calomel in its place will also learn something of value to them, and still more to their patients. It is not a systematic treatise like the works of Garrod and Milner Fothergill, but it is a book well worth perusal; especially by young practitioners who are beginning to make the acquaintance of gouty patients in a good social position. Such readers will profit by what they read, or at least ought to do so. They will learn, if they did not know it before, that gout is not simply a disease of the articulations. Then follows a dissertation on rheumatism well worth reading. A chapter on Longevity is interesting. The work concludes with an essay on Sleep, which is instructive, though scarcely abreast the time. Of the work as a whole it may be said that it is just such a book as might be expected from a shrewd, observant, old practitioner (and containing much worth knowing not taught at medical schools), who kept abreast of the literature of his own day, though not equally familiar with recent matter.

(a) "A Treatise on Gout, Rheumatism, and the Allied Affections," by Peter Hood, M.D. Third Edition. London: J. and A. Churchill. Pp. 406.

#### INDEX CATALOGUE. (a)

WE have examined with interest the columns of this large tome, which gives us further insight into the medico-literary treasures of the magnificent library which the wise munificence of the U.S. Government is collecting for the use of her "army medical department." The perusal, be it candidly confessed, excited in us feelings somewhat related to envy, as we feel that we ourselves can but seldom have the opportunity of indulging in the sweets afforded by a temporary visit to so magnificent a collection of the curious and the valuable in medical and surgical literature. We feel assured that no pains have been spared in bringing such a collection together, and it is well known among book-fanciers that money is no object with brother Jonathan when a rare article in the bibliographical department has to be secured. Accordingly his libraries are fast coming to supersede in value any of our European treasures. It is known to everybody that at the late sale of the Syston Park Library, biblio-maniacism reached the highest point to which it has yet attained in estimating the comparative values of gold and printed vellum. But it is not so generally known that on securing the most prized article there presented to the eager eyes of competitors, the prince of antiquarian booksellers at once hastened to communicate his success, per Atlantic cable, to a well-known New York banker, whose tastes and outlay in matters bibliographical have long been of the most princely character. The telegram contained an invitation to secure the volume at a fixed profit. A prompt reply from the other side informed the dealer that his American cousin had been for some time blessed in the possession of the best conditioned specimen of this variety now known to exist, and accordingly, did not think it necessary to consider a new offer. The volume has accordingly been catalogued—with what result we know not. Purchasers, such as that above referred to, are not rare in the United States, and the fact sufficiently explains the vast treasures of biblical wealth, in all its departments which are rapidly accumulating there, and which make a well-prepared catalogue of any of the larger collections of that country extremely instructive and interesting to the curious among the inhabitants of the old world.

The catalogue which we have on our table is a favourable specimen, and will well repay examination. An occasional peep into its pages will always be found to give interesting information about volumes whose contents can be advantageously consulted by many of the intensely "practical" men who seem rather proud of their non-acquaintance with the opinions of their professional ancestors.

#### Medical News.

**University of Oxford.**—At a congregation holden on June 18 the following degrees were conferred:—

DOCTOR OF MEDICINE.—J. Price, Queen's;  
BACHELOR OF MEDICINE.—F. Phillips, Balliol; R. Ward, Exeter;  
G. Buckmaster, Magdalen; A. Garrod, A. Greswell, A. Orr, Christ-Church; L. Guilding, Worcester.

**University of Cambridge.**—At a congregation holden on June 17 the following degrees were conferred:—

BACHELOR OF MEDICINE.—Samuel Herbert Habershon and Thomas George Styau, Trinity; Patrick Cumin Scott, St. John's; Thomas Ernest Hillier and Frederick Charles Wallis, Gonville and Caius; Sidney Morton Pearson Roberts, Christ's; Edward Waymouth Reid, Cavendish.

BACHELOR OF SURGERY.—Frederick Charles Wallis, Gonville and Caius; Sidney Morton Pearson Roberts, Christ's.

**University of Durham.**—Pass Lists in the Faculty of Medicine for the Easter Term, 1885. The following satisfied the examiners:—

For M.D. Degree, for Practitioners of fifteen years' standing:—  
Batchelor, Ferdinand C., M.R.C.S.,     Ransford, Gifford, M.R.C.S.,  
L.R.C.P.     L.R.C.P.  
Harris, John Badcock, M.R.C.S.,     Simpson, Reginald Palgrave,  
L.R.C.P.     M.R.C.S.  
Morris, John Edward, M.R.C.S.,     Prowd, Edwin Longstaff, M.B.  
L.S.A.     (Essay)  
Eastes, Frederick, M.B., M.R.C.S.     Fruen, Septimus T., M.B.,  
(Essay)     M.R.C.S. (Essay)  
Palmer, Frederick, S. M.R.C.S.,  
L.R.C.P., L.S.A.

For the Degree of Master in Surgery:—  
Aslett, George Stratton, M.R.C.S.     Roberts, James Reid, M.R.C.S.  
Caleb, Clement Cornelius, M.B.,     Walker, Charles Pope, M.R.C.S.  
M.R.C.S.

(a) "Index Catalogue." Library, Surgeon-General's Office, U.S. Army.



*For the M.B. Degree, second-class Honours—(In order of Merit):—*  
 Roberts, James Reid, M.R.C.S., L.R.C.P.  
 Evers, Charles John, M.R.C.S., L.S.A.  
 Maynard, Frederic Pinset  
 Richardson, James Nowell, M.R.C.S.

*Pass List for the M.B.—(In Alphabetical Order):—*  
 Aslett, George Stratton, M.R.C.S.  
 Aubrey, Alfred Reuben  
 Boobyer, Philip, M.R.C.S., L.S.A.  
 Bowden, Reginald Treacher, M.R.C.S.  
 Hall, George Rome  
 Hillstead, Herbert John, M.R.C.S.  
 Hubbard, Arthur John, M.R.C.S., L.R.C.P.  
 Jones, John Lloyd Thomas  
 Mead, Francis Henry  
 Moore, Walter Francis, M.R.C.S.  
 Palmer, Sydney Joseph, M.R.C.S.  
 Plummer, Henry Beddoes  
 Wetherell  
 Proud, Frederick  
 Saw, Francis Albert  
 Tabor, Charles James  
 Walker, Charles Pope, M.R.C.S.

**Royal College of Surgeons in Ireland.**—The following gentleman was admitted a Fellow on June 19:—

G. B. White, A.B.

The Council has elected Mr. S. Webb an additional Examiner in Physics, Chemistry, and Medical Jurisprudence.

**Royal College of Surgeons of England.**—The following gentlemen, having undergone all the necessary examinations, were admitted Licentiates in Dental Surgery at a meeting of the Board of Examiners on June 24:—

Bardet, Paul Charles Albert	Mackrell, Alfred Sextus
Campion, George Goring	Mugford, George Henry
England, Walter Joseph	Peah, Frederick Snell
Gabriel, William Maurice	Robinson, Arthur Bernard
Goffe, Frank Hampton	Smith, Charles Robert
Jones, Alexander John	Williams, Hugh Lloyd.

**West London Medico-Chirurgical Society.**—The annual meeting of this Society took place on Friday, June 19th, with Mr. Lawrance, President, in the chair, when the annual report was read, showing that the Society was increasing in numbers and in a perfectly satisfactory financial position. Mr. Hemming was elected President for the ensuing year, and Drs. Alderson, Pickett, Barnes, and Campbell Pope were elected Vice-Presidents. Mr. Lawrance will succeed Mr. Alfred Cooper as Treasurer, and Mr. Percy Dunn takes Dr. Campbell Pope's post as one of the Secretaries. Votes of thanks were passed to the various officers retiring for their services during the past session, and Mr. Lawrance, after introducing his successor in the presidential chair, thanked the members of the Society in a few brief words for their courtesy and kindness during his term of office.

**Conversazione at the Middlesex Hospital.**—A most successful conversazione, organised by the President and Officers of the Students' Medical Society, was held at the Middlesex Hospital on Thursday evening. In spite of the somewhat unseasonable weather a fashionable assemblage of ladies and gentlemen, numbering at least two thousand, collected within the precincts of the hospital, and enjoyed to the full the various artistic and scientific amusements provided. The board-room and new out-patient department were exquisitely decorated, and proved admirably suited for the reception of the guests and for the exhibition of the various objects of scientific interest kindly lent by most of the leading firms. But the special feature of the evening was the brilliant yet tasteful illumination of the spacious gardens of the hospital. An excellent musical entertainment, under the direction of Mr. G. A. Osborne, was provided in the school, to which Mr. W. H. Cummings and other eminent artistes lent their valuable assistance. In the Anatomical Theatre, which was filled to overflowing, Dr. B. W. Richardson, F.R.S., delivered a most interesting address on "Medical Poets." The lecturer began by observing that Apollo was the god of Physic as well as of Music and Song, and it was natural therefore that men of physic should combine the two arts. No profession had produced so many poets as medicine. Of what might be called prose poets brilliant examples were such men as William Harvey, Arbuthnot, William Hunter, Sir Thomas Watson (who had taught the practice of medicine in the Middlesex Hospital School), John Fernandes Clarke, Mr. Stephens, of Finchley, and others. Among poets of fame who had been more or less connected with the practice of medicine, he instanced Sir Thomas Browne, the author of the "Religio Medici," Sir Richard Blackmore, Sir Samuel Garth, Mark Akenside, John Armstrong, Oliver Goldsmith, Erasmus Darwin (the grandfather of the late Charles Darwin), Nathaniel Coltar, George Crabbe, David Muir, and John Keats. From each of these authors Dr. Richardson gave choice extracts, and at the conclusion of the address a hearty vote of thanks was accorded to him. The band of Messrs. Lucas played a charming selection of music in the

gallery of the museum during the evening. Altogether the entertainment was an unqualified success.

**Queen's College, Cork.**—The following prizes have been awarded in the Faculty of Medicine:—Practical Anatomy—1st, J. W. Wolfe; 2nd, John Jackson; 3rd, P. P. Jennings. Certificate, J. V. Ryan. Chemistry—J. W. Wolfe. Zoology and Botany—J. W. Wolfe. The following prizes and certificates have been awarded in the classes of Practical Chemistry and Materia Medica, instead of those formerly awarded, which have been cancelled:—Practical Chemistry—1st, W. J. O'Meara; 3rd, R. J. Duffin; 4th, E. R. Hennessy. Certificates of Honour—D. J. O'Mahony, M. J. O'Regan, and Francis John Perrott (equal). Materia Medica—1st, R. J. Duffin; 2nd, Daniel O'Callaghan; 3rd, E. R. Hennessy. Certificate of Honour—John T. Walsh. The exhibition in Practical Midwifery has been obtained by Daniel Lane.

**The Mortality of Foreign Cities.**—The annual death-rates per 1,000 in the principal foreign cities, according to the last weekly returns communicated to the Registrar-General, are as follow:—Calcutta 25, Bombay 26, Madras 33, Paris 23, Geneva 16, Brussels 19, Amsterdam 21, Rotterdam 19, The Hague 21, Copenhagen 22, Stockholm 30, Christiania 24, St. Petersburg 29, Berlin 24, Hamburg 25, Dresden 25, Breslau 30, Munich 30, Vienna 30, Prague 40, Buda-Pesth 30, Trieste 27, Rome 22, Turin 24, Venice 29, Alexandria 31, New York 25, Brooklyn 20, Philadelphia 19, and Baltimore 15.

**Vital Statistics.**—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 18.3 per 1,000 of their population, and were—Birkenhead 19, Birmingham 19, Blackburn 25, Bolton 21, Bradford 16, Brighton 15, Bristol 15, Cardiff 31, Derby 10, Dublin 27, Edinburgh 18, Glasgow 22, Halifax 14, Huddersfield 22, Hull 17, Leeds 17, Leicester 15, Liverpool 23, London 16, Manchester 25, Newcastle-on-Tyne 24, Norwich 18, Nottingham 21, Oldham 18, Plymouth 20, Portsmouth 13, Preston 20, Salford 22, Sheffield 20, Sunderland 17, Wolverhampton 13. The highest annual death-rates from diseases of the zymotic class in these towns were—From measles, 2.6 in Salford, 2.7 in Liverpool, 3.4 in Birkenhead, and 5.1 in Newcastle-upon-Tyne; from whooping-cough, 2.2 in Cardiff, 2.7 in Plymouth and 5.6 in Blackburn; from scarlet fever, 1.0 in Preston, and 1.3 in Wolverhampton; and from "fever," 1.1 in Norwich, 1.2 in Portsmouth, and 1.6 in Cardiff. The 26 deaths from diphtheria included 16 in London, 3 in Liverpool, 2 in Sunderland, and 2 in Cardiff. Small-pox caused 32 deaths in London and its outer ring, 2 in Hull, and 1 each in Dublin, Glasgow, and Manchester.

**University of Edinburgh.—Final Examinator in Medicine.**—Dr. Bristowe, Mr. Holden, and Dr. George Kidd, of Dublin, have just visited Edinburgh as Commissioners from the General Medical Council, to inquire into the system of teaching and examination in the medical schools. They had an opportunity of being present at the final examination for Graduates in Medicine. It is announced that the following gentlemen have passed:—Messrs. Arthur Russell Aldridge, Robert Thomas Allen, James Anderson, John A. Ashcroft, John Mackintosh Balfour (with distinction), Robt. Beveridge John Wilson Black, Robert Bone, George Lindsay Bonnar, Louis Jules Henry Bouchet, Edward Kemp Bourne, Reginald Bowman, Herbert Brooks, Harbit Brown, Walter Burns, William Johnstone Cameron, Edward Chamberlayne, Clifton Charleton (with distinction), Reginald Chetham-Strode, Richard Davidson, M.A., David Middleton Greig, Joseph Griffiths, Samuel Hughes, George Francis Johnston, John Charles Lamont (with distinction), Edward Leonard Lees, William Robert M'Kinnell, Charles Henderson Melville, Edwin Morton, Edward Joseph B. du Moulin (with distinction), Ernest Robertson, Herbert Shelmerdine, William Henry George Stephen, Caleb Terrey, William James Thomas, Henry Alexis Thomson, John Warnock, Fitzgerald George Westema, Henry Worsley.

## Notices to Correspondents.

✉ 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.

**READING CASES.**—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

**LOCAL REPORTS AND NEWS.**—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

**HEALTH OFFICER.**—The population of Madrid is officially given as 475,000. About half a million, we believe, more nearly represents the number.

**DR. JULIUS ALTHAUS.**—Your "Case of Brain Syphilis" is marked for an early number.

**DR. SCHOFIELD (Kensington).**—We hope to find space for the letter in our next.

**MR. DOWNES (Notting Hill).**—We do not give the addresses of medical men for consultation in these columns. You will find that of the gentleman referred to in your note in the London Medical Directory.

**MR. SUNTER (Charlton).**—During the months of June and July only.

**MEDICAL WITNESS.**—The coroner is bound by the 27th section of the Coroners Act to call as his witness a "duly qualified practitioner being at the time in actual practice at or near the place." This definition was substituted for the phrase used in the original Act, which compelled the medical attendant of the deceased to attend, and it is manifestly intended by the law that the practitioner who last saw the patient should be called to testify. If there was no such last attendant the coroner may call anyone "practising at or near the place," but if his assistant does not answer to such definition, the payment of a fee to him is illegal, and may be disputed when the coroner's fees come to be stated at the Assizes.

**W. G. E.**—We shall be glad to have an opportunity of inspecting the works, and willingly undertake to fulfil all the conditions named. We will arrange for the consideration of every problem in accordance with the terms proposed in the letter.

#### RIVAL QUACKS.

THAT well-worn truism, "When thieves fall out, honest men come by their own" was fully borne out last week at Hanley, in Staffordshire, when two "professors of the healing art," sine diplomas, quarrelled as to their methods of carrying on "practice." As one appeared to the other to be getting the lion's share, he adopted the device of advertising himself by treacled buns and other luxuries to a given number of boys. Quack number two considered this method of his learned brother unprofessional, and published a libellous circular in consequence. Number one thereupon carried the matter to the law courts, when the magistrate properly decided that, as neither had any legal status, they might expose each other to their heart's content, but libelling was impossible, as they had both placed themselves beyond the protection of the law. The profession in Hanley has been much edified by the scene, and the public are learning the true character of the combatants.

**MR. CARMICHAEL.**—Such eruptions are of common occurrence in children of that age, and, as a rule, they have their origin in some slight disturbance of the digestive functions, usually associated with teething. The treatment you have followed is very good, but in order to allay irritation of the "lumps" a solution of borax, almost saturated, will be found most useful.

**CÆLUS.**—A full account of the operation and all its requirements will be found in "Bryant's Surgery," 4th edition, vol. II, together with illustrations of the instruments employed. Sir Henry Thompson's work also contains a complete description of the proceeding, with an account of the improvements introduced by himself, and notes of numerous cases in which he has carried out the operation with signal success.

**DR. FINCH.**—The entire programme will be published in this country as soon as all the arrangements for the Congress have been finally settled. There is no doubt that exceptional facilities for crossing the ocean at a reduced cost will be afforded to European members of the Congress; and it is certain also that these will meet with a most hearty welcome from their American brethren.

**DR. WHITNEY.**—We do not remember ever to have seen the recipe before. There is, however, nothing in it of a particularly startling character. It seems to be little more than a mildly stimulating expectorant mixture. It certainly contains nothing that could sustain the claim which you say is made on its behalf.

**MR. SINGLETON.**—You had better consult the Secretary of the institution, who is the right person to afford the information for which you ask. We are not in a position to recommend this or any other piece of like character, since we have never been at the trouble to inspect them with a view to advising on them. It is but right, however, to add that we have no reason for thinking they are conducted in any other than a thoroughly satisfactory manner.

**O. D.**—Such a scheme could never have a chance of succeeding. It is impracticable.

#### MADEIRA.

THE Union Line (Royal Mail Service) asks us to announce for the information of those of our readers who may recommend patients to visit Madeira for their health, or who may themselves have occasion to visit that island, that from and after 1st July a considerable reduction in the passenger fares from Southampton or Plymouth by the steamers of the Union Steamship Company will be made, the directors of that Company having decided to reduce the outward fares from 15 guineas 1st class, 12 guineas 2nd class, and 10 guineas 3rd class, to 15, 10, and 7 guineas respectively, the homeward fares remaining as at present—viz., 12, 8, and 6 guineas respectively. The passage money to and from Madeira includes railway fare between London and Southampton, or vice versa.

#### PROFESSIONAL ETIQUETTE.

J. H. says: A doctor is called to a patient whom he has been treating at different times for the past twenty years. Owing to having discontinued country practice he refuses to go, but (without consulting the patient) sends another practitioner. The substitute is not cared for, and the patient discontinues his attendance after one visit and sends for one of his own choosing. Is the latter in any way acting contrary to professional etiquette in coming?

[Certainly not. The patient is fully entitled to choose his adviser, and there is not the least reason why the adviser should wait upon the convenience of anyone except the practitioner who is actually in attendance at the time.—ED.]

## Meetings of the Societies.

WEDNESDAY, JULY 1ST.

**OBSTETRICAL SOCIETY OF LONDON.**—At 8 p.m., Specimens will be shown.—Dr. Priestley, Notes of a Visit to some of the Lying-in Hospitals in the North of Europe, and particularly on the Advantages of the Antiseptic System in Obstetric Practice.—Dr. Herman, On the Suppuration of Pelvic Dermoid Cysts.—Mr. Hine, Case of Obstructed Labour in which Spontaneous Version followed an unsuccessful attempt to Deliver by the Crotchet after Craniotomy.

FRIDAY, JULY 3RD.

**OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.**—At 8 p.m., Living Specimens.—8.30 p.m. Discussion on the President's paper on Reflex Ophthalmitis.—Mr. Anderson Critchett, Case of Extreme Retinal Irritability.—Mr. J. B. Lawford, Tubercle of Choroid.—Messrs. Walter Edmunds and J. B. Lawford, Pathological Anatomy of Optic Neuritis.

## Vacancies.

Chelsea Hospital for Women, Fulham Road, S.W.—Resident Medical Officer. Salary, £60 per year, with board and residence. Applications to the Secretary by July 6.

Hants County Asylum.—Junior Assistant Medical Officer. Salary, £100 per annum, with board, &c. Applications, with testimonials, not later than July 8.

Salop and Montgomery Counties' Lunatic Asylum, Shrewsbury.—Junior Assistant Medical Officer. Salary, £100 per annum, with board, &c. Applications, with testimonials, to the Medical Superintendent, on or before July 8.

Sussex County Hospital, Brighton.—Assistant House Surgeon. Salary, £40 per annum, with board, &c. Applications, with testimonials, to the Secretary, on or before July 15.

## Appointments.

BAILEY, W. H., M.R.C.S., House Surgeon and Secretary to the Newark Hospital and Dispensary.

CLENNIHAN, J. G., L.R.C.S.I., Medical Officer for the Third Sedgeley District of the Dudley Union.

DRAPER, J. W., M.R.C.S., L.S.A. Lond., Medical Officer for the Almondbury District of the Huddersfield Union.

FINEGAN, A., L.K.Q.C.P.I., Medical Superintendent of the County Mayo Asylum, Castlebar, Ireland.

GRIFFITHS, W. G., L.R.C.P. Ed., L.R.C.S. Ed., Medical Officer for the Llanwilio District of the Carmarthen Union.

LEIGH, W. W., L.R.C.P. Ed., M.R.C.S., Medical Officer for the Gellygaer District of the Merthyr Tydvil Union.

MILLER, W. F., M.B., M.R.C.S., L.R.C.P. Ed., L.R.C.S. Ed., Health Officer for Carisbrook, Victoria.

MORRIS, C. A., M.A., M.B., B.C. Cantab., M.R.C.S., Resident Medical Officer to the Liverpool Royal Infirmary.

ROYDS, W. A. S., L.R.C.P., M.R.C.S., Surgeon to the Royal Berkshire Hospital.

## Births.

POWELL.—June 25, at Blyton House, Weybridge, the wife of John Powell, L.R.C.P. Lond., of a son, stillborn.

STRADLING.—June 22, at Flores, Watford, Herts, the wife of Arthur Stradling, M.R.C.S.E., &c., of a son.

## Marriages.

MCMANUS—BOYD.—June 24, at St. James's Church, Dublin, Leonard Strong McManus, M.D., M.Ch., of New Wandsworth, London, to Julia Emily, second daughter of Robert Macroy Boyd, of Walsworth.

MORRIS—KING.—June 22, at the Cathedral, Marlborough Street, Dublin, James A. Morris, L.R.C.S.I., L.K.Q.C.P.I., Kilderry House, Co. Kilkenny, to Mary, eldest daughter of the late John P. King, Esq., Cogner House, Co. Louth.

WINDLEY—HILL.—June 24, at St. Mary's Episcopal Church, Glasgow, William Windley, M.R.C.S., Nottingham, to Barbara Katherine, second daughter of Laurence Hill, C.E., Glasgow.

## Deaths.

DANE.—June 21, suddenly, at his residence, Finchley Road, South Hampstead, Thomas Dane, M.R.C.S., aged 51.

HEBLOP.—June 17, whilst travelling, suddenly, in Scotland, Thomas Prestious Heblop, M.D., F.R.C.P., of Birmingham.

FRATER.—June 20, at 28 Devonshire Street, London, W., Horatio Frater, M.D., of Kensington, aged 79.

STACE.—June 15, at Abu Zaimah, Soudan, of enteric fever, Arthur Frank Stace, Surgeon Army Medical Staff, aged 24.

# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 8, 1885.

	PAGE	PAGE
<b>CONTENTS.</b>		
<b>ORIGINAL COMMUNICATIONS.</b>		
Some Points in the Treatment of Uterine Fibro-Myomata. By Thomas More Madden, M.D., F.R.C.S.E., Obstetric Physician Mater Misericordias Hospital, Physician to the Hospital for Sick Children, Dublin, Consulting Gynaecologist Dublin Provident Infirmary, formerly Examiner in Obstetric Medicine and Gynaecology Queen's University in Ireland, &c. ....	23	
The Nature and Treatment of Gout. By Dr. W. Ekestein, Professor of Medicine and Director of the Medical Clinic at the University of Göttingen ....	25	
Lectures on Hernia and its Radical Cure. Delivered at the Royal College of Surgeons of England. By John Wood, F.R.S., F.R.C.S., Hunterian Professor of Surgery and Pathology; Senior Surgeon to King's College Hospital; and Professor of Clinical Surgery in King's College ....	27	
<b>CLINICAL RECORDS.</b>		
Wolverhampton and Staffordshire General Hospital—A Successful Case of Ovariectomy. Under the care of Mr. Vincent Jackson, Senior Surgeon ....	30	
<b>TRANSACTIONS OF SOCIETIES.</b>		
<b>ACADEMY OF MEDICINE IN IRELAND—</b>		
Surgery of the Knee-Joint .....	30	
Urari in the Treatment of Tetanus ..	32	
<b>MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH</b>		
Absolute Deafness consequent on a Fall on the Pavement .....	32	
A Family Group affected with Disease of the Spinal Cord .....	32	
The Place of Specialism in General Practice .....	32	
<b>THE BRITISH GYNAECOLOGICAL SOCIETY—</b>		
Some Points in the Treatment of Uterine Fibromata .....	33	
<b>BRIEF NOTES FROM OUR EXCHANGES ..</b>	33	
<b>FRANCE.</b>		
Erysipelas .....	33	
Hypogastric Lithotomy .....	33	
Treatment of Chorea .....	33	
<b>LEADING ARTICLES.</b>		
LONDON UNIVERSITY REFORM .....	34	
THE COLLEGE ELECTION .....	35	
<b>NOTES ON CURRENT TOPICS.</b>		
Proposed Institution of a Medical School in Dundee .....	35	
The Medical Digest .....	36	
Nephrorrhaphy followed by Nephrectomy ..	36	
Food Reform .....	36	
The Liabilities of Landlords as to Drainage ..	36	
London University M.D. Degree .....	37	
The Out-Patient System in London .....	37	
Surgeons as Cover to Quacks .. ...	37	
The Reform of the Queen's Colleges .....	38	
Uterine Fibromata and Castration .....	38	
Testimonial to Dr. F. F. MacCabe, late Local Government Board Inspector for Leinster .....	38	
Medical Appointments by the Lord Lieutenant of Ireland .....	38	
Parliamentary Representation of Edinburgh and St. Andrews Universities ..	38	
Teeth Swallowing .....	39	
Comfort for Anti-Vivisectionists .....	39	
Vaccination .....	39	
Conversations at the London College of Physicians .....	39	
The New Albany Memorial Hospital ....	39	
Scotland .....	40	
Sanitary Department .....	41	
Correspondence .....	42	
Medical News .....	43	
<b>NOTICES TO CORRESPONDENTS ..</b>	44	

## Original Communications.

### SOME POINTS IN THE TREATMENT OF UTERINE FIBRO-MYOMATA. (a)

By THOMAS MORE MADDEN, M.D., F.R.C.S.E.,

Obstetric Physician Mater Misericordias Hospital, Physician to the Hospital for Sick Children, Dublin, Consulting Gynaecologist Dublin Provident Infirmary, formerly Examiner in Obstetric Medicine and Gynaecology Queen's University in Ireland, Vice-President British Gynaecological Society, Consultant National Lying in Hospital, &c.

As the respective merits of the various operations now employed in the treatment of fibro-myomata are still *sub judice*, I venture to submit some observations on the methods of dealing with these tumours, of which I have had clinical experience in my hospital practice. My chief purpose in so doing is the hope of thus eliciting the views of other gynaecologists of larger experience on a subject always of practical importance, but which, owing to recent strenuous advocacy of abdominal section in such cases, is of special interest at the present time.

In considering the treatment of uterine fibromata, it should not be lost sight of that every growth of this kind is primarily an interstitial myoma, which in the course of time becomes more or less fibrous in structure by the development of its connective tissue, and which by its gradual increase of size may eventually be either subperitoneal or submucous. Hence the operative treatment required in those cases in which any surgical interference is necessary should be mainly determined by the size and position of the neoplasm, rendering removal most feasible either per vaginam or by abdominal section. According to my own experience the former is more generally possible, even in the case of interstitial fibroids, than is generally conceded. At the same time, being a believer in the advantages of hysterectomy and oophorectomy by abdominal section for fibromata, otherwise beyond the reach of gynæ-

cological assistance, I am desirous to obtain some expression of opinion as to the limitations which should be imposed on the procedures. For if the operative zeal now evinced in the performance of abdominal sections by some eminent surgeons be allowed to develop much further without protest, the legitimate employment of these procedures will be largely prejudiced by the inevitable reaction of opinion against such operations. It seems to be entirely ignored by some of those who urge the early and general performance of abdominal operations for fibromata, that in the majority of cases these tumours may be as effectually dealt with by less hazardous procedures, and that in very many instances they demand no operative interference whatever.

As to the possibility of the spontaneous cure of fibromata by absorption and their occasional diminution under medical treatment, there can be no question. I have myself elsewhere recorded cases in which such tumours had been thus notably reduced in size, and many well authenticated instances of their complete subsidence in this way have been related.

Amongst these a very remarkable case has been narrated by Dr. Kidd ("Dublin Obstetrical Transactions," vol. v.), in which a large uterine fibroid, that at one time occupied the whole of the upper part of the pelvis and rose in the abdomen midway between the umbilicus and xyploid cartilage, was within a period of five years completely removed by absorption as to leave no trace whatever of its former existence.

The probability of such a termination in any individual instance is, however, too remote to have any material influence on the general prognosis and treatment of such cases. Still, its possibility is a fact which must not be altogether lost sight of.

We may now briefly consider the advisability of abdominal operations in cases of fibromata. Secondly, I shall say a few words with regard to the less heroic measures, such as enucleation and "removal by traction," which may, in many instances, be resorted to in place of the bolder operation just mentioned. And, lastly, I shall allude to the too generally neglected medical treatment

(a) Paper read before the British Gynaecological Society, May 13.

of such cases. With regard to the first named of these methods, I may here refer briefly to some observations I have recently made on this subject.

The cases of fibromata requiring either hysterectomy or oöphorectomy which have come under my own observation in the course of a gynecological experience of upwards of fifteen years in the two hospitals with which I have been connected have been, comparatively, few and far between. Hence I cannot but think that the enormous proportion of such cases met with in the practice of other surgeons must, in some degree at least, be the self-created result of the preconceived views of those who now find these operations so generally necessary; and may be traceable to the analogy instituted between uterine and ovarian tumours. The successful results of the removal of the latter have, however, no bearing on the question of abdominal operations in the treatment of the former. Not alone are the risks of the one infinitely greater than those of the other, but even if they were equal the conditions for which they are resorted to are so essentially dissimilar, that there can be no parity in their treatment. Ovarian tumours, if left to nature, are, as a rule, rapidly progressive in their course, and ultimately eventuate fatally. Not so uterine fibromata, which, however much discomfort, suffering, hæmorrhagic discharge, and impairment of health they may occasion, seldom if ever directly destroy life, and in the majority of cases become arrested in their development and symptoms by the changes consequent on the menopause. Therefore, the amount of risk justifiable in the removal of an ovarian growth is not necessarily justifiable in the case of a uterine neoplasm.

In my own practice I have never hesitated to recommend oöphorectomy, or hysterectomy if required, in cases of subperitoneal and deep-seated interstitial fibromata, in which the tumour was not accessible per vias naturales, and in which the age and condition of the patient, the rapid rate of development of the neoplasm, or the urgency of the resulting symptoms, were such as to preclude the hope that in the course of time the disease might be arrested by the occurrence of the menopause. Moreover, in the case of a young woman of the class generally met with in hospital practice, to whom the suffering and loss of physical strength consequent on such a tumour would entail privation of the patient's means of living; if she be willing to encounter the risk of an abdominal section, we are, I think, if the case be otherwise suitable for the operation, bound to afford her the chance of its successful performance. The advocates of oöphorectomy and hysterectomy however apparently take a much larger view of the utility of these operations in such cases. For instance, in Mr. Lawson Tait's recent "Address on One Thousand Abdominal Sections," as published in the *Medical Press and Circular*, are included the removal of the uterine appendages for myoma in 99 instances, with 7 deaths; hysterectomy in 54 cases, with 19 deaths; and one enucleation of a myoma, which proved fatal. Thus we have in all 124 completed abdominal operations bearing immediately on our present subject. From the same statistics it may be gathered that Mr. Tait has, moreover, had no less than 30 incomplete operations of this kind, 17 of which were in cases of uterine, or unspecified but non-ovarian tumours, which, after the opening of the abdominal cavity, further procedure had to be abandoned. Of these incompleting operations, Mr. Lawson Tait thinks that he "may speak with a certain amount of satisfaction," though from what he derives this contentment I am at a loss to understand, as his mortality in them was 50 per cent. "This mortality," he observes, "is of course heavy, and the results in the great majority of those who survived the operation were very unsatisfactory, though in some the disease has been arrested apparently for an indefinite time. I have no doubt now that in many of those cases I might have finished the operation, in fact I know I could, but I always had a horror of a patient dying on the operating-table, and from that distressing incident I have hitherto

been entirely free. I now think that it would have been better even to have had such a disaster, and to have finished a large number of these operations."

The journal from which I have just quoted contains other evidence of the spreading *cacoethes operandi* prevalent among abdominal sectionists. Thus Dr. Savage, in reporting upwards of a hundred cases of abdominal section undertaken within a year, boasts that he performs this operation in every case which he has "the opportunity of operating on," without "the slightest attempt at the selection of cases, and as choosing the most suitable and rejecting those which did not seem to promise to be successful." Nor does he hesitate to admit that, had there been such selection of cases, he would have had fewer deaths of patients on whom he "operated with the idea of giving them the slight chance of life the operation afforded, knowing well beforehand how slight that chance was."

Dr. Keith has recently recorded 38 cases of hysterectomy with only 3 deaths. In the *American Journal of Obstetrics* Dr. Bigelow has, with great research, collected from all available sources 359 similar operations, of which 227 resulted successfully, whilst 132 patients died. With regard to this admitted mortality, greater than one in every three operated on, we may well ask ourselves the question, which was suggested to Dr. Keith by his own more successful practice, viz., does a mortality of 8 per cent. justify an operation for a disease that, as a rule, has only a limited active life, that torments simply, and that only for a time, though of itself it rarely kills? The mortality of an ordinary uterine fibroid, if left alone, is nothing approaching a death-rate of 8 per cent. Most of the cases on which I have operated were known to me for years before; only the extreme cases were done; in nearly all the lives were useless, and the risk of operation was clearly understood. Considering the nature of the cases, it seems to me that these operations were perhaps justifiable; and, if these were barely justifiable, what can be said of those ghastly lists of hysterectomy where the mortality is one death in every two, one death in every three, or even one death in every five?

*Myotomy.*—According to Professor Schroeder, any uterine fibro-myoma, however extensive or wherever situated, may be removed by laparotomy or partial hysterectomy with the aid of the elastic ligature. The appalling mortality resulting from this operation should, however, I think, sufficiently prevent its repetition by other surgeons. Of those on whom Schroeder thus operated he lost in his first series of cases 30 per cent., and in his second series 22 per cent. of his patients.

*Oöphorectomy.*—The removal of the uterine appendages, as originally suggested by Blundell, and reintroduced into modern practice by Dr. Batty, of Georgia, whose name, as well as those of Dr. Goodell, of Philadelphia, Dr. Banker, Mr. Tait, and Mr. Knowsley Thornton, is now identified with this operation, has been largely employed within the past few years for arresting the development of fibromata, and for the prevention of uterine hæmorrhage consequent on their existence.

Before we can accept oöphorectomy as the panacea that it is claimed to be for uterine fibromata, it seems to me that further proof is needed that it is generally necessary, or feasible in such cases. It would certainly be desirable to formulate, more distinctly than has been yet done, the cases of fibro-myomata in which oöphorectomy may be resorted to with a fair prospect of benefit, and to point out those in which no reasonable anticipation of success can be held out from its performance. In the first category should be placed all actively increasing fibromata not removable per vias naturales, and more especially those occurring in young patients in whom the prospect of reaching the period when any arrest of the tumour by the natural menopause might be hoped for is remote, and who, if they survive till then, are meanwhile necessarily condemned to lives of useless suffering. Under these circumstances there can be little question of the propriety of attempting by oöphorectomy to anticipate

the distant menopause in any case in which this is feasible. But the removal of the ovaries merely for the arrest of hæmorrhage consequent on fibromata appears to me unjustifiable until other and safer methods of checking metrorrhagia have been fully and unsuccessfully employed. And I am convinced by experience that if we try these fairly we shall seldom find it impossible to arrest effectually and safely any uterine hæmorrhage thus caused without oöphorectomy. Secondly, I cannot think this operation generally advisable in the case of quiescent fibroids largely occupying the abdominal cavity in older patients. In such cases the removal of the uterine appendages is generally not merely difficult and hazardous, but even quite impossible in the instances in which, if practicable, it might be most useful. Thus in any large subperitoneal or interstitial fibroid lifting the uterus far above the pelvic cavity, and binding it to the adjoining parts by consequent inflammatory intra-peritoneal adhesions, it will be found utterly impossible to reach the ovaries by any abdominal section until the uterus, by which they are overlaid and concealed, is first detached from these adhesions and turned out of the abdominal cavity. In such a case, and it is no ideal one, having subjected our patient to all the risks of such an operation, are we to dissect out the uterine appendages and then replace the uterus and tumour *in situ*? or, in the words of an eminent American gynecologist, Dr. Drysdell, of New York, would it not "be better practice to leave the uterine appendages untouched and remove the tumour itself?"

The removal of the uterus or of its appendages must be regarded as capital operations. And though these are now apparently approached by some surgeons as a matter of routine practice, and with much the same lightness of heart as was manifested by the French Minister when embarking on the Franco-Prussian war, I confess I cannot share this view. In my student days I was taught that capital operations were justified only as means of saving life or relieving suffering otherwise hopeless. It would now, however, appear that the gravest operations may be resorted to in every case in which the opportunity presents itself. For my own part, I am unable to accept this doctrine, and am still old-fashioned enough to believe that no operation of such gravity as that under consideration should be undertaken save as a matter of necessity, and with a reasonable prospect of a successful result.

(To be continued.)

## THE NATURE AND TREATMENT OF GOUT.

By Dr. W. EBSTEIN,

Professor of Medicine and Director of the Medical Clinic at the University of Göttingen.

Non ingendum, aut excogitandum, sed invenendum quid Natura faciat aut ferat.—Bacon

(Continued from page 514, June 10th.)

### CHAPTER IV.

*The Action of Uric Acid and its Compounds, as well as of some Allied Chemical Substances on Animal Tissues and Organs.*

To the facts adduced in the former chapter in favour of the poisonous qualities of the urates, and of the varied degrees of resistance to the poison of the various tissues and organs, further, more extended and complementary proofs are here added. Amongst others for instance, by the introduction of chemically pure uric acid and its soda compounds into the tissue of the cornea of rabbits, infiltrations were invariably produced. Experiments with urea, xanthin, guanin, kreatin, kreatinine, and hippuric acids ran their course as free from reaction as the control experiments made with a 5 per cent. solution of phosphate of soda.

That a causal relationship exists between the necrosing and necrotic processes, as well as the reactive inflammation associated with them, as we have learned to recognise them as typical processes in arthritis urtica

of the human subject, and as the effect of experiments on animals, on the one side, and the regular accompaniment of gouty necrosis of tissue and the deposition of crystalline urates on the other, is *a priori* extremely probable.

I have already brought forward my views and the wherefore of them, that the gouty poison first permeates the tissues in a fluid form, damaging them more or less as the conditions present are more or less favourable, and that when the injury has reached the highest point, and not till then, the uric acid compounds, which frequently form the sole constituents of gouty deposit, crystallise out in the necrosed tissues.

I have also already ventured the supposition that uric acid plays the greatest part in the occurrence of disturbances of nutrition in the tissues and organs, that it alone can produce them, and I have there made known my desire to bring forward proofs of this. This will now be the main object of the following inquiries.

As regards the disturbances of nutrition in the gouty organism, individual observers, such as Charcot, have already noted the disposition to sphacelus. In the following chapter I shall have the opportunity of more closely considering these serious eventualities that come and go in the course of gout, and which have not escaped the older observers. With the matters interesting us at the moment, these have absolutely nothing to do. Of the necrosing and necrosed patches in the organs afflicted with gout, in the sense in which they have been treated in these pages, there has been, as far as my knowledge of the literature of the subject reaches, generally speaking, nothing hitherto said.

As regards the other form of disturbance of nutrition in gout, the inflammations, it is an experience as old as the history of the disease that this remarkable affection is associated with inflammation, and since it has become known, through Wollaston, that the tophi arthritici of the joint consist of uric acid salts, the conception has grown with time that these inflammatory processes develop in the neighbourhood of the uratic deposits. But whilst I attempt to fit these necrosing and necrotic processes into the pathology of gout as something general, as a regular occurrence in the various organs affected with gout, I will here at once remark that I consider all these things: gouty inflammations, necrosing and necrosed processes as closely allied one to another, inasmuch as they originate in a common soil and are caused by one and the same *nava*. But gangrene is often simply an outcome of the inflammation, and arises when, in consequence of the the *noxæ* in question, the nutrition of the injured tissues is completely interrupted.

If uric acid be looked upon as the foundation of all these disturbances of nutrition we must make the attempt to prove it, for which purpose experiments on animals offer a favourable field. It is a matter of wonder to me, that in our times, rich in experiment, this has not been done. It appears as if the matter were held to be too self-evident although controversy has not been wanting even here.

Garrod finds it quite natural that urates as foreign bodies set up an ordinary inflammation. Rindfleisch says the infiltration of uric acid is plainly an important mechanical-chemical irritant to the parts affected, and Cornil and Ranvier write, in the 2nd edition of the well-known "Manuel D'Histologie Pathologique," "Les cartilages, sous l'influence de l'irritation déterminée par la présence de l'urate de soude subissent des modifications, qui doivent être considérées comme de nature inflammatoire." They mean by this the processes of growth in gouty cartilage of which we spoke in the first chapter (1884, vol. ii., p. 520). For me it has been a thing to be questioned that these investigators have drawn attention to those appearances that are due to the irritating action of the urates that make their appearance in the parts surrounding them only, but not to the part that suffers the most injury from the deposits.

After Braun had already explained that excess of uric acid had no very deleterious action for the organism in

general, making reference on the occasion to the experiments of Neubauer, in which rabbits that were fed with 12 gm. daily were apparently quite well; Cantani also has made known his opinion in opposition to that of the above-mentioned investigators against the poisonous action of uric acid. He says, "Excess of uric acid in the blood (actual urate of soda) does not indicate for us the *materia peccans* of gouty irritation, or that which irritates the joints. Neither is it the cause of the local symptoms nor the basis of the local deposition of soda." Up to the present none of these observers have produced proof of the accuracy of his views, neither Cantani for his attitude against the opinion that uric acid has an irritant action, nor the others in favour of it. The poisonous action of uric acid became still more problematical as still other voices were met with in literature more or less favourable to Cantani's ideas. Bartels assumed at once that an increased excretion of uric acid was, *per se*, without injurious consequences to the organism affected. He considered that the excretion of uric acid could only produce injurious consequences by the formation of concretions from combination with the salts in the urinary passages. Heidenhain injected sufficiently concentrated solutions of urate of soda into the jugular veins of rabbits, and found that these were mostly deposited freely in all parts of the urinary tubules in the form of finely granular masses, sometimes pale and sometimes darkly coloured. In the cells themselves, which had without doubt excreted the salt, for the Malpighian capsules were completely free from urates, Heidenhain neither discovered any changes, nor is anomalous condition of cells to be noticed in the accurately drawn illustrations of the changes said to have taken place. Some years ago I caused Dr. Damsch, first assistant at my clinic, to repeat Heidenhain's experiments with regard to the influence of uric acid on the secreting parenchyma of the kidney. These results have not been published; Herr Damsch has, at my request, shortly grouped them together as follows:—If weakly alkaline solutions of urate of soda are injected into the jugular vein of rabbits it is found fifteen to twenty minutes after the injection partly in the kidneys, and indeed visible to the naked eye in direct light as most delicate white streaks parallel to the course of the urinary tubules, especially in the medullary substance, and partly in the cortical substance, in part in the tubuli recti, and in part in the tubuli contorti.

By microscopical examination the white streaks are seen to consist mainly of amorphous, crumbly masses, looking black in direct light, and lying within the canals. A portion of these streaks is arranged in rows of spherical forms, more or less filling up the lumen of the canals, having a central nucleus, with slight radial markings and strongly refracting light. The glomeruli are always free from this excretion. The epithelial lining of the tubules appears flattened at the place where the cylindrical formations lie, the lumen for the tubules is occasionally dilated, even above the occluding masses. The addition of weak alkaline solutions dissolves these concretions, and after the addition of acids typical forms of uric acid crystals make their appearance in the shape of rhombic plates. If the action of the added alkali is observed under the microscope one becomes convinced that in the situation of the sphaero-crystals *the cellular elements remain with distinct membrane with nucleus and nucleolus*. In the situation of the cylindrical formations, composed of amorphous masses, one finds after solution of the urates a delicate granular substance in which regular round nuclei are imbedded, closely pressed together, and only individual cells are seen to be retained.

If the deposits are dissolved by maceration in water of 30-35 deg. C., and then coloured with Bismarck brown, the cylindrical formations come out distinctly from the intense colouration of their nuclei. These nuclei are smaller than the nuclei of the kidney epithelium and are similar in size and appearance to white blood cor-

puscles. In isolated spots between the epithelial layers of the urinary tubules exactly analogous strongly tinged nuclei are seen (white blood corpuscles?).

These experiments teach us that, independent of the excretion of the uric acid compounds administered to rabbits by injection into the jugular vein, by the epithelium of the kidneys, as has been taught by Heidenhain, certain changes take place in the kidneys which are to be looked upon as co-effects of these injections. The uric acid compounds, excreted into the urinary tubules, which, as Meissner has already accurately described, in part completely resemble the urea granules of birds, at one time incrustate a well characterised cell, at another as apparently amorphous masses, a finely granular protoplasmic substance nuclei. In any case it results in so much that these experiments produce changes in the parenchyma of the kidneys of rabbits which stand in a causal relationship to the incorporation of alkaline uric acid solutions. These changes are reparable, for in the case of animals that were killed fourteen days after the experiment residua of them could no longer be traced in the structure of the kidney.

As regards my own experiments on the action of uric acid on the animal organs and tissues which, I will now briefly sketch. Those experiences first of all which the experiments discussed in the previous chapter yielded, were extremely favourable for the conception—1. That uric acid is a substance exceedingly harmful to the nutrition of the tissues of the animals experimented on; and 2. That all organs do not re-act equally readily to uric acid, *i.e.*, are equally injured by it. The proofs of the correctness of these views are produced without difficulty. Notwithstanding uric acid was always present in the kidneys of fowls, the ureters of which had been ligatured, and it may be said, in large quantities, necrosed patches with acicular deposit could not be demonstrated in them, although they were proved to be present most distinctly in the liver, and still more extensively in the heart. I cannot, indeed, give a more plausible and unobjectionable explanation of this than that the kidneys of fowls offer greater resistance to the action of uric acid salts than the before mentioned organs.

The experiment with chromic acid salts showed that the kidney substance also loses its power of resistance as soon as the subcutaneous administration of this poison has seriously damaged its nutrition. But one could still raise the objection against all these experiments and their significance that if, as is proved in birds, uric acid forms the principal nitrogenous excretion, yet other constituents are present in the urine that injure the nutrition of the tissues. It could be said, moreover, that in the organism of the bird, whether injured by ligature of the ureters or by the injection of chromic acid salts, still other pathological conditions might be in action, giving rise to inflammatory and necrosing processes.

A method of check was therefore necessary. One had to ascertain whether chemically pure uric acid and its combinations with soda, as far as these relate to the subject, possessed toxic properties as regarded animal tissues.

(To be continued.)

THE French Association for the Advancement of Science will meet at Grenoble, August 13th, 1885, under the presidency of Prof. Verneuil.

A SERIOUS epidemic of whooping-cough has run through the islands of the Fiji group. The malady has carried off all the very young native children, and left a decrease in the population of 3,000. A few years ago 30,000 persons in Fiji died from an epidemic of measles.



## Lectures

ON

### HERNIA AND ITS RADICAL CURE.

Delivered at the Royal College of Surgeons of England.

By JOHN WOOD, F.R.S., F.R.C.S.,

Hunterian Professor of Surgery and Pathology ;  
Senior Surgeon to King's College Hospital, and Professor of Clinical  
Surgery in King's College.

#### LECTURE III.—(Concluded.)

##### Operation for the Radical Cure of Umbilical Hernia.—

As a rule, a congenital umbilical hernia, more even than other varieties, has a strong tendency to get well by the progressive contraction of the ring-like cicatrix around. In this it follows the law of all circular cicatrices, which, unless prevented by other conditions, tend to contract towards the centre, and close up the aperture. Time should, therefore, in all cases, be allowed for this beneficent action of the *medicatrix nature* to exert its influence, favoured, as far as possible, by properly fitting pad and belt. But in some, either from early weakness of constitution, hereditary predisposition, frequent crying, or the neglect of proper support, the rupture remains uncured up to the adult period, or becomes so large as to be dangerous and unsightly. This constitutes a serious danger in both sexes: in the male, from the disability and weakness thereby ensuing; and in the female, from the liability to pregnancy.

In only two cases have I thought it advisable to interfere by operation for the cure of umbilical hernia in adult males. One was a finely grown young man, *æt.* 22, with a protrusion of the size of a small apple. He much wished to serve in the army, but was refused admission by the medical examiners. He was operated on June 16th, 1883, made a good recovery, had no unpleasant symptoms at all, and was finally admitted into the service, where he still remains cured. The other case was about the size of a walnut, in a lad *æt.* 14, who had been rejected by the medical examiners, for the navy. The cure was as perfect as in the last case, and no symptoms worth mentioning occurred.

In both cases the operation was done with wire, in the following manner. A small semicircular needle, with a handle and the eye near the point, and sharp enough to pierce easily the very tough and resisting cicatricial tissue around the neck of the sac, with copper wire silvered, and rather thinner and more flexible than that used for inguinal hernia, were the only instruments used in the operation. The sac was first pinched up with the thumb and fingers, and carefully emptied of its contents. It was then invaginated upon the forefinger, which was placed under the edge of the hernial opening on one side. The point of the needle was then made to transfix the tendinous margin about half an inch from the edge. The point of the needle, on raising and before perforating the skin, was carried round half a quadrant of the circular opening, and made to emerge at the upper pole of the vertical diameter. The bent end of the wire was then hooked on, and drawn back with the needle. The same manœuvre was then gone through on the opposite side, the upper end of the wire hooked on, and drawn through. The invaginating forefinger was then carried down to the lower pole of the vertical diameter, the needle passed through from behind, and then turned under the skin, so as to be made to emerge where the wire came out through the lateral puncture. The wire was again hooked on, and drawn down, a loop being left so as to emerge at each of the punctures. The same manœuvre being accomplished at the opposite side, the ends of the wire were left emerging at the lowest puncture, while a loop of wire was found at all the other punctures. The ends of the wire and the upper loop were then drawn upon until the lateral loops sank under the skin. The invaginated skin

and sac were drawn out of the aperture by traction with a pair of hooked forceps. Then, by twisting down into the punctures the upper loop and the ends of the wire below, the sides of the hernial opening were drawn powerfully together in a vertical line coinciding with the *linea alba*.

The application of tendon may be accomplished in the same manner, the ends of the ligature being tied firmly below at the lowest puncture, while the loops are all sunk into the other punctures, so as to disappear in the tissues. The method of application of the constricting ligature was, in fact, almost exactly the same as the subcutaneous ligature for *nævus*, which I have used for many years. The wire was left in for a fortnight; much thickening ensued along its track. It was finally withdrawn by untwisting the upper loop and lower ends, cutting off the latter short, and drawing upwards the former. The wire, on being straightened by stretching, came out easily.

If the rupture be a large one, it would be better to keep all the loops, the lateral ones as well as the upper ones, and twist them all down into their respective punctures. The prepared thick tendon-ligature may be used in this operation, instead of wire. It is durable enough, if properly prepared, to endure until it becomes organised, and does not require removal. After the operation, the sac of the hernia projects as a vertical ridge, which can afterwards be removed, if desirable, with a pair of scissors, when the cavity is closed at the neck. A pad of gauze, placed vertically on each side, with another thick one over them, covered with oilskin, and held on by a broad body-bandage, is all the dressing required.

In three other uncontrollable cases in children, I have operated without any serious symptoms. One was by the use of the angular pins locked together. The result in this case was not satisfactory; the rupture returned. The others were operated on by the use of the thinner wire; they were completely successful. No death, or indeed any serious symptom, ensued. The hernial opening into the peritoneal cavity was in each case closed by adhesive effusion, and the wounds scarcely even suppurred. But, in the unsuccessful case referred to, the adhesions were not strong enough to prevent a return of the rupture.

#### REVIEW OF THE VARIOUS METHODS OF ATTEMPTING A RADICAL CURE OF HERNIA.

I can only briefly allude to the numerous fellow-workers who have followed this line of surgical improvement. Scarcely any subject in the whole department of surgery has been more discussed or more written about. Not any has been more soiled by the practices of mountebanks and charlatans from the earliest dawn of the history of medicine.

The want of permanent success has been almost universal, and the danger to life of many too often demonstrated. Of the ancient methods many owed their fame to extreme ignorance on the one hand and impudent charlatanry on the other. Plasters and ointments of elecampane, caustics and the hot iron, and especially the application of oil of vitriol, brought fame and money to an impudent quack.

Excision of the sac and its covering, and in many cases the testicle also, was practised by Celsus. Galen and Paulus Egineta ligatured the sac at the superficial ring, and tied up also the cord and skin. Centuries after their time this was practised by Continental quacks, as mentioned by Dionis and Scattetus. Then was introduced the milder and more scientific proceeding of opening the sac freely, and stitching its edges close. This was called the royal stitch, because it qualified the king's lieges for military service. The punctum aureum, as described by Ambrose Paré, consisted of passing a golden or leaden wire behind both sac and cord, at the superficial ring, and twisting it down tight enough to close the hernial sac, without stopping the circulation through the testicle. In more modern times Schmucker and Langenbeck ex-

posed the sac by a free incision at the superficial ring, and ligaturing it without enclosing the cord. The fatality of this method (3 in 10 cases), and the failure of most attempts to cure in the hands of such men as Acrel, Armont, and Petit in France, and Abernethy and Sharp in this country, led to the general professional opinion of the uselessness of such operations to produce a cure, and to their actual condemnation as very dangerous to life. The efforts of surgeons then turned in the direction of truss pressure as a means of radical cure. Richter employed a strong and tight truss, with a hard pad of wood, and this method was employed by L'Estrange, of Dublin, who has been followed by many Irish and American surgeons. The injurious pressure upon the spermatic cord, as it seems to me from the shape of the pad employed, has been marked in some cases I have seen and heard of. The pain and suffering inflicted during the lengthened period necessary for a cure, and the want of skill and care of the patient in adjusting the pressure, and the difficulty and expense of a continual supply of new trusses combined to prevent a greater success than 10 or 15 per cent. of uncertain cures by this plan. But undoubtedly cases of cure by a skilful and prolonged use of an efficient truss have occurred to myself and many other surgeons. In children's cases especially it is much more frequently effected, and might be much more common if nurses and parents were as skilled as surgeons and instrument makers in adjusting them. But too often, especially in hospital practices, the attempt to cure by this method is hopeless, and the ruptures, when brought for radical cure, are large, uncontrollable, and difficult, requiring sometimes two or even three operations.

A class of operations dealing with the interior of the sac by injection of irritants like iodine and tinct. cantharides was practised unsuccessfully, and sometimes fatally, by Pelpeau and Paucoast. Another dealing with the sac by introducing solid substances, such as threads of sponge, or goldbeater's skin, with the same object, was practised with equally bad results by Schuh, Belmas, and Riggs. The method of invagination of the skin of the scrotum into the canal, and endeavouring to plug up the rings permanently, was then brought into vogue by Signoroni and Gerdy. This plan was followed by another, namely, the use of a hard wooden plug, forced along the canal, originating in Würtzer, and practised by Rothmund, Sigmund, and Spencer Wells.

In all these methods it was found that after a greater or less period of time the plug, at first apparently satisfactory, gradually made its way, pushed by the recurring hernia, down into the scrotum. In many excessive supuration brought on burrowing of pus towards the abdomen, and fatal results. The apparent cures were in a great majority of cases temporary and illusory, and the operation fell into discredit. A revival of the injection method not into, but around the neck of the sac, using astringents such as solution of oak bark, has been practised in America by Heaton, and followed by Warren and Bull.

Since the publication of my treatise on rupture in 1863, many fresh methods of proceeding, many modifications of the foregoing, founded upon plans of operating, have been originated. Mr. Spanton has invented a new instrument for uniting by adhesion the pillars of the ring. It is shaped like a corkscrew, and is introduced from the groin above downwards into the scrotum, guided by the forefinger, passed through a scrotal incision into the canal. It is removed after a week or fortnight, according to the action set up. Mr. Fitzgerald, of Melbourne, Australia, laces up the pillars of the superficial ring with a continuous gold wire suture, which he leaves in the tissues in the hope that it may permanently fulfil its functions. Professor Duwell, of Texas, sews subcutaneously the pillars of the ring with silver wire, and claims to have done 100 cases with 60 permanent cures.

It will be observed that, in all of this class of operations, the anterior wall of the inguinal canal and its superficial ring are the only parts really affected by the opera-

tion. The hinder wall and the deep ring and neck of the sac are unaffected. The result is that sooner or later the hernia makes its way behind the adhesions or the permanent wire suture, separating the former, and by constant pressure causing the latter to cut its way slowly through the tissues and become useless. In the case of the latter plan, also, there is the manifest probability of a truss being inapplicable if the hernia returns, or a weakness or bulge remains, requiring another operation for the removal of the wires within a few months. The same result will undoubtedly occur if the operation which goes by my name is imperfectly done, and the pillars of the superficial ring only are sutured. A misapprehension which may easily arise from a want of familiar and practical knowledge of anatomy has led to the application of my name to operations in which all my precautions were neglected; and also to the employment of a part of my operation only as a basis for a new method. The result has been, in many instances, a want of success, for which the operator, and not the operation, is really responsible.

Reasons somewhat like the foregoing have led to what is called the open method, or the method by dissection for the radical cure of hernia. It will be well to state here that, with the protection of the spray and the careful use of antiseptic dressings, I by no means object to, but have often employed, this method of operating. But the real factors in the production of hernia should be properly and securely dealt with. An operation which has been practised by men of ability and professional position cannot be lightly considered by anyone. As present workers in this field of surgery I may mention the names of Professors Sir J. Lister; Annandale, of Edinburgh; and Stokes, of Dublin; Sir W. MacCormac; Macleod and Buchanan, of Glasgow; Mitchell Banks, of Liverpool; and Charles Steele, of Bristol, the first, I believe, who operated for the radical cure of hernia with all the Listerian precautions.

Professor Annandale, of Edinburgh, opens the canal, ties the neck of the sac, and removes it bodily, and then stitches together the margins of the opening.

In the *Edinburgh Medical Journal* for December, 1880, he published a case of strangulated crural hernia, operated on in January, 1872, in which he tied the neck of the sac with catgut and removed it with some adherent omentum. In a case of irreducible crural hernia, operated on in January, 1880, he stitched the margins of the crural ring to the stump of the sac in addition. Professor Stokes, of Dublin, opens the sac freely, stitches up the neck, and then, without removing the sac, draws together the canal and pillars of the ring by chromicised catgut, carbolised silk, or silver wire. He considers the removal of the sac to be a risky and unsurgical proceeding. Mr. Mitchell Banks, of Liverpool, opens the canal freely, ligatures the neck of the sac, and divides it, detaches the fundus, and removes it, and then sutures up with catgut the pillars of the ring.

Mr. Alexander, of Liverpool, opens the canal by dissection, ligatures the neck of the sac with catgut, making a point of tying it so that it shall be flush with the peritoneum internally, so as to leave no digital depression. He then divides the neck of the sac below the ligature, and leaves it in the wound, without suturing the pillars of the ring. In one of the two cases of crural hernia operated on by him in June, 1880, and reported in the *Liverpool Medico-Chirurgical Journal*, the fundus of the sac afterwards sloughed out. Sir William MacCormac has followed this plan, I believe, in a good number of cases. Professor Buchanan, of Glasgow, in cases of congenital hernia, cuts down to the sac, slits it up longitudinally on each side of the cord, then divides the front part horizontally, rolls up the upper half, and with it plugs the deep ring, turning down the lower half to complete the "tunica vaginalis" above.

Many of these surgeons appear to take little pains to close up the inguinal canal as distinguished from the superficial ring. At the deep ring some close the neck of the sac, without closing the margins of the fascia that



form the ring proper. In an irreducible hernia it is of course necessary to open up the sac freely, and in many cases the inguinal canal also, in order to remove the sac entire. I accomplish this, if found necessary, by extending my usually limited incision upwards from the scrotum. The entire removal of the sac is always a tedious, severe, and often a difficult operation, if due care is taken to preserve intact the spermatic cord. It must be accomplished by much dragging and tearing and separating a great number of vessels. The spermatic cord is sometimes found spread out, and its constituents separated widely apart. In two cases of irreducible direct inguinal hernia I found it placed in front of, instead of behind, the sac—the vas deferens towards the inner, and the spermatic vessels to the outer side. In other large cases I have found the vas deferens projecting before it into the interior of the wall of the sac, with a sort of mesentery thrown around it. Much care is required in dealing with a large sac for its entire removal, and a good deal of extravasation of blood into the penis and scrotum follows in many cases—with, often, retention of urine. Banks states that it requires a good deal of "mauling," while Stokes considers the process as "unsurgical," if not "repulsive and barbarous." It may certainly be considered as a most difficult and prolonged operation, and the increased mortality which follows it shows that its effects on the system are serious. It is only very weighty reasons which would justify its performance.

With respect to the supposed advantages of the open method, enabling the surgeon to see the parts he operates on, I have myself found that, after the first cut and the application of the sponge, the parts become so bleared with blood, that I was obliged to rely mainly upon the aid of the sense of touch before I ventured to pass a needle through Poupart's ligament, the conjoined tendon, or the pillars of the ring. My experience is that this operation can be all done, and has been very frequently done by me, when the sac to be removed is not very large, through a scrotal incision two inches long reaching up to the superficial ring. The mobility and elasticity of the integuments is such that the aperture thus made can be drawn up so as to lie over the hernial opening, which is itself dilated and large enough to permit the sac to be followed, drawn out, detached, tied, and divided close to the deep ring, without any important division of the intercolumnar fascia, which necessarily weakens the abdominal wall.

A fallacy which some operators seem to entertain is that by stitching the pillars of the ring only the canal is also closed. The layers formed by the walls of the inguinal canal and the spermatic groove above Poupart's ligament, in fact, remain as loosely connected with each other, when the parts are well healed, as they did before the operation. They are movable upon each other, and slide and give way before the soft pressure of the sac to form another hernia. Abundant material for a fresh sac is found in the peritoneum forming the false ligaments of the bladder. The plans for simply tying the neck of the sac, and either cutting it off or leaving it and the sides of the canal to heal up as they lie, are simply resuscitations of the older mediæval plans, about which the late Sir William Lawrence argued "that it was futile to close up or cut off the neck of the sac, while the openings in the abdominal wall remained to admit a fresh sac, which the peritoneum was apt and ready to furnish."

#### CONCLUSION.

It appears indubitable, from the results of the last twenty or more years' experience of the radical cure of hernia, that the position of those surgical writers who have maintained that the radical cure should not be attempted, except in the severest cases, is untenable. The operation has given as great relief and exemption from the minor troubles and worry which make life miserable as any operation associated with prolapse, such as hæmorrhoids, and is even more safe. It is certainly quite as much called for, on the score of relief from pain

and inconvenience, as most other abdominal operations. Though it may not, like ovariectomy, remove the certainty of a speedy death, and may, like colotomy, be called an operation of convenience or expediency, it often relieves suffering as severe as that for which colotomy is performed, and is attended by far happier results.

The justification of the operation being admitted, it remains to consider what cases are most appropriate for it, and which of the many we have passed in review is most proper and applicable for the cases chosen. The rules I have observed in my own cases have been as follows. The subcutaneous plan has been adopted.

1. In cases of children above 5 years old, in whom trusses are useless or unavailable because of neglect, violent coughing and crying, sore groins, rapid increase in the size of the hernia, and interference with micturition.

2. In cases of young adults, or boys under 14, whose prospects in life as candidates for the naval, military, or engineering professions, or for colonising, are seriously impaired by the hernial condition. Such persons may be far from surgical assistance when the exigencies of duty or occupation may produce strangulation, or the breakage of a truss may leave them defenceless; they are subject, also, to increased life-assurance rates, from which the operation, when successful, relieves them; in able-bodied working men generally, whose various laborious employments may place them continually in danger of strangulation, and whose strength and usefulness are impaired by the hernia. The extent of the necessity for a radical cure of rupture, and the patriotic and social motives which demand it, are clearly made manifest by the various estimates of the number of recruits and conscripts rejected for this complaint. Malgaigne states that 1 in every 13 Frenchmen is ruptured; Arnaud, 1 in every 8. During the civil war in the United States, 38,132 were rejected in two years. In this country it is said that 1 in every 20 males is ruptured. The bodily ailments and mental worry which this condition and its consequences entail upon this large number of human beings make up a very impressive total of suffering. And the mortality from it must be also considered. In 1879, according to the Registrar-General's reports, as given by Mr. Spanton, no less than 1,119 deaths occurred from hernia, of which 23.5 per cent. had undergone operation for strangulation, &c. The average rate of mortality of the operation of kelotomy in 11 large hospitals is given by the same author as 41.8 per cent.; and the proportion of the mortality from hernia increases with age to a marked degree. The importance of a permanent cure effected during youth for so large and useful a class as this, when thus viewed, rises to the point of a national demand.

3. In reducible cases, where the sac is thick and indurated from truss-pressure, or where the omentum is continually slipping down under the truss, showing thereby that it is abnormally elongated, I open the sac, tie the vessels of the omentum separately, and remove it below the ligatures; tie up the neck of the sac flush with the peritoneum at the deep hernial opening, and apply wire or tendon-ligature to the canal and rings. When, by any cause, the first operation fails in effecting a satisfactory cure also, I open the sac, inspect its interior to discover any special cause for the failure, tie and remove the sac, and lace up the canal and rings with especial care and security.

4. In all favourable cases of strangulated hernia, both inguinal and crural, the coverings and front wall of the canal being necessarily divided to search for the constricting tissues, I open the sac, examine the contents, remove adhesions and doubtful portions of omentum, then tie up the neck of the sac, cut it off short, and remove it altogether (except in congenital hernia), and secure the walls of the canal and rings, as in the subcutaneous method. Of course a wrong diagnosis of the condition of the bowel or omentum, and their fitness to be returned into the abdomen or some other cause arising from the strangulation, may, in these cases, result in a

fatal issue. But I believe strongly that, if drainage is free, and skilfully arranged, no increase of risk ensues from the attempt to produce a radical cure. Quite lately I have done this in a case of *reductio en bloc* in a man who is now convalescent in the hospital.

5. Cases of irreducible hernia, and of large and unmanageable cases of reducible hernia, in patients otherwise in a good state of general health, and not above the age of 60, and in which truss pressure entirely fails to render the patient comfortable and free from danger, seem to me to justify and to require operation, if the patient wishes for the benefits which he may reasonably expect from a carefully conducted operation, under strict antiseptic methods. In all cases he should have the chances fairly laid before him in a way that he can understand, and then have the option without bias or persuasion.

In these cases, as in the last class, the operation necessarily assumes more or less of the character of an operation. The sac is freely opened, and is tied and removed, but the suturing of the canal and rings is effected as in the subcutaneous method.

In bringing my allotted task to a conclusion, I am deeply conscious that a very considerable part of these lectures has gone over ground which has been elementary enough to re-echo the household words of every dissecting-room and tutor's class. In extenuation, I have to plead that the subject demanded a good deal of such anatomical repetition to preserve its coherency and to make it understood.

After all my efforts I fear that there still remains much room for elucidation—and I have been led to think so because men who have arrived at considerable position in the profession have declared to me that they were unable to comprehend my method of operating until they had seen it done by me, and that it was much more simple to see and to do it than to describe it.

At the risk of being tedious to the more experienced of my hearers, I have endeavoured to be clear to those less learned and less experienced. I have some fear that there is no doubt about the first, but that I may not have succeeded in the last as fully as I could have desired. At any rate, I have done the best that was in me to ascertain the exact truth about the possibility of a permanent cure of hernia, to prove it as convincingly as I was able, and to state it as simply as I could, and as shortly and completely as the scope of these lectures has demanded.

The last part of my duty now presents itself, and that is to thank you, Mr. President and gentlemen, most sincerely for your presence and kindness during my lectures.

## Clinical Records.

WOLVERHAMPTON AND STAFFORDSHIRE  
GENERAL HOSPITAL.

*A Successful Case of Ovariectomy. (a)*

(a) Read before the British Gynaecological Society, June 24th, 1885.

Under the care of Mr. VINCENT JACKSON,  
Senior Surgeon.

S. A. B., æt. 29 (the first patient admitted into the Women's Surgical Infirmary of the above institution), admitted March, 1885, married twelve years, has had six children, the eldest being 10 years of age, and the youngest ten weeks. History of menstruation and general health good. Seven months ago when pregnant considered herself larger than during previous pregnancies, but beyond this there was no other indication of the existence of a tumour until her confinement last December, shortly after which one was detected, and it was owing to its rapid growth, and the great discomfort it occasioned, that she presented herself for admission. Upon examination there was no difficulty in forming the diagnosis of the presence of a left ovarian tumour with thin walls. The evidence of the existence of adhesions was almost *nil*. Girth at umbilical line was 42 inches. An operation was recommended, and the patient willingly assented, but the performance of the same was delayed until

completion of the new department for such special operations.

On April 18th ether was administered, and ovariectomy was performed. A small quantity of fluid escaped immediately the peritoneum was incised. A thick membrane of lymph separated this membrane from the cyst wall. The introduction of the hand broke this down, and enabled the relations of the cyst to the abdominal walls and viscera to be determined. Very extensive adhesions were encountered anteriorly also on the left side, and one very tough attachment to the pelvis was left to be dealt with at a later stage. The larger viscera seemed free. A trocar was pushed into the tumour, but only a little thickish fluid flowed away, the cyst wall was so soft and thin that the slightest traction caused it to tear in more than one place, letting free a considerable quantity of gluey fluid. The right hand was thrust within the cyst, and as much of the interior as possible broken down and pressed out, and with one hand inside and the other outside the tumour was extracted. Now the broad adhesion to the left pelvic brim was ligatured and then divided. Attached to the tumour for a considerable distance was a long length of the great omentum as well as a piece of the small intestine, the latter was pulled off, and the former, after being ligatured in several places, was cut away. It measured fifteen inches by six. The pedicle was tied in two positions by strong silk, cut across and dropped into the pelvic well. The right ovary was healthy. After a complete cleansing of the peritoneal cavity, a glass drainage tube was inserted, and the abdomen closed by means of nine deep silk sutures, and the dressings having been applied, the patient was placed in bed and soon rallied, her progress to convalescence was rapid. On the fifth day the drainage tube was removed, having given exit to 17½ ounces of red serum, and on the twenty-first day she left for a convalescent home. The specimen, which weighed five pounds, was reported to be a well-marked example of a compound cystic ovarian tumour.

## Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.

SURGICAL SECTION.

FRIDAY, APRIL 24, 1885.

The President, Dr. E. H. BENNETT, in the chair.

### SURGERY OF THE KNEE-JOINT.

MR. J. K. BARTON said some points of interest in the surgery of the knee-joint are illustrated by the following six cases:—1st. Excision for advancing disease. 2nd. Excision for deformity. 3rd. Amputation through the joint. 4th. Removal of an enlarged bursa patella. 5th. Removal of a loose cartilage from the joint. 6th. Withdrawal of part of a sewing-needle from the joint. The patients upon whom the first three operations were performed were all present, and exhibited. The first was a sailor boy, æt. 14; the second a girl of 8; the third a girl of about twelve. The first case of excision had suffered from periostitis of the femur, but the result (now more than a year since the operation) was satisfactory, the boy walking nimbly and firmly without a stick or support of any kind. The second case was not so far advanced, but there was very firm union, allowing the child to walk well, but still with the help of crutches. The third case was one of amputation through the knee-joint, in a case in which the limb from the knee down was rendered useless by paralysis. The cartilages had been left; the stump was an excellent one. The fourth case was one of enormous enlargement of the bursa patella, of which a cast was exhibited. The operation which was undertaken for its removal consisted of the cutting of a very narrow elliptical piece of skin from the front of the tumour, and a similar piece from the front wall of the bursa, after which the contents, which were of the consistence and appearance of boiled sago, were all removed, then the sides were laid down, a drainage tube inserted at each end, and the edges united with carbolic gut suture; the dressing was by sero-sublimite (one per cent.) gauze; there was no suppuration. Two dressings sufficient to completely heal the wound. In the fifth case a loose cartilage had been found under the tendon of the ex-

tensor, easily pushed out and back again. It was removed by a free incision under spray, and the wound was dressed with the sero-sublimate gauze. The highest temperature marked was 101° on the second night after the operation, after which it speedily became normal, and the patient returned to the country quite well. The last of the series was that of a housemaid, who in kneeling on the stairs had got a needle into the knee, which, in endeavouring to extract, she broke. The pointed half was left deeply fixed below the patella and in the fibres of the ligament. A free incision was necessary to find it; it was found directed straight in towards the joint, and safely drawn out.

The relation of the cases was accompanied by comments upon the most interesting features of each.

The PRESIDENT disclaimed credit for the splint exhibited, as being on the basis of that of Watson, of Edinburgh. Although the mode of fixing it might vary, the moulding was due to Patrick Heron Watson, as well as the credit for so great a success in excisions at the knee-joint. While the author had dwelt on the necessity of the long anterior flap, and such was generally adopted, yet that flap was unsuitable in cases where disease existed on the front of the limb. About two or three years ago Hardy, of Manchester, published a paper recommending, instead of the long anterior, the oblique circular, amputation. "An opportunity occurring, in the case of a woman, *æt. fifty*, he followed the procedure suggested, with one advantage, that he was not limited in front for coverings by the disease, which was lupus. A plain-cut surface, instead of being at right angles, was sloped at 45°. The procedure was a little more difficult to carry out, but the covering was perfect. In that case he left the patella and the cartilages of the tibia in the joint without any serious consequences from death of cartilages said to result from that course.

Mr. STOKES emphasised as very important the method of dealing with cases of excision of the knee-joint after the operation. Speaking from an experience of twenty cases, he had tried different plans of treatment: (1) Placing the limb in a large box; (2) fixing the limb by means of gypsum bandages or other immovable apparatus; (3) the plan of Patrick Heron Watson, in which the principle was not a posterior but an anterior splint.

The PRESIDENT.—He has both.

Mr. STOKES, continuing, said he had also tried a modification of Watson's plan, devised by his colleague, Mr. Thomson. Instead of strong brass or iron wire, such as in the apparatus on view, a hoop-iron splint was applied both anteriorly and posteriorly, being fixed in position by means of gypsum. But after due trial he had abandoned the gypsum, adopting, however, the plan of the hoop-iron anterior and posterior splints, affixed by broad belts, and these fixed again on an inclined plane to give ample space anteriorly and posteriorly for the dressing of the wound. Quite as important as careful antiseptic dressing was the absolute fixation of the limb during the healing of the wound. But in the apparatus Dr. Barton had brought forward he did not see adequate provision for insuring that essential in the after-treatment of excision of the knee-joint. At the next meeting he hoped to exhibit an apparatus devised by himself and the late resident surgeon of the Richmond Hospital, and which, he thought, met the requirements desired better than any other he had seen, the principle of absolute fixation being fully carried out, as well as that of keeping the limb in an inclined plane—*i.e.*, the lower portion of the limb elevated with the view of preventing the tilting forward of the femur, and insuring in that position that the weight of the lower limb pressing against the femur helped to keep the parts from being displaced. In addition, he adopted the precaution of suturing the bones in the last two cases of excision of the knee. The result of one of these cases he exhibited at the last meeting but one of the Surgical Section. But in Dr. Barton's apparatus there was another objectionable feature—namely, that it fitted accurately along the posterior portion of the limb, not giving room for changing the dressing within the splint, and therefore necessitating dressing external to it. No matter how careful the dressing was carried out, accumulations would form between the splint and the integumental structure, which could not be cleaned where the splint was so closely applied, and therefore antiseptic dressing could not be carried out.

Dr. BALL considered Dr. Barton's limitation as to the utility of amputating through the knee-joint practically excluded primary amputation. He had himself two cases

of that operation. Both were railway accidents, in which the limb was crushed, and the head of the tibia splintered into the knee-joint. The usual anterior flap by Carden's method was adopted. The covering of the end of the bone was formed by the skin, which was naturally over the tubercle of the tibia, and was a portion of skin on which persons were accustomed to kneel. Those who claimed superiority for the supra-condyloid operation considered that by bringing the patella down over the cut surface of the femur this was secured. But this was not the case—it was the skin over the tubercle of the tibia that was brought down. As the result, the patients were able to bear the entire weight over the stump quite as well as after Symes' amputation. Both his patients were able to walk without a bucket leg. One of them was advanced in pregnancy, and she was well in a fortnight, while the child was the healthiest she ever had. With regard to the splint, he moulded a piece of wire in the ordinary way as a model, and then got a piece of flat steel, one-eighth of an inch thick, made into exactly the same shape, and rigid, permitting of no flexion whatever, whereas in the wire there was always an amount of spring.

Dr. HAMILTON was puzzled, from what he had heard, to determine whether there was an absolute necessity for performing the operation so high up, as the leg was in a comparatively healthy state. He would himself have hesitated before amputating through the knee-joint, and would probably have been satisfied with amputation below the knee, allowing the patient to rest upon the knee as the natural point of support. Of course Dr. Barton would give reasons for preferring the upper operation; but it was a rule in surgery to cut away as little as possible of the living limb. He had himself had an opportunity of trying almost every splint, and he was perfectly satisfied with the results obtained from Watson's splint, with a little addition. He used a back splint of exceedingly firm material, and he applied to it a very strong iron bracket, which enabled him to leave the limb perfectly undisturbed, and at the same time to renew the dressing as often as he wished. Thus the limb was kept with that perfect rigidity which, as Mr. Stokes remarked, was so important in the treatment of those cases. The splint was made of steel, and sufficiently wide to allow the dressings to be removed without disturbing fixation. He agreed with Dr. Ball that the thin wire splint did not give the desired security.

Mr. THOMSON believed that almost as many splints and modifications of them had been devised for the after-treatment of excision of the knee-joint as in fracture of the patella, and that everybody who had had some experience of a particular splint would probably modify it to suit his own wishes. He had himself used two or three, beginning with Watson's—the one in which the posterior splint was made of scored wood, and there was an anterior metal rod extending from the thigh to the foot. The posterior splint was first padded with a considerable amount of cotton wool to allow the limb to lie quietly and easily in it. Then the plaster of Paris was applied. He found after some weeks, when the limb had settled down into the splint, a great deal of looseness occurred, so that though in the early days a considerable amount of fixation had been secured, yet this was not so in two or three weeks before actual union took place. Next he tried the excellent splint devised by Dr. Hays, of the Mater Misericordiarum Hospital, but it did not admit of getting the retaining material sufficiently close upon the limb. After that it struck him that by using hoop-iron, which was introduced in the treatment of morbus coxae by Dr. Thomas, of Liverpool, he would, provided it was of sufficient strength and thickness, obtain a splint that would answer his requirements. The hoop-iron splint had certain advantages to recommend it, being easily procurable in the country, and capable of being shaped to the limb by bending across the edge of a table, or across the knee. He used a posterior splint of plain hoop-iron, and an anterior one moulded in the same way. From the difficulty of cutting through the plaster of Paris once it was applied, he abandoned it, and now used an ordinary flannel bandage. The results from using the splint which he adopted were exceedingly good, but a wire splint a quarter of an inch thick, such as Mr. Barton's, was unequal to supporting a limb.

Dr. BARTON, in reply, concurred with Mr. Stokes that fixation of the parts was of the first importance. He used a paraffin bandage as lighter than plaster, amalgamating the lower part of the limb and the wire splint, and supporting

the splint with sand-bags or a light Liston-like splint placed along from the axilla. This was outside the dressings, and was a supplementary dressing. But to his mind the recommendation of the wire consisted in the very point which Mr. Stokes considered faulty—namely, that it was entirely inside the bandage close to, into the skin, and against the popliteal space, and the antiseptic dressings went round it. In seeking fifty every time the antiseptic dressings were changed, so far as there was a movement of the limb, they destroyed with one hand what they were endeavouring to gain with the other. But the wire remained perfectly steady, and the antiseptic dressings were changed without any movement being communicated to the limb. The wire might be too tight, but he did not think it was. With regard to Mr. Hamilton's remark, his reply justifying the operation was that there was no power over the limb below the knee-joint. The muscles acting on the tibia and fibula were paralysed, and therefore to leave what was no longer under the voluntary control of the patient would have been a mistake.

#### URARI IN THE TREATMENT OF TETANUS.

Mr. M'ARDLE read the notes of a case of acute traumatic tetanus, in which two-third grain doses of urari every fifth hour resulted in a cure, the more remarkable effects produced by the above-named doses being relaxation of the contracted muscles in from six to ten minutes after administration, very rapid and tumultuous action of the heart, cyanosis, laboured breathing, and dilatation of the pupils. Once the patient was sufficiently under the influence of urari, the evacuations from the bowels were regular. Mr. M'Arde suggested the combination of urari and pilocarpin, in the hope that the cardiac and respiratory trouble produced by the former might be prevented by the latter. He also showed that urari, to be of service, must be prevented by the latter. He also showed that urari, to be of service, must be used in large doses, and that the drug is cumulative.

The section then adjourned.

#### MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH.

The President, Dr. LITTLEJOHN, F.R.C.S.E., in the chair.

An ordinary meeting was held on Wednesday, July 1st, when Prof. GRAINGER STEWART exhibited several cases of clinical interest. The first was a case of

#### ABSOLUTE DEAFNESS CONSEQUENT ON A FALL ON THE PAVEMENT.

The patient was taken up unconscious, and there were evident signs of fracture of the base of the skull. Consciousness was soon recovered, but since then the patient has not heard a sound. The loss of auditory perception was not accompanied by paralysis of any other nerve. Professor Stewart inclined, therefore, to regard it as probably a case of deafness due to disturbance of the auditory centres. The other cases—a father and two sons—formed

#### A FAMILY GROUP AFFECTED WITH DISEASE OF THE SPINAL CORD.

There was no family history of nervous disease in the father's case, except that several of his children had suffered from nervous affections, while in the case of the boys, in addition to their father being thus affected, there was a history of more than one case of what seemed to have been pseudo-hypertrophic paralysis. The father had been a miner for about thirty years; the boys were at school so long as they were able. The father showed marked symptoms of primary lateral sclerosis, while both boys were evidently suffering from pseudo-hypertrophic paralysis, with possibly something resembling the father's ailment superadded.

Dr. ALLEN JAMIESON showed a case of morphea of the scalp. He also exhibited a specimen of Oleum Declani, a new oil, which seemed likely to prove of considerable service in the treatment of skin diseases.

Dr. G. HUNTER, Linlithgow, read a paper on

#### THE PLACE OF SPECIALISM IN GENERAL PRACTICE,

with reference to diseases of the eye, ear, and throat. He felt strongly that the importance of these special subjects was not sufficiently impressed on the student preparing himself for general practice, nor were satisfactory means adopted in most schools to enable him practically to become

acquainted with such diseases. He illustrated his proposition by the narration of a number of cases seen by himself in the earlier years of practice, whose puzzling nature was really due to this deficiency of preparation. Only years of practice, combined with study, would enable them to acquire that knowledge, which every man should be possessed of, in his student days. He did not plead for universalism in practice, but he maintained that every practitioner should at least know *when* to send his patient to the specialist. At present, he feared, a number of cases were allowed to suffer from want of this knowledge. In country districts, and especially for practice among the poor, it was essential that the doctor be himself ready to undertake the treatment of a large proportion of these. Dr. Hunter went fully into the subject of diseases of the eye. His opinion was that, as a rule, operations on the eyeball, and perhaps also for strabismus, and the correction of the more obscure forms of errors of refraction, should be reserved for the specialist, while the ordinary attendant should be prepared for the accurate treatment of the rest.

The PRESIDENT thanked Dr. Hunter for his most valuable and suggestive communication. He was glad that Dr. Hunter's universal sweep had limited itself at diagnosis. Otherwise the presence of a few such men in the neighbourhood of their larger cities would considerably empty the hospital wards and reduce the work of their specialists.

Professor GRAINGER STEWART congratulated Dr. Hunter on this thoughtful expression of opinion, grounded on the results of one of the largest and most successful of practices. So strongly had he felt the necessity of increased training in these lines that, in connection with the class of practice of physic, he had established a tutorial class, open to all his students, for practical instruction in the use of the ophthalmoscope and laryngoscope. The ordinary student did not want long systematic courses in these special subjects. The desideratum was short courses of practical or clinical demonstrations, where the student would become personally acquainted with the methods of treating the commoner forms of disease. Already these had been introduced in connection with some departments. He should like to see them more general.

Dr. ARGYLL ROBERTSON thought that such instruction should form part of the regular curriculum. In every European country except our own these subjects were practically compulsory. It was a pity that they should be behind their Continental brethren in the matter.

Dr. MCBRIDE was of opinion that some system such as that advocated by Professor Stewart, of short clinical courses, would best meet the wants of the case.

Mr. A. G. MILLER entered his protest against the increase of compulsory classes. He thought a number of the special subjects might be covered by the existing chairs. It might even become a question whether the present fees should not be reduced. They must consider the pecuniary resources of their students.

Dr. P. A. YOUNG felt that the want would best be met by following the example of America, and instituting post-graduate classes. While it might be unwise to lengthen their present curriculum, there were a number of men who would gladly avail themselves of such opportunity. There were several of the younger teachers and practitioners well qualified for the conduct of these courses.

#### THE BRITISH GYNÆCOLOGICAL SOCIETY.

The ordinary fortnightly meeting was held on May 27th, Dr. MEADOWS, President, in the Chair.

Mr. LAWSON TAIT showed a number of cases of pyosalpinx.

Dr. MORE MADDEN, on behalf of Dr. DUKE, of Dublin, showed a new vaginal speculum constructed so as to give more dilation than is ordinarily obtained.

Mr. MANSELL MOULLIN exhibited specimens of wood-wool and sanitary towels made of same treated with corrosive sublimate.

Mr. LAWSON TAIT then commenced the discussion on Dr. More Madden's paper on

#### SOME POINTS IN THE TREATMENT OF UTERINE FIBROMATA,

read before the Society at a previous meeting, and

which will be found at page 23. He objected most strongly to the statistics of mortality quoted, as the fatal cases occurred in the earlier part of practice before so much experience had been obtained, and now he looked upon hysterectomy as an operation with so very slight danger that it should never be refused to a patient. The disease is a decidedly fatal one, but the death of the patient is usually put down to other complications or to the exhaustion caused by the hæmorrhage. Medical treatment was in this connection a myth, and the danger incurred by injecting the tumours was probably greater than the advantage gained. Surgical treatment was so satisfactory in reasonably early cases, that under forty years of age oöphorectomy might be considered devoid of special danger, and hysterectomy a very satisfactory operation in the hands of some. Enucleation, on the contrary, had been so fatal in his practice that he would attempt no more.

Dr. BANTOCK concurred in the views expressed by Mr. Lawson Tait, and further directed attention to the pathological views of the author, which he could not at all agree with, as he believed each tumour had its special character according to the spot in which it originated. Spontaneous cure was almost as poor a hope as that of finding the philosopher's stone, as after forty years' experience he could only record one case. He objected strongly to the statement that fibromata never directly caused death. As to enucleation, except in cases of very small specimens, he regarded the operation as very dangerous.

Dr. MASON considered each operation mentioned might prove very useful in appropriate cases, and did not feel disposed to condemn enucleation so strongly as had been done, at the same time would not attempt the removal of large tumours thus.

Dr. MORE MADDEN made a short reply.

It was moved by Dr. BARNES and seconded by Dr. ROUTH, that the discussion be adjourned until June 24th.

## BRIEF NOTES FROM OUR EXCHANGES.

**THE ADMINISTRATION OF IODIDE OF POTASSIUM IN MILK.**—Dr. E. L. Keyes (*Philadelphia Medical News*) strongly recommends milk as a suitable vehicle for iodide of potassium, especially where it has to be given in large quantities, and where there is more or less intolerance of the drug on the part of the patient. Ten grains of the drug in a gill of milk (cold) make a very palatable drink, and impart only a mild, metallic taste to the fluid, which most patients find not at all disagreeable. He gives, as an example, in case of a gentleman the subject of precocious malignant syphilis (rupial in type) with a feeble stomach, who could not digest the iodides well, as they deranged his stomach, and caused disfiguring acne, a twenty-grain dose of the iodide of sodium being too much for him. This gentleman became the subject of syphilitic paralysis in the right side and aphasia. The treatment adopted was the cessation of all other foods, drinks, and medicines, and the hourly exhibition of 10 grains of the iodide of potassium in a claret glass of milk. In the first 24 hours he took 240 grains of the iodide, and nearly three quarts of milk. A laxative was the only other thing allowed. Each second day, the daily dose was increased two drachms, and after a week mercurial inunctions were also employed until the gums were rapidly touched. During his second week, his daily dose reached 3j. ss. of the iodide. Milk was his only food. His tongue cleared, the acne disappeared from his face, early in the second week he began to move his arm and leg spontaneously. He made an excellent recovery under further treatment of electricity and massage. In one month from onset of the attack he was able to leave New York, walking with the assistance of a cane, and only slight dragging of his foot; he talked as naturally as ever, and was looking well. His dose when leaving was 3x. in four doses, and this treatment was still continuing to date of publication, with the promise of a nearly, if not quite, perfect recovery.

**NEPHRECTOMY FOR ENCEPHALOID TUMOUR OF THE KIDNEY.**—M. Pean performed this operation upon a woman who insisted upon undergoing it, although advised against doing so. The method of operating was as follows (*L'Union*

*Medicale*):—"The tumour was exposed by an incision in the median line, extending from the epigastrium to the pubis. The mesentery was incised, and the numerous dilated veins treated by compression. The tumour was then found to be surrounded by a capsule, which was, to a certain extent, removable by the fingers. Before continuing the removal of the capsule further, the tumour was taken away by degrees in small portions, partially with the fingers, and partially with a spatula. This necessitated the compression of numerous arterial and venous trunks. The operation was continued till the whole mass was removed. The diseased tissue was darkish green in colour, ecchymosed in spots, and contained throughout its mass granular calcareous nodules. It was adherent, moreover, to portions of the small intestine, the mesentery, and to some of the vascular trunks, to separate it from which required great care. It was discovered that the growth had its origin in the right kidney, of which the pelvis and the ureters were in a state of fatty degeneration. The kidney and its appendages were then removed, the vessels and ureters being cut between two ligatures. The mesentery was then united by three ligatures, which were left in the abdominal cavity. The operation lasted one hour. The tumour weighed more than twelve pounds. In three weeks the woman was convalescent. A microscopical examination by M. Robin showed the tumour to be an epithelioma of the kidney.

## France

[FROM OUR OWN CORRESPONDENT.]

**ERYSIPELAS.**—At the Académie de Médecine M. Verneuil continued the discussion on erysipelas in surgical wards and the means to prevent it. He said that all surgeons recognised the necessity of combating the disease by antiseptic measures, but the methods employed were very various. Those who follow M. Trelat suture every wound, while those who follow the speaker unite rarely the wound, and M. le Fort will not use carbolic acid. M. Verneuil himself thought that antiseptic measures were not sufficient; they should be accompanied by isolation. M. Guérin observed that his dressing by cotton filters the air so that the germs cannot reach the wounds, and consequently erysipelas need not be dreaded. M. Trelat considered that the microbe of erysipelas was in general benign; when the case became grave it was the result of great quantities crowding on the wound together with other infectious germs. M. Verneuil replied by expressing the desire that special wards should be set apart for the reception of cases of erysipelas.

**HYPOGASTRIC LITHOTOMY.**—M. Terrillon communicated a case of hypogastric lithotomy to the Société de Chirurgie. After having crushed with the lithotrite a stone which lay in the *bas fond* of the bladder, M. Terrillon explored the remainder of the vesical cavity, and met with, in the upper part of the organ, a hard body. He immediately performed hypogastric lithotomy, and found five calculi encysted, which were speedily taken out, and the patient made a good cure. M. Terrillon insisted on the good results of lithotomy through the hypogastric region, in which he was supported by M. Monod.

**TREATMENT OF CHOREA.**—M. Joffroy, physician of the Hôpital des Enfants Malades, has published his manner of treatment of St. Vitus's dance, for which he claims precedence as far as results are concerned. He says, the treatment I employ in every case is, chloral given in frequent doses so as to produce almost continued sleep and the wet sheet. Already in 1879 I gave the hypnotic with the same results. To one child I administered 15 grains of chloral every quarter of an hour until sleep came on, and when the child awakened another 15 grains were given, so that sleep was

only interrupted twice in the twenty-four hours, in order to allow the patient time to eat. I continued this method during four days, but I did not see any amelioration from it. However, lately I have adopted another method, which has succeeded very well. I give the chloral three times a day regularly during a fortnight, or even six weeks, without ever seeing any ill-effects from it. Above ten years I order a drachm of chloral to be given in the day—15 grains in the morning, the same amount at noon, and *thirty* grains at night. In children from six to eight years 45 grains should not be exceeded in the day. In any case a dose to produce sleep a quarter of an hour after its administration must be given, and continued regularly until all choreic agitation ceases, and the cure complete. In the majority of cases the above treatment will suffice, but when the case is very grave the wet sheet becomes a powerful auxiliary. I order it twice a day. The water must be very cold in which the sheet is steeped, and when it is wrung moderately, it is wound round the patient tightly, and the child is rubbed vigorously from head to foot. At the end of a couple of minutes the child is covered with blankets closely and put on the bed, when reaction soon commences. After half an hour of this vapour bath the child feels a *bien-être*, and often falls to sleep.

REGISTERED FOR TRANSMISSION ABROAD.

## The Medical Press and Circular

Is published every Wednesday morning. Price 5d. Post free, 5½d.

POST FREE TO ANNUAL SUBSCRIBERS . . . . £1 2 6  
 " IF PAID IN ADVANCE . . . . . 1 1 0

Post-office Orders and Cheques to be drawn in favour of—

A. A. TINDALL, 20 King William Street, Strand, London, W.C.  
 A. H. JACOB, 3 Molesworth Street, Dublin.

Agents for Scotland:—

MACLAACHLAN & STEWART, South Bridge, Edinburgh.  
 A. & W. STEWHOUSE, Hillhead, Glasgow.

Sole Agent for the Continent:—

JOHN F. JONES, 31 Bis, Rue du Faubourg Montmartre, Paris.

ADVERTISEMENT SCALE—Whole Page, 25 Os. 0d. Half Page, 22 10s. 0d.; Quarter Page, £1 15s. 0d.; One-eighth Page, 12s. 6d.

Small Announcements of Practices, Assistances, Vacancies, Books, &c., of Seven lines or under, 4s. per insertion; 6d. per line beyond.

Considerable reductions are made from the foregoing Scale when orders are given for a series of insertions. Letters in this department should be addressed to the Publishers.

SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIÈRE, Rue Hautefeuille, Paris—post free in advance, £1 3s. 6d. per annum.

SUBSCRIPTIONS FOR RUSSIA are received by Messrs. RAJCHMAN and FRENDLER, 18 Senatoren Street, Warsaw—post free, £1 5s. 6d. per annum.

SUBSCRIPTIONS FOR THE UNITED STATES are received in New York by Messrs. WILLMER & ROGERS; Philadelphia, by Dr. BRINTON: post free in advance, 5½ dollars (£1 3s. 6d.) per annum; or direct from the Offices in this country for the same amount, if remitted by International Post-Office Order.

## The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 8, 1885.

### LONDON UNIVERSITY REFORM.

On the twenty-fourth of February in the present year Convocation of the University of London was so far

roused to a sense of the reality of external dissatisfaction with the exclusive character of existing regulations as to the degree in medicine that it appointed a special committee to consider the whole question of reforming the constitution of the University, with a view to rescuing it from the oblivion into which it must certainly sink unless some steps are soon taken to preserve it from its threatened fate. This committee has now presented its report, the perusal of which is calculated to awake a feeling of despair in the breasts of not a few would-be "constitutionalist" members of the corporation; while those who regard the institution as being a "people's" convenient substitute for a real University will probably regard it as a feeble indication of changes that must inevitably follow the popular cry for reform. That it will satisfy their aspirations cannot for a moment be supposed; but possibly they will accept it for the time as an earnest of "more to follow," and in this light look on it as a harmless tinkering with necessity.

The "scheme" considers the future constitution of the University under the heads of—1. Senate; 2. Convocation; 3. Constituent Colleges; 4. Faculties; and, 5. Boards of Studies; with the Queen as visitor. It will thus be seen that a radical innovation is sanctioned by the introduction of constituent colleges into the structure of the University; and that this reform is to be something more than nominal is shown by the provision that constituent colleges shall nominate their own representatives on the various faculties of the University, while each faculty—of which there are to be four, viz., Arts, Law, Science, and Medicine—will return three members to the Senate. Thus the last-named body will have a composite and practically representative nature, consisting, in addition to the twelve members just mentioned, of six Crown nominees, six nominated by Convocation, and one each by the following bodies, if and when they respectively become "constituent colleges," viz., the Presidents of the Colleges of Physicians and Surgeons in London, the heads of University and King's Colleges, the Chairman of the Council of Legal Education, and the President of the Incorporated Law Society. Official members of the Senate are to be the Chancellor and Vice-Chancellor of the University and the Chairman of Convocation. Convocation itself remains unchanged under the new scheme.

The principal alteration conceded, however, is that relating to "Boards of Studies." Of these one will be created for each faculty, and its members elected by the faculty interested, the principal function of the board being to consult and advise on matters connected with examinations, new degrees, courses and methods of instruction, &c., &c. Moreover, as the faculty in each case will include representatives of the teaching institutions, or "constituent colleges," it is clear that the varying requirements of students and teachers will constantly exert a controlling influence over examiners and examinations; and when this shall be secured one of the worst evils of the existing system will be effectually removed.

We do not observe any provision in the scheme for doing away with that most oppressive regulation which



requires that candidates for medical degrees shall pursue the curriculum concurrently with the period of examination. As we have already shown, this is a most unjust restriction, which prevents many men from taking the London degree later in life, because of their inability or disinclination once more to go through the career of a student of medicine. The rule is obnoxious in every respect, and as it must be rescinded, provision to this end should be made in the draft scheme of reconstitution.

#### THE COLLEGE ELECTION.

THE result of the election on Thursday last at the Royal College of Surgeons of England is that Messrs. Savory, Pemberton, and Macnamara are returned as members of the Council, the number of votes obtained by each candidate having been nearly the same when "plumpers" are excluded, the figures being—Savory 141, Pemberton 128, and Macnamara 123. The "solid" votes recorded were for each, in the order named, 41, 12, and 4, thus bringing the totals to 182, 140, and 127 respectively. It is a matter of satisfaction to us that the two candidates we have especially named as prominently associated with the reform movement have been so well supported by Fellows of the College; and though the principal opponent of change in the constitution of the Council, Mr. Savory, has nominally a larger following than his two fellow Councillors, yet in connection with this result we must remember that the Association of Fellows magnanimously abstained from taking such action as would have entailed the defeat of Mr. Savory at the poll. Had the Association decided on sending forward three nominees the result can hardly be doubted; and we trust Mr. Savory appreciates aright the admirable courtesy and good feeling with which he has been treated on this occasion. It is now abundantly clear that henceforth candidates for seats in the Council will have to reckon with the reform party outside, and that a ruling influence will be exerted on all future elections by the Association of Fellows. The overpowering majorities obtained by the two candidates whom it has recommended this year is a sufficient answer to any who would dispute the popularity of the cause it has been created to advance; and it is a matter of certainty that its representatives will each year forward find admission to the Council chamber, until the time will arrive when the principles advocated by them will command an absolute majority, not only among Fellows of the College, but as well in the ruling body of it.

As an indication of the firm hold which the reform party has upon the sympathies of the general body of Fellows the recent election could not be more convincing; it is equally prophetic of the final defeat of the dogged opposition that persists in obstructing the welfare of the College by clinging to abuses that are universally recognised and condemned.

THE health of the country is now remarkably good, and the mortality low in consequence. The official returns from all the large cities show an utter absence of epidemics in any form.

### Notes on Current Topics.

#### Proposed Institution of a Medical School in Dundee.

THE teaching of medicine has not been a great success in St. Andrews. This is, doubtless, explicable on many grounds. But it has long been felt—and especially since the inauguration of the University College of Dundee—that something might be done to utilise the wealth of material to be found in the Dundee Infirmary, with its 250 beds and large out-patient department. Dundee is both a great manufacturing town—its population being estimated at over 150,000—and a shipping station of considerable importance, so that her wealth, medically speaking, is not likely to diminish, but rather to increase. Among the resident medical men—a large number of whom are Edinburgh graduates—there is the nucleus of a good teaching staff, and we believe that they themselves are not disinclined for a movement such as this. As at present constituted, even in the event of a full medical curriculum being arranged, it would be impossible for the University College to grant degrees in medicine, but, it will be remembered, the Universities (Scotland) Bill, 1885, has a clause by which St. Andrews University may affiliate colleges in other towns.

On Saturday week, after the presentation of the prizes to the successful students at the University College, Dundee, Professor Gairdner, of the University of Glasgow, delivered an address on "Medical Education." In the course of this, Prof. Gairdner compared the system of training for the medical profession now with that in vogue thirty years ago. While granting the vastly broader basis on which the medical man's training now-a-days stood, he maintained that perhaps too little attention was devoted to the consideration of those more practical questions which occupied the man's lifetime, and some of which were undoubtedly better answered by the old English system of apprenticeship. To overcome this difficulty two courses had been suggested. The one was to relegate a considerable portion of the more preliminary study in medicine to the schools, such as chemistry, physics, and biology, and include examination in these departments in their entrance tests. It was, however, doubtful whether the schools could ever adequately do this work. The other suggestion was, that the medical curriculum should be extended to five years. He feared that with the attractiveness of the early studies a larger proportion of these students than was desirable might be so won that their energies would be shunted away from medicine altogether. An intermediate plan suggested itself to his mind—a plan which he had tried to expound twenty-five years ago. This consisted in the adoption of a system by means of which the scientific and the practical training of their students could be made so far to run side by side. It was difficult to make such a radical change in old-established institutions, such as Glasgow or Edinburgh, but he thought it could be done in the new school, on whose behalf he was speaking. If successfully adopted, it would go far to modify the stereotyped ways and traditions of older medical colleges and hospitals. The conjoined system of scientific and hospital training under tuition might occupy two years, and

then the student would be free to devote himself, fully and well-preparedly, to the more practical side of his studies.

### The Medical Digest.

THE accompanying note from Dr. Neale, editor of "The Medical Digest," speaks for itself, and will be received with interest by our readers. We are heartily glad it is his intention to publish "the first appendix" a year earlier than he at first anticipated. To every medical man "The Digest" must prove of the utmost service as a work of reference, a useful councillor in times of doubt and difficulty, when consultations may be hard to obtain; whilst to the writer on medical subjects, the work is simply indispensable if he desires accuracy of knowledge as to what may have been already done in connection with the subject engaging his attention. As one grasps the scope of the work and becomes more familiar with its use, the more indispensable does it become, and the sense of admiration and wonder deepens at what Dr. Neale has accomplished; and we trust that he will receive a ready response to his invitation to our readers to point out any mistakes they may have noticed, and also, that when the book is brought out, he may be encouraged in the work he has undertaken by a still wider circulation and support.

SIR,—Considering that during the past four years so much has been written on medical science, it has been suggested that it would be acceptable to many if the first appendix to "The Medical Digest" were to be issued at the end of 1885 instead of at the close of 1886 as originally proposed.

I wish upon this point to elicit the opinion of yourself, and, through your journal, that of those interested in the subject. A post card addressed to myself, or to the publishers, Messrs. Ledger, Smith, & Co., St. Mary Axe, London, E.C., expressive of such opinions, and noting at the same time, any needed corrections in the edition of 1882, will oblige.

Yours truly,

RICHARD NEALE, M.D.

60 Boundary Road, South Hampstead,  
June 26, 1885.

### Nephrorrhaphy followed by Nephrectomy.

At a recent meeting of the Philadelphia Academy of Surgery an important communication was read by Dr. D. Hayes Agnew on a case of floating kidney, in which he had first fixed and subsequently removed the wandering organ. The patient was a man, *æt.* 32, who had suffered a severe strain while lifting a heavy weight, this being followed by sharp, deep-seated lumbar pain. This occurred in 1878, and examination revealed a moveable tumour having the outline of the kidney; and various mechanical appliances for its fixation were tried without success. In 1884 the man returned to hospital in a pitiable condition from pain and distress, which nothing but large quantities of morphia daily sufficed to relieve, and on October 20 nephrorrhaphy was performed. A linear incision four inches long, parallel with the outer edge of the erector spinæ muscle, gave access to the kidney, which, after breaking up the fatty tissue surrounding it, was fixed by stitches through its capsule to the edges of the parietal wound. After recovery from the operation comfort was experienced for about a month, when all the

old painful experiences once more returned; and on April 23rd of the present year nephrectomy was performed successfully, uninterrupted recovery ensuing, and being completed in four weeks from the date of the operation. Dr. Agnew removed the kidney through an opening made by means of two incisions; one, an inch below and parallel with the last rib, and five inches long; the other extending from the first almost to the iliac crest, parallel with the erector spinæ. The ureter and the vessels were separately included in two double ligatures of silk previously boiled in carbolic water; only two or three vessels connected with the external parts required tying, the material used being catgut. A drainage tube was passed to the bottom of the wound, and the edges of the latter secured with silver wire sutures. Aseptic precautions were observed in both operations.

### Food Reform.

A SERIES of demonstrations in connection with the objects of the Bread Reform League took place last week at the Parkes Museum of Hygiene, Margaret Street, W., when a considerable number of persons availed themselves of the opportunities afforded for learning to what extent cheap foods may be utilised for nutritive purposes. It was pointed out that a pennyworth of ordinary vegetables, when properly prepared, may be converted into a meal for one person, possessing qualities not only nutritious in a high degree, but as well of a most palatable nature; and in pressing this truth upon the people the active officers of the Food Reform League are doing work the value of which cannot be over-estimated. These ladies and gentlemen propose now to extend the soup-kitchen movement by issuing tickets entitling the holder to a pennyworth of food for each ticket, the contents of the packets being such as may, with a little care, be converted at home into a simple nutritious and appetising meal. It is hoped that by this means the poorer classes may be brought to appreciate the importance to themselves of the many cheap articles of diet accessible to, but at present almost neglected by them; and that they may gradually be induced to give attention to the rules by attending to which anyone may easily prepare for home use the numerous forms of cereals and vegetables to be obtained at a small pecuniary outlay.

### The Liabilities of Landlords as to Drainage.

A CASE has recently been decided which is of the utmost importance to householders, as showing the view of the law as to the responsibilities of landlords in relation to the sanitary condition of the houses let by them. It arose out of a claim made by the tenant of a house in Auckland Road, Upper Norwood, who stated that he took the premises in question on a three years' agreement, on the understanding that the drainage arrangements were satisfactory in all respects. The landlord's assurances to this effect, moreover, were based on the report of the sanitary surveyor of the borough of Croydon, in which the house in question is situate, this officer having paid a visit of inspection to the place with a view to deciding whether the requirements of the sanitary authorities had been complied with. Notwithstanding, however, soon after he commenced to live in the



house, several of the plaintiff's servants and members of his family were seized with illness engendered by sewer-gas poisoning, and in the result his wife succumbed a victim to this affection. As her husband enjoyed an income of £1,000 a year during the life of his wife, which ceased at her death, substantial damages were sought on this account, and also a sum of £228 expended in connection with removal and other similar expenses. The jury found for the plaintiff, and in addition to the £228, awarded him also £2,000 as a solatium for the loss sustained through the death of his wife, thus throwing the responsibility of the occurrence on the landlord, who was held negligent of his duty towards his tenant by omitting to take necessary precautions in respect to the drainage of his house. It was proved in evidence that the construction of the sewer-pipes and traps was most defective, and that under the circumstances the escape of gas from them could not fail to be a serious source of danger to the inmates of the house. This instance is but one of many that might be cited, all tending to show the danger that is constantly experienced by dwellers in the suburbs as well as by inhabitants of towns; and until a definite system of inspection of every new house is insisted on, and until property owners are forbidden to let their houses without a certificate of sanitary excellence from a *properly qualified* inspector, there can be no assurance felt that the drainage of even high-class dwellings is carried out in a way to ensure the protection of their inmates from the evil effects of escaping sewer-gas. This question deserves, and should receive, State consideration.

#### London University M.D. Degree.

A DEPUTATION from the Metropolitan Counties Branch of the British Medical Association, consisting of Dr. Bristowe, and Messrs. Jonathan Hutchinson, Morratt Baker, Pearce Gould, and Macnamara, waited on the Senate of the London University on Wednesday last, in connection with the scheme for making the M.D. degree more accessible to metropolitan students. The deputation suggested modifications in the matriculation examination, and wider choice of subjects by candidates, and that failure in a single group of subjects only should entail re-examination in that subject alone in which failure took place. An important point was raised in a request that in future candidates for the degree should be allowed to count the curriculum from any time, and not be bound as at present to do so after matriculation. Uniformity of examination was also asked for.

#### The Out-Patient System in London.

A COMMITTEE of the Council of the Metropolitan Counties Branch of the British Medical Association was appointed some time since to consider whether it would be advisable to charge small fees to hospital out-patients. The sub-committee circulated the following questions:—

1. Do you consider that the exaction of a small payment for medicine, with a careful registration of each applicant by the various hospitals, would be an advantage to the general practitioner? 2. Do you think it would induce many patients who now seek gratuitous advice at hospi-

tals to consult medical practitioners for their ailments? 3. Do you consider that the bulk of the cases which seek relief at general or special hospitals and free dispensaries would suffer from the exaction of a small payment for medicine? 4. Do you consider that the introduction of payments in the out-patient department of our hospitals, and the abolition of free dispensaries, would tend to promote the so-called "private dispensaries," or do you think it would tend to the multiplication of provident dispensaries of a better class? It is recommended as a result of the discussions on the subject, that "all hospitals should adopt the plan carried out at the London Hospital, of an inquiry into the circumstances of out-patients being entrusted to a paid officer of the hospital, and that governors should cease to grant out-patient letters unless to persons whom, from their personal knowledge, they know to be deserving, and in a condition to require hospital relief."

The recommendation of the committee is both wise and practicable, and, we hope, but hardly expect, that it will be carried into effect. If the hospital authorities have a real desire to check the abuse of the out-patient system, and if the governors are willing to surrender their little bit of ticket-giving patronage, it is quite easy to impose the necessary checks against imposition. The simple knowledge that questions will be asked will, at once, relieve the hospitals of most of the well-to-do people who sponge on them. But then there is the danger that, if a small fee be accepted, mean people will obtain medical aid by paying a few pence who could perfectly well afford to pay pounds, and against such a system an equal degree of vigilance will be necessary.

#### Surgeons as Cover to Quacks.

IN the Bow County Court a case under the provisions of the Apothecaries' Act was last week decided. The Society of Apothecaries sought to recover a penalty of £20 from a Mr. Tulby, accoucheur and dealer in patent medicines, of Poplar, for having acted as an apothecary without being duly qualified. In stating the case, Mr. Glyn, the counsel for the Company, said the proceedings were taken under the Apothecaries' Act of 1815. The defendant would contend that he was beyond the Act, because he carried on business conjointly with a surgeon; but a surgeon had no more right to act as an apothecary than an ordinary druggist. Witnesses were called to show that either they themselves or their children had been treated medically by the defendant. He had sometimes called at their houses, and they paid for the medicines supplied. For the defence it was endeavoured to be proved that the defendant did not compound or prescribe any medicines, and that he merely acted as assistant to a surgeon, in which capacity he was entitled to do what he had done. The jury found that the defendant had acted illegally as an apothecary, and the penalty £20 with costs.

If the learned counsel for the Apothecaries' Company is accurately reported to have stated that "a surgeon has no more right to act as an apothecary than an ordinary druggist," we must very emphatically dissent from his reading of the law. The 31st section of the Medical Act says:—

Every Person registered under this Act shall be entitled according to his Qualification or Qualifications to practise Medicine or Surgery, or Medicine and Surgery, as the case may be, in any Part of Her Majesty's Dominions, and to demand and recover in any Court of Law, with full Costs of Suit, reasonable Charges for professional Aid, Advice, and Visits, and the Cost of any Medicines or other Medical or Surgical Appliances rendered or supplied by him to his patients.

The words "according to his qualification" may be interpreted so as to prohibit a pure surgeon from practising as a physician, and *vice versa*, although we know that no such distinction between lines of practice has ever been established either by law or by custom, but in any case it is clear from the words of the clause that, whatever he practises, the surgeon is entitled to recover the "cost of medicines."

### The Reform of the Queen's Colleges.

THE following is the neat arrangement which the reviewer of the Report of the Queen's Colleges Commission offers for the approval of the readers of the *British Medical Journal*:—"To our mind, the true solution of the difficulty must be met in some such way as this. Hand Cork, as a medical school, and Galway, as an arts college, over to the Royal University; affiliate them to it, as these colleges were once affiliated, and actually established, as university colleges of the late Queen's University. Restore the late Queen's University, or create an university upon exactly the same lines in Belfast, to which the present Belfast Queen's College, with more liberal endowments, should be constituted an University College, precisely as it was before the passing of the late Act. Everything points to the necessity for creating a great Northern University in the commercial capital of Ireland—an university, however, beyond the dangers or possibilities of sectarian narrowness or exclusiveness; open to all, and specially adapted to the educational wants of the hard working and industrious middle classes of Ulster, who have eagerly availed themselves hitherto of the advantages which the State has afforded for academic training." Bravo, Belfast! Let us hope that, when the "great Northern University" is established, adequate endowment will be provided for a Professorship of the Trumpet, in which case the *British Medical Journal* will be able to suggest as its occupant an eligible performer on the instrument.

### Uterine Fibromata and Castration.

DR. W. WIEDOW, a dozent in the University of Freiburg, contributes some statistics on the above subject to the *Archiv f. Gynæk.*, Bd. 25, H. 2. The cases embraced in his paper number 149; 15 died in consequence of the operation—certainly rather a high percentage—10 per cent. Some months after the operation 76 could be considered as cured, whilst in 52 others, after the lapse of a year, a decided improvement had taken place, either in diminution in the size of the tumour, or in lessened hæmorrhage. He considers fibrocystic and pediculated sub-serous tumours of the uterus unsuitable for the operation. Myotomy here affords the only effective treatment. Removal of the Fallopian tubes *alone* is not a proceeding to be recommended.

### Testimonial to Dr. F. F. MacCabe, late Local Government Board Inspector for Leinster.

ON the appointment of the above-named popular gentleman to the General Prisons Board, the Poor-law medical union and other officers of the districts which had been under his charge resolved to present him with a substantial token of their appreciation of his great ability as an able and courteous official as well as of their esteem for him personally. With this view a committee of the several subscribers was formed, consisting of Dr. Davys, J.P., Chairman, and Drs. Neary, Usher, and Chapman, with Messrs. T. H. Atkinson, J. D. Cope, and T. Phelan. This committee met on several occasions, and finally on the 25th ult. at the Royal College of Surgeons, when, assisted by the presence of Sir Charles Cameron, a magnificent silver tea-tray and drawing-room clock—which, by the way, are as chaste in their design as they are intrinsically valuable—were decided on as being the most suitable as presentations. An address to be illuminated, submitted by Dr. Davys for approval of his fellow-members of the committee, was adopted, and which when framed, and out of the hands of the artist, will be presented with the above to Dr. MacCabe. We have no doubt that the intended recipient is fully deserving of this thoroughly practical expression of the estimation in which he had been held whilst in the service of the Local Government Board, and we consider it eminently to the credit of those Poor-law officers who took such an active part in this movement.

### Medical Appointments by the Lord Lieutenant of Ireland.

THE Earl of Carnarvon, Lord Lieutenant, has appointed Mr. Hamilton, Professor of Surgery and Councilor in the Royal College of Surgeons, and Surgeon to Steevens's Hospital, Dublin, to be Surgeon to His Excellency, and has appointed Dr. Jacob, Professor of Ophthalmology in the Royal College of Surgeons, and Ophthalmic Surgeon to the House of Industry Hospitals, to be Surgeon Oculist in Ordinary to His Excellency.

### Parliamentary Representation of Edinburgh and St. Andrews Universities.

AT a meeting of the Liberal Association of Edinburgh and St. Andrews Universities, held last week, it was resolved to ask Mr. Erichsen, Surgeon Extraordinary to H.M. the Queen, and late President of the Royal College of Surgeons of England, to become a candidate for the representation of these Universities. Mr. Erichsen is a Graduate of the University of Edinburgh. The feeling is strong that, if he consents to stand, a large proportion of the medical votes will be recorded in his favour.

ACCORDING to Dr. Gordon the circulation of the blood was familiar to the Chinese physicians 2,000 years ago.

WE understand that Dr. Graham Brown, of Edinburgh, has just joined Professor Roy, of Cambridge, and Dr. Skerrington, in order to proceed to Spain as Commissioners from the Royal Society and the Association for the Advancement of Medicine by Research, for the investigation of cholera.

### Teeth Swallowing.

DR. J. W. LANGMORE, editor of the journal of the British Dental Association, asks our aid in making known the need this Association has of reliable statistics relating to cases of teeth-swallowing which are constantly being reported in the medical journals, and the importance of a proper technical description of the plate being given. In most cases it is simply mentioned that the patient swallowed "a small plate," or a plate with two teeth or three teeth. No doubt, in a large number of instances, the patient is to blame for wearing a denture which no longer fits properly, or of which some of the attachments are broken. Still it would be very desirable, he remarks, to ascertain what class of dentures are the most dangerous; and if the medical practitioners who meet with such cases would get some dental friend to furnish a clear description of the plate, some very valuable statistic might soon be accumulated, and the experience thus gained would probably enable dental surgeons to guard more effectually against the occurrence of these accidents.

### Comfort for Anti-Vivisectionists.

THE Report of the Vivisection Inspector for England is a very amusing document, and reads like an ironical squib upon the anti-vivisectionists. The British public is gravely assured that the plunging of thirty stickle-backs into distilled water is not an experiment which need excite humanitarian horrors, and their apprehensions are calmed by the solemn assurance of the inspector that the prick of a hypodermic needle in a frog's leg is not—even when performed without anaesthesia—a degree of cruelty which would require the interference of the law for its suppression. The total number of licences for physiological experimentation during 1884 was 49, and the number of experiments performed was 145. Of these 99 consisted simply in the introduction of a virus; 24 were experiments in cases of suspected poisoning; 10 were experiments on the action of certain fungi upon fish, and 5 on the effects of absolutely pure water upon fish.

### Vaccination.

ANTI-VACCINATIONISTS will be little edified with the conclusions of the German Commission on the Vaccination Question which have been recently submitted to the Reichstag:—

1. One attack of small-pox, with rare exceptions, confers immunity from the disease.
2. Vaccination affords similar protection.
3. The duration of this protection varies within wide limits, but amounts on the average to ten years.
4. To obtain sufficient protection two developed marks are needful.
5. Re-vaccination should take place after the lapse of ten years.
6. The vaccination of the surrounding population increases the relative protection of the individual, and vaccination has, therefore, not merely a personal but a general value.
7. In vaccination with human lymph the danger of the transfer of syphilis, though small, is not absolutely excluded.

8. Since the introduction of vaccination there has been no demonstrable increase of diseases which can be regarded as a consequence of vaccination.

### Conversazione of the London College of Physicians.

ON Wednesday last the annual conversazione of the Royal College of Physicians of London was held in the spacious rooms of the College building in Pall Mall East, and proved one of the most successful of these pleasant *réunions*. The President of the College, Sir Wm. Jenner, Bart., received the guests on their arrival, and during the evening from six to seven hundred visitors were present. An agreeable feature of the entertainment was a selection of music admirably rendered by a military band, and other attractions were afforded in a choice collection of paintings, a beautiful display of flowers, and a number of zoological and other specimens. Dr. Cobbold kindly lent an important and valuable collection of entozoa, which formed an object of interest to many present. Altogether the evening was a most pleasant and enjoyable occasion.

### The New Albany Memorial Hospital.

H.R.H. THE PRINCE OF WALES on Saturday last opened the Albany Hospital for the Paralysed and Epileptic in Queen's Square, Bloomsbury. The new hospital, site included, will, when completed, have cost upwards of £80,000, all of which, except about £700, has been subscribed. The Hospital was first established in 1859, under the name of the National Hospital for the Paralysed and Epileptic, and numbers on its staff some eminent members of the profession in London. To change the name to the Albany Memorial Hospital is, we think, a mistake. True H.R.H. the late Duke of Albany was President of the Institution, and took an interest in its work, but the name in a few years will not unnaturally be forgotten in connection with the hospital, and will possess, therefore, no significance. The building when completed will be a very handsome structure in two ranges, styled the east and west blocks, with a third and smaller range called the Princess Christian. Considerable interest was manifested in the proceedings on Saturday, and a good sum was presented in purses to the Princess of Wales by lady sympathisers in the work.

A STATUE of Linnæus was formally inaugurated at Stockholm on May 13th.

A NEW chemical laboratory and museum are to be built in connection with Cambridge University at a cost of £70,000.

THE returns of the past fortnight show a very decided decrease in the number of persons attacked with small-pox in the metropolis.

WE regret to learn by telegram from Suakim that Surgeon G. M. Russell, Army Medical Department, died of sunstroke on Friday last.

THE Lord Chancellor for Ireland has appointed Dr. John Lentaighe Medical Visitor in Lunacy, vice the late Dr. James Stannus Hughes.

DEPUTY SURGEON-GENERAL OLIVER BARNETT has been appointed Principal Medical Officer on the Staff of Major-General H. A. Smyth, commanding the Woolwich district.

THE balance of the Darwin Memorial Fund, after paying for the statue and medallion, will be made over to the Royal Society to be invested, and the dividends or interest to be applied for the promotion of biological research.

THE Japanese Village, recently burnt down, having proved a great success, there is to be another of a similar nature in London, called the Indian Native Village, in which the habits, customs, and amusements of the natives are to be seen in every-day life.

M. MAGNAN cites a number of cases of madness among anti-vivisectionists. One woman first renounced animal food, then took in all stray dogs, and finally went round to the butchers, begging them not to slaughter any more cattle. She became finally mad, and was received as a patient at Charenton.

THE King and Queen's College of Physicians in Ireland has called upon Mr. Robert Locke Evans, one of the Licentiates of the College, to surrender his diploma, because of his having, in spite of previous warnings, and in defiance of the opinion of the College, advertised by hand bills that he gives advice and medicine for 6d.

INFORMATION has been received of the unexpected death of Dr. Davis Porter, army surgeon, at Wady Halfa, Egypt. He was nephew of the Rev. Dr. Porter, of Queen's College, Belfast, and volunteered for the Soudan, being attached to the 4th Dragoon Guards. He was the principal of the Wady Halfa Hospital, where he died from dysentery.

THE Council of the Royal College of Surgeons in Ireland has withdrawn the diploma in dental surgery granted to Mr. H. F. Partridge, because of his continued violation of the written undertaking against advertising which he gave to the College when he received the licence in dental surgery. His advertisements were published in connection with the so-called Ladies' Dental Institution in Kensington.

DR. FLEISCHL, of Vienna, is recently reported to have found in cocaine a rapid and satisfactory cure for alcoholism, morphinism, and allied habits. The nervous symptoms which arise upon either withdrawing the drug abruptly or by degrees are treated by the hypodermic administration of the muriate of cocaine. It is claimed that in ten days a cure may be effected. The dose is from a quarter to half a grain dissolved in water.

V. HORSLEY, F.R.C.S., in a lecture delivered at the Royal Institution on the "Motor-Centres of the Brain and the Mechanism of the Will," showed that as a rule both cerebral hemispheres are engaged at once in receiving and considering one idea; that under no circum-

stances can two ideas either be considered or acted upon attentively at the same moment; that the brain is a single instrument, and that our idea of our being single individuals is due entirely to this single action of the brain.

SURGEON-MAJOR TOBIN, F.R.C.S.I., of the Army Medical Department, an old student and resident assistant at St. Vincent's Hospital, Dublin, has been appointed to the additional assistant surgeoncy recently created. Mr. Tobin was appointed in 1879 Assistant Professor of Military Surgery to the Army Medical School, and put in charge of the Surgical Division of the Royal Victoria Hospital, Netley. Last year he spent several months in the schools and hospitals of Paris, Vienna, and Berlin, and subsequently he went out to the Soudan as "field-surgeon" to General Graham's expeditionary force. His period of office at Netley having expired, he retires to civil life on a twenty years' service pension.

## Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

ABERDEEN ROYAL INFIRMARY AND THE TREATMENT OF FEVER PATIENTS.—Following closely on the action of the managers of the Edinburgh Royal Infirmary and the directors of the Sick Children's Hospital, it is understood that a strong feeling exists among the managers of the Aberdeen Royal Infirmary that fresh provisions should be made by the local authorities for the reception of fever cases. A meeting of the president and managers of the Royal Infirmary and Lunatic Asylum was held last week for the consideration of a proposal by which fever and other infectious cases should be excluded from the hospital. It was maintained that, in terms of the Public Health Act, the local authorities were bound to arrange for the treatment of these, and that their treatment in the Infirmary involved a mal-use of funds which public charity had devoted to other ends. A resolution was finally passed, by which a committee of managers was empowered to inquire and report as to what arrangement could be made with the local authority. There seems little doubt that other large towns will speedily follow the example of Edinburgh.

PRESENTATION OF A PARK TO THE BURGH OF GOVAN.—The densely peopled Burgh of Govan has just been the recipient of one of the most munificent and most wisely-selected gifts. On Saturday afternoon, Mrs. John Elder presented the inhabitants with the means of health and enjoyment in the form of a public park. The opening ceremony was of the happiest character. Lord Rosebery spoke on behalf of Mrs. Elder, and in doing so, recalled the many beneficent works which the Elder family had already performed. In this last act of generosity he recognised especial wisdom. Mrs. Elder had this day preserved for ever to this crowded district a breathing space of indescribable value. He questioned whether movements of this character must not precede any attempt at improvement in the housing of the working populations. Before improving their dwellings, they must do something to improve and to raise their lives. The park is situated at the end of Govan, opposite the ship building yard of Messrs. John Elder & Co. It measures about 37 acres in area, and is nearly square in form. The internal arrangements are of the best description. The cost of the whole is about £50,000.

**THE LATE DR. WOTHERSPOON, LOCKERBIE, DUMFRIES-SHIRE.**—Dr. John Thompson Richardson Wotherspoon died at his residence, The Green, Lockerbie, on the 25th June, after a brief illness. The deceased physician enjoyed the confidence of a very large circle of patients, by whom his talents and skill were much appreciated. He was a Licentiate of the Royal College of Physicians and of the Royal College of Surgeons of Edinburgh. Previous to settling in Lockerbie, he practised for some years in the South of England. He has passed from our midst, while still apparently in mid time of his years, having finished his studies in Edinburgh just twenty years ago.

## Sanitary Department.

### REPORT OF THE MEDICAL OFFICER OF HEALTH OF NEWCASTLE FOR 1884.

THE Report for 1884 on the sanitary condition of the large and important city of Newcastle is before us. Mr. Armstrong has spared no pains to make his Report as useful as possible, and though he has thereby sacrificed literary elegance to soundness of information, the result of this self-denying process must be regarded as a distinct gain to the science of urban sanitation. The birth-rate during 1884 was 40.1, and the death-rate 23.5 per 1,000; this latter has been less in only five years of the last seventeen. Diarrhoea was the most fatal zymotic disease, no less than 164 deaths being recorded from this disease alone, of which 117—or 70 per cent.—took place in the third quarter of the year. The deaths of infants under one year was 949, a considerable increase on the number in the three previous years. The clauses of the Improvement Act relating to notification of infectious diseases appear to work well at Newcastle if one may judge by the increased number of notifications during 1884, as compared with 1883 (equal to 30 per cent. more). No less than 17 cases of typhus came under the notice of the health department in the year, which seems to show that the sanitary circumstances of dwellings in Newcastle are not what they should be. More than two thousand cases of scarlet fever came under the cognisance of the Sanitary Authority during the same time, an instance of the practically endemic character of this disease in large centres of population. As to diphtheria, 76 cases were notified, and we observe that 25 of these (or one-third) occurred in February and March. Mr. Armstrong devotes a large portion of his report to a consideration of the various modes in which infectious diseases are communicated. Foremost amongst the agencies of dissemination he places the existence of large numbers of *tenement* houses, with the accompanying deficiency or absence of isolation. He supports this by reference to carefully prepared statistical evidence. Instances of transference of infectious maladies by visiting at infected houses, by acting at funerals and the like are given. Small-pox was introduced into the Newcastle Infirmary by the admission of a patient suffering from the disease, though at first this was alleged to have been due to the milk supply, a case having occurred at the dairy whence the Infirmary milk was obtained. A railway porter who received tickets from persons frequenting a railway leading to a neighbouring town infected by the disease was attacked. An account is also given of small-pox concealed at a dairy, the owner of which was prosecuted for failing to notify the case. It being found that enteric fever was prevailing at a dairy farm which supplied milk to the city, steps were taken to prohibit the delivery of the milk. Interesting details are given as to scarlet fever; amongst other matters it was found that 70 per cent. of the infected houses had no means of isolating the sick room from the rest of the premises, and that in more than one-half, no means of preventing infection were taken. Bailiffs appeared to have entered infectious houses, and to have seized infected furniture, but not without proceedings being taken by the Sanitary Authority. On scarlet fever becoming rife among scholars the sanitary officials promptly communicated with the school authorities with reference to prohibition from attendance, but Mr. Armstrong comments on the fact that the Government grant is withheld in such circumstances, which causes the school authorities to be chary of complying with the wish of the health officers. A

summary of occupations followed by people living on infected premises shows that dealers in house decorations, machine workers, and conveyers of goods and messages were the most numerous in the order given. Mr. Armstrong states that 70 per cent. of infectious disease in the city occurred in *tenement* property, and that consent to remove cases to hospital was obtained in only a small proportion of cases. He therefore insists on the urgent necessity for hospital accommodation. Reference is made to the energetic action of the Port Sanitary Authority in view of the possible advent of cholera. This comprised means of obtaining early information of the progress of the disease, strengthening of the Inspectorate, and provision of a floating hospital. An important house-to-house inspection of the district was made in 1884, the result being that more than 12,000 nuisances were abated, being more than double the number in 1883. Five outbreaks of infectious disease in the families of dairy men were reported, but prompt measures were taken to limit the disease to these families. Cowsheds and slaughter houses were also carefully inspected during the year.

A series of instructive tables are appended to Mr. Armstrong's Report. It would appear from these that phthisis was the most fatal disease during 1884, the next in order being diarrhoea, scarlet fever, and whooping cough. Mortality according to season showed that this was greatest in the third quarter of the year, the deaths being 113, 84, and 125 in the first, second, and fourth quarters respectively, whilst there were 173 in the third. Mortality according to age showed the usual excess of infants under 1 year and adults over 60. The admissions into the Fever and Small-pox Hospitals were greatest in March and the deaths most numerous in April. Mr. Armstrong follows up his able Report on the general condition of the large city entrusted to his care by a special report on certain streets in Newcastle, in which he particularly assails the condition of the numerous cellar dwellings abounding in these localities, and of the "well-rooms." These are rooms without openings other than the door and window, which are both placed in the same corner of the room. Elaborate plans for remedying the evils induced are appended.

### CHOLERA: A TIMELY EXHORTATION.

IN view of the possibility of cholera reaching our shores, Dr. Wm. Carter, Medical Officer of Health for West Derby district, has issued the following circular, which has been freely posted up, and also delivered to the householders throughout the district. House to house instructions are not likely to go entirely unheeded, and the example here set might be advantageously extended elsewhere. The following is the text of this circular:—

"As it is thought that cholera may possibly visit England during the present year, a few words as to the best means of preventing it from attacking our homes may be useful.

"The very best preventives are complete cleanliness of the house and its surroundings; cleanliness of the body; a pure drinking water; and abundance of fresh air.

"In order to obtain these, the house and yard should be often cleansed, the walls of the yard and ceilings of rooms should be whitewashed; all bits of vegetable, or bits of fish or meat, or the entrails of fowls, &c., should be burned and not allowed to lie about on floors or in yards, or to be put into middens there to rot and pollute the air; the drains should be free from obstruction, and should give off no bad smell; the drinking water should be obtained directly from the main, and not from cisterns or from wells sunk near pigstyes, or other places likely to make the water foul; middens should be frequently emptied, and water-closets well flushed and perfectly clean.

"If these rules are carefully carried out in every house in the district, cholera will not visit us even if it should come to England.

"If you have any fear that the drains are out of order, or if there is any nuisance on your premises, you can have them immediately attended to by sending a message to the inspector of nuisances, at the address at the top of this circular."

DR. HENRY CROLY, a much esteemed and resident practitioner at Rathfarnham, co. Dublin, and one of the Examiners in Midwifery in the Royal College of Surgeons in Ireland, has been appointed to the Commission of the Peace for the County of Dublin.

## HORRIBLE LONDON!

ON Monday the *Pall Mall Gazette*, which at one time was deemed a highly respectable journal, indulged its readers with five pages of "revelations" on the shady side of London life, which, with the excitement and tumult occasioned by the shouting of hundreds of hoarse-throated newsboys, fell like a bombshell among the peaceable public. Whatever else these "revelations" may be they are certainly startling, and this in a fashion almost if not quite unknown in the English press. The influence of Zola, the founder of the so-called *pornographic* school of literature is rapidly spreading, and may indeed be said to have reached the pernicious phase, if those respectable journals we have hitherto been accustomed to read in our homes take to treating the public to circumstantial details respecting the alleged violation of a given number of girls nightly. Most people even of a robust constitution will deprecate the calling of this spirit from the vasty deep, since it is difficult to see what good end can be attained. The colours, too, have purposely been chosen of an intensely vivid hue, and the whole article (which we are promised is only one of a series) bears the stamp of being a vulgar attempt to secure a ready sale for the particular journal, with, we fear, very little regard for the "*Salus populi suprema lex*" side of the question.

WE regret to learn that a fresh case of small-pox has occurred in Dublin, emanating from the cases recently reported by us as having occurred at 71 Pembroke Road. It is stated that some of the clothes belonging to one of the previous cases were sent to one of the suburban laundries, and that shortly afterwards one of the *employés* was attacked with the small-pox, and is now in Cork Street Fever Hospital.

WE understand that, by an inadvertence, the name of Dr. Thomas Bodkin, of Tuam, was included in the obituary list of the "Irish Medical Directory" for 1885. This error arose, we believe, from the fact that Dr. Bodkin's name was included amongst those erased within the year 1884 from the "Medical Register," he having, we assume, omitted to reply to the letters of inquiry addressed to him by the Branch Medical Council. We are glad to state that Dr. Thomas Bodkin is still alive and in active practice at Tuam.

## Correspondence.

## MR. ERNEST HART'S PARLIAMENTARY CANDIDATURE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I can hardly believe the statement which I find made positively in a contemporary, that Mr. Ernest Hart, the editor of the journal of the British Medical Association, has sought to make his way into Parliament by selling his principles to the syphilis-propagation agitators. If it be so, I must say that, however anxious the profession may be for an increase of medical representation in the House of Commons, and however they might be disposed to recognise very special claims in Mr. Hart, it is to be hoped he will not succeed in his candidature, and that no medical voter of the Mile End Parliamentary division will record his vote for him. Either the editor of the *British Medical Journal* believes in the necessity or expediency of checking the dissemination of venereal disease by legislative means or he does not. If he does the treaty into which he has entered with the anti-contagious diseases people is a gross violation of principle and a practical retraction of all that has been editorially written in the journal. If he does not, then he is certainly not the proper exponent of the Association which declared at the Liverpool meeting its firm belief in the necessity for

such legislation and its absolute disbelief in the statements of the syphilis-propagation agitators. If Mr. Hart acquires the pendant of M.P. by thus surrendering to the enemy, what is to prevent him doing the same to secure the anti-vaccinator's vote? and why should he not go out as the platform advocate of the anti-vivisectionists? and if the censor of the morals of the profession thinks it allowable to insult the general feeling of his medical and scientific brethren in order to secure the suffrages of those whose habit it is to slander medical men, is there anything at which a doctor-candidate for Parliament should stop to secure his election?

A MEMBER OF THE ASSOCIATION.

## THE NEW OBSTETRICAL AND GYNÆCOLOGICAL SOCIETY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Last week you published a very learned letter from Mr. Stuart Nairne, of Glasgow, controverting certain statements which you had thought proper to make on the outbreak of another medical society in Glasgow. I am quite of opinion that there are many objections to such a society; there is at present a Medico-Chirurgical Society in Glasgow—an old and respectable society—which fails to receive adequate support from the profession; as its name implies, it covers such subjects as would be discussed by the new society, and if this segregation of the profession into endless societies is to be encouraged the creation of every new one is but another knife in the throat of the old Medico-Chirurgical Society. Rightly or wrongly, there is a growing opinion that under the guise of gynæcology much demoralising and unprofessional conduct is carried on. Of this nature I regard many of the "operations" resorted to by the gynæcologist, such as spaying, os-slitting, &c., &c.—an easy means of making money, for martyrdom as arising from an "inward complaint" is a most grateful possession of the middle-aged maiden. The necessity for operations is ever at hand, and they are necessarily of such a nature that they are not subjected to the wholesome check of professional or public opinion. Every one has heard of the case of an unfortunate lady who, in one of our large Scotch cities, slipped by accident into the house of a gynæcologist instead of that of his neighbour the aurist, and was there treated for deafness for six months through a vaginal speculum! It is better that gynæcological subjects should be treated at the Medico-Chirurgical Society rather than at a special society, for at the former the healthy restraining influence of the older and less impulsive members of the profession would be highly beneficial, while at the latter one may expect only the unbridled licence of impetuous and self-seeking enthusiasts.

Yours truly,

AN OBSTETRICIAN.

## RECENT APPOINTMENT OF RESIDENT SUPERINTENDENT TO THE CASTLEBAR ASYLUM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The appointment by His Excellency Earl Spencer to this county institution has puzzled many and astonished more. What the motive could be that induced him to ignore the recommendations of the three Irish candidates is difficult to understand, particularly as each of them had lengthened service and first-class records in similar institutions in this country. Lord Spencer has in his two last appointments to Castlebar District Asylum adopted a new and extraordinary rule, viz., that no matter how strong the claims, how numerous the recommendations, and extensive the service and experience, the favourite doctor must first proceed to England, remain there for a few years, and then return and receive the promotion which was denied him while he remained a mere Irish practitioner. In fact, the two last appointments at Castlebar fully bear this interpretation, and like the recent flimsy honours offered to the Irish profession, and very properly refused by its independent members, it means nothing but another effort of studied insult, indicating that at the Castle the opinion prevails that no medical gentleman could be found in Ireland fit for one of those positions. Will the members of the profession tamely submit to this indignity? I hope not, and I trust

that one of our vigilant members of Parliament will bring the whole matter before the House of Commons.

I am, Sir, yours, &c.,

INQUIRER.

[We join our correspondent most heartily and emphatically in his protest against the system which is being introduced into the Irish Lunacy Department of importing officers from England, and ignoring the claims of the assistants to the Resident Superintendent and of the Visiting Physicians of Irish asylums. We know that this system was first introduced at the instance of the senior Inspector of Asylums in Ireland, who recommended an English officer to be appointed to the Limerick Asylum because he desired to introduce into Ireland the English system, under which the Resident Superintendent is everything and the Visiting Physician nothing. The previous Resident had been dismissed from that asylum because of the homicide of a lunatic named Dunford killed by repeated cold baths, and the principle since then has always been acted on that the fewer eyes there are to see what goes on in asylums the better. For this reason the inspectors made new rules, by which they reduced the visiting physician, as far as they could, to a nonentity, and they encouraged certain of the Resident Superintendents in a foolish jealousy of that officer's functions, and in an effort to abolish the visiting office altogether. This effort failed in consequence of the intervention of the Irish Medical Association, but since then the Inspectors have never lost a chance when an appointment fell vacant of importing into the lunacy service an English officer. We regard the transaction as an unqualified job. If the subordinate officers of Irish asylums are unfit for promotion, let the authorities say so, and let them take the responsibility for allowing those officers to be so incapable. If they are not unfit it is a disgraceful job to pass them over when an opportunity for promoting them occurs.—ED.]

THE REPORT OF EXPERIMENTS ON LIVING ANIMALS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR

SIR,—Your reference to myself in the paragraph which appears in your issue of July 1st obliges me to point out that the reports in the statement in question do not in any way tally with the facts in the reports of the experimenters themselves, and that an explanation is due on this point either from the Inspector or from the experimenters. It is now too late in the day to go into the question as to whether these experiments confer any benefit upon science or not. A law has been enacted for their regulation, and it is much to be regretted for the honour of our profession that there should be even an appearance of the evasion of that law. If experiments can be justified by the results obtained from them, then there can be no need whatever for concealing either the nature or the number of the experiments. But if mendacious statements are issued, then you may be perfectly certain that the public will speedily be of opinion that everything which has been said against vivisection and against those who practise it is capable of the fullest justification.

I am, &c.,

Birmingham, July 2, 1885.

LAWSON TAIT.

[Referring once more to the Report, and having followed the question with some care, we are at a loss to conceive what grounds Mr. Lawson Tait can have for his assertion "that the reports in the statement do not in any way tally with the facts in the reports of the experimenters themselves." It is clear that he and his anti-vivisection friends care only to take a distorted view of those who seek to carry out the Act with every care and to the best of their ability, and if "mendacious statements are issued," as he asserts they are, then the profession at least know to whom such an

accusation really applies; it certainly does not to the Inspector under the Act, who is known to be one of the most honourable and liberal-minded men in the world of science.—ED.]

PASS LISTS.

University of Cambridge.—At the June examinations for degrees in Medicine and Surgery the following candidates satisfied the Examiners:—

BACHELOR OF MEDICINE (3rd exam.). Part I.—Dr. Anderson, Caius; Dr. Andrews, St. John's; Dr. Brushfield, Caius; Dr. Burd, Caius; Dr. Daniels, Trinity; Dr. Emerson, Clare; Dr. Facey, St. John's; Mag. F. M. Haig, Trinity; Dr. H. E. Harris, Christ's; Dr. H. A. Haviland, Pembroke; Dr. H. G. W. Jones, Downing; Dr. Lynch, Caius; Dr. Nichol, Caius; Dr. Nicholls, St. John's; Dr. Niven, Caius; Dr. P. C. Scott, St. John's; Dr. Smart, Caius; Dr. Trott, Caius; Mag. Walsham, Caius; Dr. Wishaw, Cavendish.

BACHELOR OF MEDICINE (3rd exam.). Part II.—Dr. Anderson, Trinity; Dr. Bull, Caius; Mag. W. Fowler, Caius; Dr. Hillier, Caius; Dr. Reid, Cavendish; Dr. J. M. Clarke, Caius; Dr. S. M. P. Roberts, Christ's; Dr. Stericker, Clare; Pa. F. C. Wallis, Caius.

BACHELOR OF SURGERY.—Dr. Andrews, St. John's; Mag. Haig, Trinity; Dr. Lynch, Caius; Dr. Nichol, Caius.

University of Dublin.—The following Candidates having undergone the necessary examinations, received their degrees at the last meeting of the Senate:—

DOCTOR IN MEDICINE.—Francis George Goodman, Thomas Harrison, William Francis Law, James Ferrier Pollock, John Edward Blakeney Purdon, Rogers Taylor.

BACHELOR IN MEDICINE.—William Ambrose Ardagh, John Bouchier-Hayes, Frederick A. G. Davis, John Marshall Day, Augustus Edward Dixon, William Sinclair Dobbin Robert L. S. Donaldson, William Ireland Donaldson, Alexander Findlater, Cathcart Garner, Edward Wolfenden Gray, Henry John Hadden, Edgar Hogben, William Leah, William Pringle Morgan, Edwin Graves Newell, Alexander Stoney Patton, Walter Croker Poole, George Thomas Revington, John Joshua Russell, Whitely Bland Stokes, Arthur Ernest Switzer, Thomas Du Bedat Whaite, John Darley Wynne.

BACHELOR IN SURGERY.—William Ambrose Ardagh, John Thomas Bouchier-Hayes, Alexander James Boyd, John Marshall Day, Robert L. S. Donaldson, Edward John Farmer, Cathcart Garner, Edward Hogben, Robert Ker Johnston, Robert John Montgomery, William Pringle Morgan, Alexander Stoney Patton, Walter Croker Poole, George Thomas Revington, John Joshua Russell, Arthur Ernest Switzer, Thomas du Bedat Whaite, John Darley Wynne.

LICENTIATE IN SURGERY.—Daniel Conway.

University of Edinburgh.—FINAL EXAMINATION IN MEDICINE.—The following is an additional list of candidates who have passed the final examination at this University. The first list appeared in our last week's issue; those marked with an asterisk having passed with distinction:—

Blair, Robert  
Chetti, Pulicet Parthasaradhi  
Clark, Edmund Wearne, B.Sc.  
Clemow, Frank Gerard  
Collinson, Frederick Wm.  
Cram, John, M.A.  
Dawe, Jas. Henry  
Delepine, Jules  
Dickman, Henry George  
\*Douglas, Kenneth M'Kinnon  
Dow, Wm. Oliphant  
Eaton, Walter Musgrave  
Elder, Wm.  
Eyre, George Graves, B.A.  
Faulkner, Wm. Cooke  
Fischer, Lewis Gordon  
Flaher, Alex., M.A.  
Freeborn, H. S. E.  
Fry, Edwin Sargood  
\*Garvie, John  
Gemmell, John Edward  
Glegg, John  
Glover, Jas. Gray

Gray, A. E. Lampton  
Grier, C. W. Monroe  
Griffith, Thos. Howard  
Gubbin, Wm. B. Thompson  
Haldane, John Scott, M.A.  
Hallows, Stuart Pennington  
Harvey, John Thomas  
Helm, John Hunter  
\*Helme, Thos. Arthur  
Helme, Walter Croft  
Hennasy, Frank Wm.  
Hewland, George Vickerman  
Hill, John Ramsay  
Hirst, Herbert  
Hoffman, Joshua Jacobus  
Home, Wm. Edward, B.Sc.  
Hood, Archibald  
Horsley, Reginald Ernest  
Hughes, Alfred Wm.  
Hunter, Jas., M.A.  
Kingdon, Ernest Cory  
Richards, John

Royal College of Physicians of Edinburgh.—The following candidates have passed their final examination, and have received the Licence (L.R.C.P. Ed.):—

Low, Thomas Pagan, Bath  
Donaldson, James, Lochmaben  
Robson, A. Wm., Birmingham  
Booth, John H. Chesterfield  
Cook, Alex., Rutherglen  
Edwards, John F. H., Birm'gh'm.

Wright, H. E. P., St. Helens  
Gill, Kbt. Chas. G., Burgess Hill  
Cardwell, Thos., Reading  
O'Callaghan, John Cappamore  
M'Manus, Wm., Athlone

Royal College of Surgeons in Ireland.—At a meeting of the Court of Examiners held on the 22nd of June and following days, the under-named gentlemen passed the first half of the examination for the Letters Testimonial of the College, viz.:—

Robert Abraham, Charles R. Batteraby, George O. Burkitt, Jas. E. J. Duffy, George B. Elliott, Martin Fitzgerald, Richard F. Fitzgerald, Edward Garraway, N. J. Gossan, William R. G. Hamilton, Daniel Henigan, J. Maguire, Frederick W. Monell, John J. O'Connor, Edward B. Pooley, Charles J. Rutledge, Michael J. Ryan, and Patrick J. Ryan.



## Notices to Correspondents.

**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.

**READING CASES.**—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

**LOCAL REPORTS AND NEWS.**—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

**MR. R. THACKERAY** (Paddington Green).—We cannot accept your communication on any imposed conditions.

**DR. HUSBAND** (Manitoba).—Glad to learn of your safe arrival. We have directed that the *Medical Press* shall be sent you to the address given.

### THE CASE OF DR. BRADLEY.

To the Editor of the *MEDICAL PRESS AND CIRCULAR*.

**SIR,**—As an attentive reader of your journal and commissioner in the sorrows of a brother practitioner, I have to express my thanks for the time and attention devoted by you in laborious efforts to release from a prison cell a victim of illegality and injustice. These are strong words to use indeed; but when a Commons legislator tells us that judges are not infallible, we may be permitted to express our opinions too, after making an exhaustive analysis (qualitative and quantitative) of the facts.

Those facts have been so fully recorded by the *Medical Press and Circular* that it would be a process similar to the excessive drugging of a patient with such useful and potent medicines as tartar emetic to repeat the said facts. So I would now respectfully and urgently suggest to you, Sir, and to your fellow-journalists and the profession at large, to inundate the House of Commons, individually and collectively, with letters and petitions, until from very wearisomeness, if not from justice or pity, our prayers be granted.

Yours respectfully,  
MEDICUS.

**DR. BRANDON** (Griqualand).—Back numbers cannot be sent at the ordinary rate of penny postage. After the lapse of eight days the newspaper rate ceases, and book-post rate is charged. As this latter is 1s. 4d. per lb. to South Africa, the back numbers can only be sent you at the rate of fourpence each for postage.

### FEES FOR HOUSE INSPECTIONS UNDER LABOURERS' ACT.

The Kanturk Board of Guardians has munificently voted one *and sixpence* per house to their medical officers of health for inspections, which sum, we hope, the doctors will leave to the economical guardians for the purpose of paying for their washing. A fair remuneration can be readily and certainly recovered in the County Court. No scale of payment has been fixed either by the judges or the Local Government Board, and the Irish Medical Association advises that such sum per house shall be charged as will represent about £2 2s.—a day's work.

**MR. EDWIN WOOTON** (Kennington).—Regret to have to decline your papers, but the experiments are not of the kind to be of the slightest use to our readers.

### THE SMALL-POX OUTBREAK IN DUBLIN.

To the Editor of the *MEDICAL PRESS AND CIRCULAR*.

**SIR,**—In your issue of the 1st inst., with regard to your notice of the nurse who died of variola in this hospital having been twice vaccinated, she had two large vaccination marks, but, so far as I am able to learn, has been only vaccinated once, and that when an infant.

I am, Sir, yours faithfully,

SYDM. D. CHANDLEE, Res. Med. Officer.

House of Recovery, Cork Street, Dublin,  
3rd July, 1885.

**DR. CORNWALL.**—There is nothing in the prescription to account for the symptoms produced; but if the patient is of rheumatic tendencies an explanation is at once afforded of the painful sensations. In this case careful attention to the diet and clothing, and a due regulation of exercise as to time and season, will probably be productive of beneficial results.

**DR. BRADY.**—The book is a very old edition. Since it appeared several new editions of the work have been published, and that now in circulation is practically an entirely new treatise, added to which it has been revised by successive editors, each of whom has stamped his own views as to treatment and etiology on its pages. You need not, therefore, feel surprised at the discrepancies you have discovered, or may discover in future. They are inseparable from progress.

**THE CAUSES AND TREATMENT OF ALBUMINURIA.—A QUERY!**  
To the Editor of the *MEDICAL PRESS AND CIRCULAR*.

**SIR,**—Will you kindly enlighten me on the following subjects by an answer in the next issue of the *Medical Press*:—1. Is the albuminuria and hæmatinuria caused by constant inhalation of carbolic acid likely to leave permanent Bright's disease? 2. What treatment is most suitable in such cases? 3. How long does the acute stage last?  
W. W.

[1. Yes; of a cirrhotic character. 2. Turkish baths are a great help by relieving the kidneys by a profuse diaphoresis. Failing them,

vapour baths by the blanket, chair, and lamp. Great benefit can be attained by a farinaceous and milk diet, avoiding meat and eggs; this lessens the work of the kidneys. In the early stages benefit may be obtained by local depletion of blood. Avoid diuretic medicines, and, above all, mercurial preparations. 3. This question can be answered only by careful consideration of the circumstances of each individual case.—ED.]

**MR. DAVISON.**—We do not, as a rule, pretend to advise on any point not immediately connected with the practice of the profession, but in this case it is quite justifiable to recommend that you should invoke the assistance of an arbitrator. The facts, as you have communicated them, are of a kind to make such a proceeding especially appropriate.

**MR. ADAMS.**—The course you have pursued is the only one which, under all the circumstances, you would have been right to follow. Whatever consequences may ensue, you cannot be considered to blame. You ought never to have been placed in a position of such extreme embarrassment.

**ALABIC.**—You had better communicate with the Registrar, at the General Medical Council office. As far as he can, we are quite sure that he will assist you; but it is quite possible that the information can only be obtained from the authorities of the institution in America; and we fear you must be prepared to learn that they will decline to afford it to any applicant save the one directly concerned. In this case you can proceed no farther in the matter.

## Vacancies.

**Buenos Ayres.**—Resident House Surgeon to the British Hospital. Salary, £200, rising to £250, with board, &c. Applications to House Surgeon, B. A., care of Burgoyne & Co., 16 Coleman Street, London.

**Chelsea Hospital for Women.**—Resident Medical Officer. Salary, £60, with board. Immediate applications to the Secretary.

**French Hospital, London.**—Resident Medical Officer. Must speak French. Salary, £60. Applications to the Secretary at once.

**St. Thomas's Hospital Medical School.**—Demonstrator of Physiology and Practical Physiology. Applications to Mr. G. Rendle, at the Hospital.

**Sussex County Hospital, Brighton.**—Assistant House Surgeon. Salary, £40 per annum, with board, &c. Applications, with testimonials, to the Secretary, on or before July 15.

**Western General Dispensary, London.**—Assistant House Surgeon. Salary, £68, with apartments. Applications to the Secretary, Marylebone Road.

## Appointments.

**BRAMWELL, H., M.B.,** House Surgeon to the Newcastle-on-Tyne Infirmary.

**DUNGAN, J. T., M.R.C.P. Ed., M.R.C.S.,** Medical Officer for the Barnack and Ryhall Districts of the Stamford Union.

**FENWICK, C., L.R.C.P. Ed., L.R.C.S. Ed.,** Medical Officer to the Ephroe Dispensary of the Strabane Union.

**LEWIS, J. K., M.R.C.S., L.S.A. Lond.,** Medical Officer to the Thorverton District of the Tiverton Union.

**NASON, C. St. B. E., M.D., M.Ch. Dub.,** Medical Officer for the Sixth District of the Upton-on-Severn Union.

**SMITH, F. J., B.A. Oxon., M.R.C.S., L.R.C.P.,** House Physician at the London Hospital.

**THURSTON, E., L.R.C.P. Lond., L.S.A. Lond.,** Curator of the Anatomical Museum, King's College, London, Superintendent of the Presidential Museum, Madras.

## Births.

**EVANS.**—June 30, at Harwich, the wife of Samuel Evans, L.R.C.P. Lond., M.R.C.S., of a daughter.

**WATERWORTH.**—July 3, at 221 New Kent Road, London, the wife of T. H. Waterworth, M.D., M.R.C.S., of a son.

## Marriages.

**CLARK—JAMES.**—July 2, at St. Matthias Church, South Kensington, F. W. Clark, F.R.C.S., of Conich, Yorks, to Gertrude Haughton, daughter of the late Lieutenant Haughton James.

## Deaths.

**CHEPMELL.**—June 24, at Florence (travelling), Edward C. Chepmell, M.D. Ed., aged 66.

**DREMPSTER.**—June 20, at Tremore, Co. Waterford, Charles Carroll Dempster, Deputy Surgeon-General A.M.D., aged 51.

**HIND.**—July 4, very suddenly, at his residence, 184 Euston Road, London, G. Wm. Hind, F.R.C.S., aged 83.

**HOWARD.**—June 28, at Mindenwolfe, Bedford, Edward Howard, Esq., late H.M. 20th Regiment, Deputy Inspector-General of Hospitals, Army Medical Department, aged 69.

**HOWE.**—June 28, at Knowle Vicarage, Warwickshire, John Ernest Howe, B.A. & M.B., M.R.C.S., aged 27.

**MANBY.**—June 30, at East Rudham, Norfolk, Frederic Manby, M.R.C.N., aged 74.

**SAMPSON.**—June 27, at his residence, St. Matthew's, Ipswich, George Green Sampson, M.R.C.S., L.S.A. Lond., aged 81.

**WOTHERSPOON.**—June 25, at The Green, Lockerbie, John T. R. Wotherspoon, Physician and Surgeon.



# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 15, 1885.

CONTENTS.		PAGE	PAGE
<b>ORIGINAL COMMUNICATIONS.</b>		<b>TRANSACTIONS OF SOCIETIES.</b>	The Work of the Middlesex Hospital .. 59
The Operation for Correcting some Uterine Displacements by Shortening the Round Ligaments. By William Alexander, M.D., F.R.C.S., Visiting Surgeon to the Liverpool Workhouse Hospital .. 45		<b>ACADEMY OF MEDICINE IN IRELAND—</b>	The London Ophthalmological Society .. 59
Some Points in the Treatment of Uterine Fibro-Myomata. By Thomas More Madden, M.D., F.R.C.S.E., Obstetric Physician to the Hospital for Sick Children, Dublin, Consulting Gynaecologist Dublin Provident Infirmary, formerly Examiner in Obstetric Medicine and Gynaecology Queen's University in Ireland, &c. .... 46		The Form of Pneumonia now prevalent in Dublin .. 52	Mr. Erichsen's Parliamentary Candidature
History of the Progress of Laryngology from the Earliest Times to the Present. By Gordon Holmes, M.D., Physician to the Municipal Throat and Ear Infirmary, London; Consulting Physician to the Sheffield Ear and Throat Hospital .. 49		<b>THE BRITISH GYNAECOLOGICAL SOCIETY—</b>	Precautions against Cholera .. 60
		The Operation for Correcting some Uterine Displacements by Shortening the Round Ligaments .. 53	Foreign Bodies left in the Abdominal Cavity after Laparotomy .. 60
<b>CLINICAL RECORDS.</b>			New Appointments at the Glasgow Royal Infirmary .. 60
Clinical Notes in General Practice. Note I.—Lithiasis (?) By John W. Martin, M.D., Sheffield .. 51		<b>SPECIAL ARTICLES.</b>	Ererichs' Successor .. 60
		The Abuses of London Medical Charities .. 53	Atropine in Cases of Overdose of Chloroform .. 61
		Treatment of Cholera .. 55	St. Andrew's Graduates' Association .. 61
		<b>LEADING ARTICLES.</b>	The Viceregal Medical Appointments in Dublin .. 61
		DEGRADATION OF THE PRESS .. 56	The Reuben Harvey Prize .. 61
		<b>CÆSAREAN SECTION IN CENTRAL AFRICA</b> .. 57	Hygienic Institution for Berlin .. 61
			The Relations of Micro-Organisms to the Tissue Elements .. 61
		<b>NOTES ON CURRENT TOPICS.</b>	The New British Pharmacopœia .. 61
		Alexander's Operation for Shortening the Round Ligaments .. 57	The General Medical Council .. 62
		The Small-Pox in Dublin .. 58	Scotland .. 62
		The Treatment of Inebriety .. 58	Correspondence .. 63
		The Conjoint Examination Buildings .. 58	Novelties .. 64
		Annual Dinner of Volunteer Surgeons .. 59	Literature .. 64
		Death from the Sting of a Bee .. 59	Medical News .. 65
		Ice Cream .. 59	NOTICES TO CORRESPONDENTS .. 66
		Death under Ether .. 59	

## Original Communications.

### THE OPERATION FOR CORRECTING SOME UTERINE DISPLACEMENTS BY SHORTENING THE ROUND LIGAMENTS. (a)

By WM. ALEXANDER, M.D., F.R.C.S.,  
Visiting Surgeon to the Liverpool Workhouse Hospital.

THE operation is a delicate one and differs from nearly all the ordinary operations. It resembles most the ligature of arteries or neurotomies, but from both it differs in many essential particulars; in the former pulsation is a guide, in the latter the characteristic whiteness and, in addition, twitching, often shows when the nerve is found. The round ligament does not pulsate, and is of a pale flesh colour when first seen. It lies embedded in other tissues which, by the inexperienced might easily be mistaken for it. Its white sheen only appears when pulled out.

Beginners sometimes fail to find the ligament through inexperience. I only failed once in eighty cases, and returning to the case later was quite successful. In two cases one ligament in each was adherent, and would not pull out. In both cases the opposite ligament was strong, and the cases are well up to the present. The operation has, therefore, in my hands been very satisfactory.

Dr. Paul F. Mundé describes, in the *New England Medical Monthly*, four cases in which he attempted the round ligament operation. In one he was perfectly successful, in the second he could only with great difficulty get one ligament, and in the third and fourth he could not find any ligaments at all.

A few weeks previously in the *Edinburgh Medical Dr.* Imlach stated that in nearly forty cases he never failed to find the ligaments, and thought only  $\frac{1}{2}$  an inch incision necessary for the operation. If Dr. Imlach minimised matters to an extent that was unsafe for the inexpe-

rienced to follow, Dr. Mundé's conclusions are far more faulty in exaggerating the difficulties and uncertainty of the operation. The author has examined the round ligaments in over a hundred cases on the post-mortem table, at ages ranging from one day to eighty years, and, except in two cases of pelvic adhesions where the ligaments were found but failed to run, no difficulty was experienced in the finding and pulling out.

No one should attempt the operation without first doing it a few times on the cadaver. The best way to make sure of finding the ligaments may be detailed as follows:—

The pubic spine is the first landmark, and can be felt by an intelligent finger under any depth of superincumbent fat. It does not matter much whether the finger can feel the spine clearly or not, provided the primary incision be made within reasonable distance of it, but there need be no serious difficulty in finding it as Dr. Mundé seems to think. From this, an incision is made upwards and outwards in the direction of the inguinal canal for  $1\frac{1}{2}$  to 3 inches according to the fatness of the subject and dexterity of the operator. A considerable thickness of subcutaneous fat is now met with, which must be cut through by subsequent incisions until the pearly glistening tendon of the external oblique muscle is reached. Midway through the fatty tissue an sponerosis sometimes appears so firm and smooth as cause the operator to think he is deep enough, and if he begins to poke about here as I have done and seen others do it is little wonder no ligaments can there be found. The first stage of the operation consists simply in cutting down upon the tendon of the external oblique muscle until it appears clean and shining at the bottom of the wound. If the operator succeeds in hitting the spine, the external inguinal canal with the intercolumnar fibres crossing it can also be seen, if not the aperture now made down to the muscles can be dragged over an extensive area by retractors so that the region can be searched until the ring is found. The finger passed to the bottom of the wound can be used to detect the spine, and the ring outside; the former by its hardness, the latter by its lessened resistance compared

(a) Paper read before the British Gynaecological Society on June 10th, 1885.

with that of the aponeuroses around it. The anatomical knowledge of the operator should always be equal to the recognition of these structures, *i.e.*, the spine and the external abdominal ring. There are other apertures in the aponeurosis and a depression filled with fat below Poupert's ligament that sometimes simulate the external ring. Poupert's ligament below, the intercolumnar fascia running across, and the spine at the inner side are sufficient landmarks. When in doubt a slow, deliberate survey of the position should be taken, and no groping in the dark made, as these are certain to lead to failure. Having clearly isolated the external abdominal ring, and tied or compressed any bleeding vessels, the next step in the operation may be entered upon. The intercolumnar fascia which is generally pushed forwards by the fat and other structures beneath is to be cut through over all the extent of the external ring, and in the direction of its longest diameter—a nerve, vessels, fat, tendinous bands, and the round ligament spring out of the canal immediately. In fat people the quantity of fat conceals all the other structures. No "grabbing" at the mass is now to be practised, as some have recommended. By everting all the structures upwards the round ligament can be seen, generally at the lowest part, and with the white easily distinguished genital branch of the genito-crural nerve along its anterior surface and close to it. The ligament at this stage is more or less round in shape, sometimes rather delicate, but an always readily recognised flesh-coloured structure that might be easily destroyed by forceps rudely and blindly applied. Should the ligament seem very frail, or the operator be doubtful whether he has found it or not, he should take care not to displace the structures or destroy them by searching or pulling. His best plan in such a case is to open up the inguinal canal a little and then re-examine what he supposes to be the ligament. No difficulty in finding the ligament need thus ever be experienced, provided the operator knows what he is about. When the ligament is clearly identified the small nerve on its surface is to be cut through without cutting any of the ligament. Then gentle traction is to be made either by the fingers or broad blunt-pointed forceps. Care must be taken not to break the ligament by such traction. Bands will now be seen holding it to the neighbouring structures. These should be cut through with scissors, the greatest caution being observed to avoid notching the ligament at the same time. With a little patience and perseverance the structure is so far free that all resistance is at an end, and it comes out as easily as if broken inside, as Dr. Mundé thought it was in his first case. As soon as it begins to peel out, and without drawing it out further, I cover the wound with a clean sponge and operate on the other side. I always stand on the side opposite to that on which I am operating, thus getting a better view into the canal, and draw the ligament more conveniently towards me. Having freed the opposite ligament, the difficulties of the operation are at an end, and the second stage is finished. The structures mistaken in the earlier operations for the ligament were bands of fascia, the nerve and especially fasciculi of the internal oblique muscle. The latter are very like it, are very brittle, and I have no doubt have been the "frail fatty degenerated ligaments" some operators have found and been unable to pull out. They seem to go along the canal in the direction of the ligaments. They should never be seen when the operation is satisfactorily performed.

The third stage consists in placing the uterus in position with the sound, and pulling out the ligaments until they are felt to control that position. A third assistant first replaces the uterus and holds it in position. The operator then pulls out both ligaments almost simultaneously and gently until the sound is felt to be slightly moved. Both ligaments are then held by an assistant, and the operator, with curved needle and moderately fine catgut, stitches each to both pillars of the ring by two sutures on each side. The assistant then lets go, the chafed ends of the ligaments are cut off, and the re-

mainder stitched into the wounds by means of the sutures that close the wounds. A fine drainage tube is inserted, and the wound washed out with antiseptic lotion before these last sutures are tied. In private I do not use the carbolic spray, but in every case use drainage, and never allow patients out of bed under three weeks. In cases of retroversion and prolapse I insert, before the dressing is applied, a Hodge's pessary, and keep it in at least during the convalescence. To counteract retroflexion a galvanic stem should be used for at least a month.

The most important point in the third stage of the operation is to get the right tension on the ligaments, which is, after a little experience, easily gauged by the check of the weight of the uterus.

The after-treatment consists in rest. The wound is dressed and the tube removed on the second day. Patients should not be allowed up for three weeks, and rest on sofa for a further period is decidedly advantageous.

As to results, 3½ years' experience seems to point that the danger of mortality is *nil*, whilst the operation is an absolutely certain cure for retroversion and retroflexion, also very successful for prolapses.

### SOME POINTS IN THE TREATMENT OF UTERINE FIBRO-MYOMATA. (a)

By THOMAS MORE MADDEN, M.D., F.R.C.S.E.,  
Obstetric Physician Mater Misericordias Hospital, Physician to the Hospital for Sick Children, Dublin, Consulting Gynecologist Dublin Provident Infirmary, formerly Examiner in Obstetric Medicine and Gynecology Queen's University in Ireland, Vice-President British Gynecological Society, Consultant National Lying in Hospital, &c.

(Continued from page 25.)

I MAY NOW refer briefly to the alternative operations which, according to my experience, may be substituted for the procedures just discussed. First, then, with regard to *Enucleation*. This operation, although usually restricted to submucous tumours, is, in my opinion, applicable to all fibro-myomata, whether submucous or more deeply imbedded in the uterine parenchyma, which, from the position and size of the neoplasm, are accessible and capable of extraction *per vias naturales*. If this view should be accepted, it would obviously provide an alternative and, as I believe, a generally safer operation in many of the cases in which hysterectomy and other intra-peritoneal operations are now advocated. Every myoma is, primarily histologically undistinguishable from the uterine structure in which it originates, and is only converted into a fibro-myoma or fibroid by the gradual development of its connective or fibrous tissue. Before this process is accomplished—and we are seldom consulted sooner—the tumour also, as a general rule (to which, however, there are exceptions), becomes encapsuled, or distinctly separated by an intervening layer of cellular tissue from the uterine parenchyma in which, as already said, it originated, and from which, however deeply imbedded, it can in most cases be shelled out and removed, or enucleated.

The operation by which this may be accomplished is, at least when performed by those who, like myself, are practically familiar with its details, a comparatively simple matter. In the first place, as for *écrasement* the cervical canal must be previously dilated, the patient placed in a semi-prone lateral position and etherised. Next, the uterus should be washed out with a warm carbolic solution, so as to diminish its vascularity as well as to render it as far aseptic as possible. Then a free incision may be made through the endo-uterine mucous membrane and capsule into the most prominent part of the tumour. This is now seized with a strong vulsellum, by which firm traction is made downwards in the direction of the pelvic outlet, whilst, at the same time, with the operator's finger, or where this cannot reach then with either a curved silver spatula or with Thomas's

spoon forceps, all adhesions around the tumour are broken up. Lastly, the fibroid, by traction with the vulsellum from below, aided by firm pressure from above, is forced out of its bed and extracted either with the forceps or by splitting into sections that may readily pass through the vulvar outlet. By this operation I have removed not only large submucous fibro-myomas but also interstitial, or in some instances partially subserous, tumours. As, however, the feasibility of this procedure in the treatment of any deep-seated mural or partially subperitoneal fibroid is not generally recognised, I may here cite a couple of the many instances of this kind which have come under my care in proof of the occasional curability of such cases even without either abdominal section or vaginal hysterectomy.

CASE I.—*Intra-mural Fibro-myoma removed by Enucleation.*

L. B., an anæmic-looking woman, set. 38, unmarried, suffering from metrorrhagia, pelvic pain, and hæmorrhage, was admitted to St. Elizabeth's ward. Until two years previously she had been in good health. She then commenced to suffer from menorrhagia, which gradually increased, and the intervals between the recurrence of the discharge became so diminished that for the past year she has seldom been a week free from hæmorrhage. On examination, the uterus was found retroverted by a tumour in the posterior wall, and the uterine cavity greatly elongated. The cervical canal was dilated by laminaria bougies, on the removal of which she was etherised, and a submucous tumour discovered occupying the posterior wall from the fundus to near the cervix, and bulging out into the uterine cavity. A free longitudinal incision was made through the thinned muscular structure into the capsule of the tumour, which was firmly seized with a strong vulsellum and drawn down by Dr. Kennedy towards the outlet, whilst with my finger I rapidly separated the loose adhesions around and behind the tumour. This was now forced out of its bed and extracted per vaginam. Immediately afterwards a hot carbolised water injection was thrown up to arrest the free oozing, a tampon of Lawson's cotton saturated in carbolised glycerine was introduced, and an anodyne suppository placed in the rectum. The hot water injection was continued daily for the next ten days, at the end of which the uterus, being still large, was brushed out at intervals with iodised glycerine until it had nearly regained its normal size, and three weeks after the operation she was enabled to leave the hospital.

CASE II.—An unmarried woman, set. 38, who, until the day of her reception into the hospital, had been able to follow her avocation as cook in a large hotel, was admitted under my care. For the preceding two years she had been complaining of continual pain in the back and sense of pelvic weight, debility, leucorrhœa, and slight menorrhagia. These symptoms had gradually increased, but at no time was the menorrhagia very urgent, the changes merely lasting five or six days, and returning every three weeks; nor was there any hæmorrhagic discharge in the interval. On admission her chief suffering was from distressing dysuria—so great that she had been obliged for some time to visit a medical practitioner every day to have a catheter passed. She also suffered from frequently-repeated and generally futile calls to defæcation. She had in addition to tenesmus slight prolapsus ani. Her feet and legs were œdematous, and she complained of great pain along the course of left sciatic nerve.

The vagina was small and the hymen unruptured. On recto-vaginal examination the uterus was apparently completely retroflexed, the hollow of the sacrum being occupied by a large globular tumour extending up as high as the finger could reach, and pressing downwards into Douglas's space. On examination with the sound which passed in upwards of six inches anteriorly, it was evident that the double compression of the rectum and neck of the bladder were caused by a uterine tumour.

To discover the position of this growth the cervix was packed with five sea-tangle tents. On the removal of these next morning the uterine cavity was fully laid open, and as the tumour was interstitial, it was necessary to dissect it out from the posterior wall, in which it was situated, and where it had developed outwards, so as to have become in great measure subperitoneal, the posterior surface of the growth being merely covered by a thin capsule of the uterine structure. In the separation of the tumour, which was as large as the foetal head at the seventh month, the cervical tissue, which had become disorganised by the pressure of the morbid growth, and was, as usual in such cases, extremely soft and friable, was unavoidably lacerated. This rent extended downwards and backwards through the outstretched roof of the posterior vaginal *cul-de-sac*, and left a wide opening into the abdominal cavity. As soon as the tumour, which was as large as the foetal head at the seventh month, was extricated by the midwifery forceps, a coil of intestine came down into the vagina. This was immediately returned, and the patient being then in such a condition of collapse that no attempt could be made to close the laceration by sutures, it was merely plugged with a large sponge, so as to prevent for the moment any further prolapse of the intestines. A drachm of ether was injected hypodermically, and a little brandy and tincture of opium thrown into the rectum. Her pulse, which had been almost imperceptible, became a little stronger, and she was removed to bed and there surrounded with hot jars, &c., with the faintest hope of reaction. This, however, took place, and a couple of hours later her pulse was fairly recognisable, and her aspect improved.

On the second day severe metro-peritonitis set in, and for seven or eight days afterwards her life hung in the balance. It is needless here to dwell on the treatment pursued, which consisted mainly of opium and small doses of mercury, hydrocyanic acid draughts, &c., with the usual local applications—namely, leeching on two occasions, and continual use of fomentations or anodyne poultices to the abdomen, together with warm antiseptic vaginal injections. The vagina was plugged with sponges wrung out of weak carbolic solution. The daily changes of these were effected under carbolic spray, an atmosphere of which was maintained about her. For some days she suffered from incessant retching and hicough, which were controlled by hydrocyanic acid and ice. By the mouth she was only allowed iced champagne in very homœopathic doses, her nourishment for ten days being enemata of beef extract with a little brandy and arrow-root. It is unnecessary to follow the daily notes of the case further than to say that after the subsidence of the peritonitis, from which she was not free for many days, it was found requisite to continue the vaginal plugging for another week, when sufficient adhesion was formed to allow its discontinuance. After the operation her bowels were kept confined for as long as possible. At the end of three weeks she was able to sit up, and a week later was sent to the Convalescent Home at Stillorgan, whence she returned to her former occupation, and is now again employed at the hotel from which she was sent to the hospital.

It is hardly necessary to observe that the enucleation of any fibroid, especially of one deeply intra-mural, is never devoid of considerable danger. But this danger is, I believe, generally less than that of any other of the operations which are sanctioned for the same purpose. The risks of enucleation are, firstly, that as happened in the case referred to, the tumour may have so thinned out the uterine wall behind it that this may be ruptured during the operation, and thus cause immediate death from shock or hæmorrhage, or subsequently from metro-peritonitis or septicæmia. Even where the integrity of the uterine wall was not affected, I have seen death from the latter cause follow the enucleation of a large fibroid.

Hence, it would be impossible to lay too much stress

on the necessity of strict antiseptics, not only during the operation itself, which should always be Listerian, but also in the after treatment by carbolic injections, &c., until the uterine wound has become sealed. Nor, in my opinion, should the operation be ever undertaken by any surgeon who does not believe in the efficacy of the antiseptic system, and who has not time and patience for personally carrying out the subsequent treatment of the wounded uterus in accordance therewith.

*Removal by Traction.*—In the case of those deeply imbedded myomas which are not encapsuled, we may, in some instances, succeed in their removal by the operation which has been recommended by Dr. Emmet for this purpose. The object of Dr. Emmet's operation, which he terms "removal by traction," is the immediate conversion of the tumour by tractile force from an intra-uterine or sessile into an intra-uterine peduncleated or polypoidal form by the method exemplified in the following case.

CASE III.—*Interstitial Myoma removed by Emmet's Operation.*

In this case the patient was a multipara, aged forty-two, who had always enjoyed good health until four years before her admission into the hospital. She then began to suffer from menorrhagia, tenesmus, bladder irritation, and bearing-down sensation which increased. At last she was forced to give up her occupation as a farmer's servant. On admission the uterus was completely retroverted, and on endo-uterine exploration a considerable sized tumour was found bulging out into the uterine cavity. This I attempted to remove by enucleation, but on making an incision for this purpose it became obvious that the tumour was not separated by any capsule from the uterine wall, with which it was continuous. Hence, I resolved on trying to effect its removal, if possible, by Dr. Emmet's traction operation. For this purpose the most prominent portion of the tumour was firmly grasped by a vulsellum and forcibly dragged down through the os as far as possible into the vagina. Here as much of the growth as could be reached was cut away with a strong curved scissors. The resulting hæmorrhage was checked by hot water injections, and the remaining portion of the tumour again similarly treated. In this way we had removed more than two-thirds of the growth, when the patient became so collapsed that I was reluctantly obliged to postpone its complete ablation. A hypodermic injection of ether was administered, and she was put back to bed. For the two days following her condition was apparently satisfactory, her pulse fairly good, and temperature not rising above 100 deg. On the second night after the operation she again became collapsed, and, despite the efforts made to save her, she sank, and died.

In discussing the surgical treatment of fibromata I have confined myself to abdominal operations and their alternatives, and hence I have not here alluded to the treatment of intra-uterine or polypoidal submucous tumours by écrasement, &c.

*Medical Treatment of Myomata.*—With reference to the medical treatment of uterine tumours a few words may be added, chiefly applicable to the cases of non-encapsuled myomatous growths, in which alone medical treatment may be expected to be of much utility.

In many instances, especially of submucous myomata, operative interference is not as essential as is generally supposed. In other cases surgical treatment will not be submitted to, or may not be feasible. And under such circumstances we may, as I have learned by my own experience, sometimes succeed in arresting the progress of the neoplasm, alleviating its symptoms and restoring the patient to comparative health and comfort by purely medical means.

The objects of this treatment are twofold. The first indication is the arrest of that hyperæmic condition which invariably accompanies the development of a fibromyoma, and by which the vitality of the neoplasm is

sustained, and whence originates the consequent uterine hæmorrhage.

The most prominent symptom of fibromata, especially if submucous, and occurring before the menopause, being uterine hæmorrhage, the arrest of this must be a primary object of treatment. For this purpose the patient should be kept at perfect rest from the time when the recurrence of the hæmorrhage is expected until the menstrual period has completely passed over. In the way of medicine, sulphuric acid with liquor ergotæ, or Dover's powder and gallic acid, may be given, or hazeline may be tried. In any serious case of hæmorrhage thus caused, however, it will be better at once to resort to the most reliable styptic remedy for such cases, namely, the free hypodermic use of either ergotine, or, preferably, of the ordinary B.P. liquor ergotæ. During the past eight years I have employed either liquor ergotæ or ergotine in this way in nearly every case of this kind treated in my gynecological wards, and I have no hesitation in saying that we may thus control any hæmorrhage, however extensive, caused by uterine fibromyoma. Moreover, by the continued employment of these hypodermic injections in some instances such a marked diminution in the size of the tumour may be occasioned as to render any further treatment unnecessary.

Amongst the means by which the congestive hypertrophy or general areolar hyperplasia of the uterus, always attending the development of these fibromyomas, may be diminished, and thus the consequent hæmorrhage resulting therefrom can be lessened or checked, none are so invariably beneficial as the persistent and judicious use of hot water uterine irrigations or injections. To be of any use, however, in such cases, the cervical canal must be previously dilated, and the irrigation persistently employed, not only at regular intervals, but also for a lengthened period on each occasion.

Our second therapeutic aim in such cases should be so to stimulate the activity of the local absorbents as, if possible, to induce the diminution of the tumour. Foremost amongst the remedies available for these purposes are iodide of potassium, the bromides of ammonium and potassium, and small doses of tincture of iodine which I suggested ten years ago in a paper on this subject in the "Dublin Obstetrical Transactions." Chloride of calcium, in the form of the old solution of the hydrochlorate of lime of the Dublin Pharmacopœia, from which, in the hands of the late Dr. McClintock, I have seen marked benefit in the treatment of uterine tumours, has again come into favour in such cases, and probably acts by inducing a certain amount of calcification, and consequently diminished vitality in the neoplasm. By far the most useful, however, of all drugs in such cases is iodide of potassium, given in as large doses and for as long a period as it can be safely administered. I have had so many proofs of the diminution in size thus caused in large myomata, in patients of otherwise robust constitution, that I can only account for its failure in the hands of other practitioners from its injudicious administration in the case of patients of broken-down constitution, or in cases otherwise unsuitable, or from the insufficient doses in which it has been given.

Lastly, a word may be added with reference to the benefit derivable in many cases of fibromyomata from the use of iodated and bromated mineral waters. On this subject I have elsewhere written so fully that I shall merely reiterate the opinion, founded on my own experience of spas, which has been without any acknowledgment borrowed by others, and which was gained by extensive personal observation of the effect of the mineral springs of this class in Germany, Switzerland, and France, on patients undergoing "the course," as well as in cases in which I have since then prescribed these waters, viz., that in cases of uterine myomata, when, for any reason, operative interference is not available, we may possibly succeed in arresting the further development of the disease by

sending our patient to a suitable iodated or bromated spa such as Kreuznach, Wildegg, or Schinznach.

## HISTORY OF THE PROGRESS OF LARYNGOLOGY FROM THE EARLIEST TIMES TO THE PRESENT.

By GORDON HOLMES, M.D.,

Physician to the Municipal Throat and Ear Infirmary, London;  
Consulting Physician to the Sheffield Ear and Throat Hospital.

Il importe beaucoup de connaître l'histoire de la science à laquelle on s'attache.—*Boerhaave.*

### EPOCH I.—THE PRE-LARYNGOSCOPIC AGE.

FIRST PERIOD.—*From the Earliest Times to the Death of Hippocrates (about 357 B.C.).*

THE sources of modern medical science can most palpably be traced to the Greek family, society, or school of the Asclepiads, who flourished in the island of Kos during the fourth and fifth centuries before the Christian Era. As their name implies, they professed to be descended from the mythical physician, the deified Asclepius, or, as the Romans called him, Æsculapius. From this school emanated numerous medical treatises, of which about sixty have come down to us, mostly of unknown authorship, but popularly ascribed to the most celebrated member of the school, the familiar Hippocrates, said to have been born 460 B.C., and to have lived to the age of 103. This Hippocratic collection of writings is the only record of the medical knowledge of this period, which it seems to represent fully, and hence laryngology begins with such crude notions of the subject as are there set forth. (1)

For the sake of clearness in chronicling each step in advance, it will be convenient to recount this history in each period under four headings, viz., *Anatomy, Physiology, Pathology, and Treatment.*

Before proceeding further, however, a few prefatory remarks as to the first use of the word "larynx" are called for. This word has not been traced to a Sanscrit origin, nor does it occur in the earliest Greek writers extant (Homer and Hesiod, about 800 B.C.), but "pharynx" is found in Homer (2), a term evidently philologically related, and we may conclude, therefore, that "larynx" was also employed at that date (3). In its most primitive use it was probably the popular name for the eminence in front of the neck, which was commonly recognised as having an important connection with the breath, as we are told that the *pancratiastæ* (boxers, wrestlers, &c.), whose vocation is pre-historic, were in the habit of striking their opponents on the larynx, "so that the animal, through its being crushed, might be suffocated as soon as possible" (4). "Larynx" is used only once in the Hippocratic writings, in the treatise "On the Nature of the Bones" (5), which, being little more than a summary of some of the others, is probably latest in date. The first written appearance of the word is almost certainly, therefore, in a comedy of Aristophanes ["The Knights" (6)], first exhibited on the Athenian stage in 425 B.C. Here the allusion is to holding a person suspended by the larynx as a punishment for certain reprehensible utterances, an indication both of the *pomum Adami* and its relation to speech.

*Anatomy.*—The anatomical knowledge of the Asclepiads was very limited; they may have dissected the lower animals, or perhaps only observed their internal parts in the shambles or at sacrifices. They had but a superficial objective acquaintance with the organs of the body, and had never traced the course of the muscles, blood-vessels, or nerves, and even ignored the connection of the latter with the brain. The windpipe is mentioned by them as the *bronchus* (7), *artery* (8), *tube or artery of the lungs* (9), and *larynx* (10), but its structure is not described, nor is the larynx distinguished from the rest of it. "The larynx," it is stated, "leads to the lungs, artery, and hence to the top of the bladder" (11). The epiglottis, however, had been observed as forming a cover for the windpipe, and is once referred to as resembling an ivy leaf (12), and at another time by its own name (13), which it received on account of

its position on the tongue. There is no description whatever of the cartilages or other parts of the larynx.

*Physiology.*—Physiological knowledge was as scanty as that of anatomy, the brain, for example, being classed as a gland (14), whilst the use even of the muscles was scarcely understood (15). As regards the windpipe, the general belief was that drink passed by it into the lungs. None of the Hippocratic writers, however, appear to have been imbued with this notion; on the contrary, arguments are often put forth to refute such an erroneous idea. Thus, one observer (16) remarks that the epiglottis prevents much fluid getting into the windpipe, and notices that cough is excited should any considerable quantity pass that way. He even demonstrates his case by showing that if for experiment a blue-tinted liquid be given a pig to drink, and the animal is afterwards killed, the bulk of the fluid will be found in the stomach, and only a slight colouration inside the windpipe. And in another place (17) it is stated: "Some persons say that drink is borne into the lungs, and thence into the rest of the body, founding their argument on the fact that the lung is hollow and that a tube is joined to it. But were the lung not hollow and the pipe affixed to it, animals would emit no voice; for we send forth voice from the lung because it is hollow and has also a tube, whilst the lips and tongue render voice articulate." The writer then goes on to enumerate seven reasons why drink cannot enter the lungs, and to prove its passage to the stomach, ending as follows:—"Hence drink is not borne to the lung but to the stomach, for closely joined to it is the gullet of man, which always gapes, and whither the drink tends, whilst a body like an ivy leaf is so related to the lung tube that if in swallowing any fluid should be carried in that direction, a very small quantity is allowed to pass down."

Of the vocal and respiratory action of the larynx the Asclepiads had not the least conception. They were but little in advance of the vague illusions to voice-production in the passage just quoted. Their most definite ideas on vocal physiology are, however, displayed in the following statements (18):—"The cause of speech in man is that the who's body draws the air into it, but chiefly into the cavities. The air being driven out through the empty space makes a noise, for the head resounds. As the air is enclosed in the pharynx, the tongue forms it by its impulse, and by impinging against the palate and teeth, renders it (the sound) clear. Did not the tongue form it by its impulse, man would not speak clearly, but each animal would emit a single sound according to its nature. The proof of which is that those mute from birth cannot speak distinctly, but give forth a single sound. Nor, indeed, if anyone tries to speak after discharging his breath, can he do it, as follows from what has been said? Those who wish to send forth a loud voice, having drawn in the air, expel it outwards, and as long as the air lasts they emit a loud voice, which afterwards is wanting (exemplified by players on the kithara, who sing and vociferate) . . . Hence it is manifest that air produces voice. I have seen, moreover, those who, having cut their throat, had completely severed the whole windpipe. These, though alive indeed, emit no voice, unless someone presses together the throat, and then at last they give forth voice. In addition, this makes it plain that when the top of the throat is cut, the air cannot be drawn into the internal cavities, but is carried outward through the severed part."

*Pathology.*—With such incomplete knowledge of anatomy and physiology, the Asclepiads could not, of course, be in possession of any science deserving the name of laryngeal pathology, but nevertheless they often observed diseases of the throat, as well as of other parts, in an empirical manner with considerable exactitude. The state of the voice in disease was made a subject of special attention by Hippocrates and his colleagues, and its clearness, hoarseness, gravity, shrillness, and failure are often referred to as furnishing important diagnostic and prognostic information (19). The observations of this faculty were, however, of a purely aural nature, and no conception of the part due to the larynx in such phenomena influenced the deductions drawn.

Before the time of the Asclepiads, all inflammations of the throat and neck were designated by the single term *cynanche* (20), but at the period we are dealing with this name was reserved for internal cases, and the modification *para-cynanche* was used when the parts outside the pharynx and windpipe were inflamed. Various forms of *cynanche*

are well described, the chief distinction being between those instances where the disease is obvious in the pharynx and when it affects the parts out of sight below. As there are many writers, we have several pathological observations relating to the same maladies. The etiological conception of cynanche from the pen of Hippocrates (21) himself is that it occurs "in winter or spring when a copious and tardy flow takes place from the head to the jugular veins, which attract it on account of their size. But being cold and viscid, it obstructs, and closing the ways of the breath and blood, condenses the proximate blood and renders it immobile and stable." Again, in the same treatise, it is stated more fully:—"In the summer or autumn a hot and nitrous flux from the head occurs . . . which eates, ulcerates, and fills the breath. There is an accession of breathing with the neck erect and with much dryness. The parts seen in the mouth appear slender, and the posterior tendons of the neck are tense, seeming to be seized by a distention of the nerves. The voice is abrupt, the breathing small, and inspiration frequent and violent. In such cases the artery (windpipe) is ulcerated, the lung is engorged, nor is it able to admit the external air. And unless there be a spontaneous efflux to the outside of the neck, the affection becomes more grave and inevitable." Here we have a picture very suggestive of acute phlegmonous laryngitis, but on what grounds the ulceration of the windpipe was assumed is left to the reader's imagination. It was probably inferred, however, from the character of the sputa, which, as shown in other passages (22), were carefully examined.

Another writer (23) in the collection makes three forms of cynanche, the first of which is an acute laryngitis more severe than the usual catarrhal form, probably oedematous. The two latter are generally confined to the pharynx, but may extend downwards to the lungs. He says:—"The patient is taken with fever and rigor; there is headache, and the jaws swell. He swallows his sputa with difficulty, and makes a noise at the bottom of the pharynx. On observation after depressing the tongue you will see that the uvula is not swollen, but soft. The pharynx is filled with viscid saliva, nor is the patient able to spit out nor to remain recumbent, for if he lies down he suffocates. . . . The disease is of a fatal nature and but few escape."

A third author (24) describes as cynanche a severe acute inflammation, mainly, as it seems, of the windpipe, but frequently involving simultaneously the neck and fauces. It is said that "the patient's eyes start from his head, all his senses being dulled, reason even being lost, nor does he say, hear, or do anything, but lies with his mouth yawning and the saliva pouring forth. In this way he dies on the fifth, seventh, or ninth day."

As paracynanche the same author treats of a lighter form of the disease, in which the most fatal symptoms are absent, so that recovery is likely.

Elsewhere (25) it is stated as a definition that "cases of cynanche with nothing evident in the neck or fauces, but which bring great dyspnoea, kill on the same or third day."

Respecting chronic and ulcerative affections of the windpipe there are also some suggestive descriptions and allusions. Three or four kinds of phthisis are described, in one of which it is particularly noted that "the voice is clear and emitted without pain;" but, in another form the malady pictured closely resembles laryngeal phthisis, syphilis, or cancer (26), *e.g.*, "The lung-pipe is suffering with a hot and superficial ulcer, a slight fever urges, pain in the middle of the chest vexes, and itching of the whole body. The voice is coarse, the patient spits a liquid and thin sputum, sometimes like the juice of pisan. In his mouth a heavy odour, such as proceeds from fish, arises. Repeatedly there appears matter in the sputalike frustules of fungus from the ulcer. The upper members and the whole body are emaciated, the cheeks are red, and the nails in course of time are contracted and become dry and pale from the virus. Presently, however, the patient perishes ejecting blood and pus in the sputa, unless he be cured. Even afterwards vehement fevers supervening kill him." From the same pen we have further observation (27) somewhat similar, viz, "Should the artery be wounded (*i.e.*, from within by ulceration) cough troubles, blood is spit with the cough, the fauces fill with blood imperceptibly, and the patient rejects clots. Acute pain passes from the breast to the back, the sputum is glutinous and copious, the fauces are dry, and fever and rigors attack. The pharynx gives forth a dull and stridulous sound, like fat (frying), and for sixteen days the sick person

is thus affected. Afterwards, however, he spits pus and frustules of the ulcer-like seeds. These are the cartilaginous part of the lung called *bronchia*. Again, there is cough, and blood bursts forth, and after this the sick person spits thick pus. And he is erroneously considered to be one in whose lung an abscess has burst."

The vocal (laryngeal) affection in lepra is referred to (28), and there are allusions (29) to ulcerations of the fauces in children, some of which spread downwards and hinder respiration. Of such ulcers those showing anything of a pellicle are set down as most dangerous.

*Treatment.*—The pharmacopoeia of the *Asclepiadæ* was sufficiently extensive, and treatment was generally rather actively carried out. Bleeding, purging, shaving the head, and fomentation were liberally resorted to in acute diseases.

In the cynanche referred to by Hippocrates (30) he counsels bleeding both from the arms and from the sublingual veins, with purging, hot gargles, shaving the head, and application of ointments thereto and to the neck, wrapping the neck in wool, and then fomenting it with sponges of warm water, with hydromel internally, and emollient drinks.

The second writer (31) omits the bleeding, but a blister to the back of the neck is recommended, apparently as a substitute. In addition to gargles, fomentations, and emollients, he prescribes inhalation through a tube of the vapour from vinegar in which nitre, origanon, and nasturtium seeds have been steeped.

In the form called paracynanche (32) bleeding from under the manubria is strongly advised (because "the breath from the lungs is hot") as well as from the sublingual and brachial veins. Inhalation of a mixture of Cilician hyssop, sulphur, and bitumen through a tube, especially by the nose, is also prescribed. A curious measure is further mentioned which has been thought by some to refer to cutting open the windpipe, viz., "A tube is to be passed into the pharynx by the jaws, through which the breath may be drawn into the lung; it should be seen that the patient spits as quickly as possible, and the lung is to be expanded (made thin.)" (33)

In the first instance of ulceration (34) we are desired to give an emetic (decoction of lentils with white hellebore [*veratrum*]) moderated in potency according to the strength of the patient. Purging is to be avoided, except in cases of pronounced fever, but asses' milk is to be taken as a laxative, or to be administered in enema should the patient be too weak to drink it in quantity. When the sputa are very copious sternutatories are to be used, but ordinarily expectorants only, also fumigations in the presence of a bad odour. In addition a carefully regulated diet (of mutton, fish, bread, &c.), with general hygienic methods, abstention from all excesses, and gentle out-door exercise are ordered. In the second case (35) the only special treatment advised is cauterisation of the chest, back, and front, so that ulcers may be formed; beside avoidance of fatigue, carriage exercise and regular living.

(1) Among the earliest medical works extant are the Sanscrit *Shastres*, or commentaries of Charaka and Susruta on the "Ayr Veda" (life or health knowledge), a collection of rules mythically ascribed to Dhanvantari, the Hindoo Esculapius. The work of Susruta has been translated into Latin by F. Hessler (Erlangen, 1844). It dates from about 1400 B.C., and contains some vague descriptions of throat diseases, but nothing suggesting any knowledge of the larynx. Speaking of ancient Hindoo medicine, T. A. Wise, M.D. ("History of Medicine," 1-67, vol. 1, p. 135), states: "The scanty knowledge of anatomy is likewise evident from the Hindoos employing the word *khant* to designate the throat, including both the trachea and oesophagus, and the term *kules* with the Hindoos expresses the heart, liver, spleen, and stomach. This vagueness extends to the diseases of the organs," &c. The Ebers Papyrus (Leipzig, 1875), an Egyptian medical treatise of about 1600 B.C., appears to contain no allusion to throat diseases.

(2) *Odyssey*, ix., 373.

(3) *Pharynx* and *larynx* evidently mean something like food-way and breath-way, or perhaps are analogous to the German *Schwindkopf* and *Kehlkopf*.

(4) Galen in Oribasius, L xxiv., c. 8.

(5) Cap. I.

(6) Line 1363. Also in the *Raneæ* (406 B.C.), in a reference to wetting the larynx with wine (line 675). About the same date in the *Cyclops* of the Euripides (line 158).

(7) De Carnibus, c. 7.

(8) De Victu Acutorum, 4.

(9) De Morbis, iv., 18; De Affectibus Inter 1 cap.

(10) *Loc. cit.*

(11) *Ibid.*

(12) De Morbis, iv., 18.

(13) De Corde.

(14) De Glandulis, c. 4

(15) De Arte, c. 8.

(16) De Corde.

(17) De Morbis, iv.,

(18) De Carnibus, 7.



- (19) De Arte, c. 10; Coacæ, ii., c. 8; Predictiones, i., c. 2; Epidemii, i., c. 1, &c.
- (20) Alexander Trallianus, De Arte Med., iv., c. 1.
- (21) De Victu Acutorum, c. 4; also De Locis, c. 7, ii.; De Morbis, ii., 3.
- (22) Coacæ, ii., 14, &c.
- (23) De Morbis, ii., 9.
- (24) Ibid., iii., 10.
- (25) Coacæ, ii., 14; Prognostica, c. 15.
- (26) De Morbis, ii., 20; see also De Affectibus Internis, c. i., 11, 13.
- (27) De Morbis, i., 2.
- (28) Ibid.
- (29) De Dentitione; Prognostica, c. 13.
- (30) De Victu Acutorum.
- (31) De Morbis, ii., c. 9.
- (32) Ibid., iii., c. 100.
- (33) Κἀν τοῖς ἀλλήλοις παρῶσαι ἐς τὸν φάρυγγα, κατὰ τὰς γνάθους, ὡς ἐλατταί τὸ πνεῦμα ἐς τὸν πλεόμονα, καὶ ποιεῖν ὀστεχιστὰ πύσαι, καὶ ἰσχυραίνει τὸν πλεόμονα.
- (34) De Morbis, ii., 13.
- (35) Ibid., c. 20.

(To be continued.)

## Clinical Records.

### CLINICAL NOTES IN GENERAL PRACTICE.

#### Note I.—Lithiasis (?)

By JOHN W. MARTIN, M.D.,  
Sheffield.

ON the 18th day of May I was asked to see Mrs. T—, æt. about 36. She had been quite well up to dinner time the preceding day. Her history is one of gouty tendencies, having had a developed attack in the left foot, and on several occasions uneasiness in the knuckles of the left hand. On the 11th, after dinner, she was attacked by an acute pain just below the inferior angle of the right scapula. Being near the onset of the menstrual period she thought it might be connected with it. She usually suffers a good deal at such times in the hypogastric region. No pains felt there on this occasion. There did not appear to have been any irregularity of diet. Thinking that the pain would pass away, she did nothing to obtain relief. On the next day, the 18th, finding that the pain grew worse instead of better, she sent for me. When seen, she seemed most miserable and depressed, the pain being very severe. It was confined to the part described, and was relieved by pressure. There was no soreness or tenderness about the part. She was able to take a deep breath without increasing the pain. The skin was cool. Temperature, 98.4; pulse, 88, and weak. There was no cough, or expectoration. The tongue was coated with a bilious looking fur. She had experienced a sense of distension about the stomach, and had rifted up some wind. There was no pain in the stomach or bowels, the latter were inclined to be constipated. The water was passed in fair quantity, it was high coloured, and inclined to deposit, becoming cloudy on standing. The menstrual flow had appeared during the night, and one small clot had been discharged, beyond this, however, the discharge was normal.

*Treatment.*—Rest in bed. To be well rubbed with the following liniment:—

- R Sp. am. fort., ℥ij;
- Sp. terebinth, ℥j;
- Ol. dulcis, ℥iiss;
- Ol. bergamoli, ℥viiij;
- Aquæ, ad., ℥iv. M.

"To be used as directed." Hot poultices to be applied every two hours. Milk and beef-tea diet, and the following mixture and pills to be taken:—

- R Pot. bicarb., ℥j;
- Tr. nucis vom., ℥xl;
- Sp. am. aromat., ℥iiss;
- Sp. eth. nit., ℥j;
- Syrupi zingib., ℥iij;
- Aquæ, ad., ℥viiij. M.

℥j. to be taken every four hours.

- R Iridin;
- Enonymin, ʒā, gr. j.;
- Pil. colocynth co., grs. ij.;
- Ext. hyoscyami, gr. j.;
- Ft. pil. mitte, xii. M.

Sig. "Two at bedtime." The pain continuing in the evening, I gave the following night draught:—

- R Chloral hyd., gr. i.;
- Potass bromidi, ℥ij.;
- Liq. morph., ℥ss.;
- Syrupi aurant, ℥j.;
- Aquæ, ad., ℥iij. M.

Half to be taken at 11 o'clock, the rest in an hour's time, if not asleep, or free from pain.

May 19th.—Found my patient much better. Had had a good night, except that about 4 a.m. the pills acted three times, with only a short interval between each motion. The tongue was cleaning rapidly. The pain was much diminished, but still felt. There was no further discharge of clots with the menstrual flow. The pulse was stronger, 76 in the minute. Temperature still normal. Careful percussion and auscultation of the right dorsal surface failed to detect any abnormal condition of the lungs. Hepatic region normal to percussion and palpitation. Felt a desire for other food than the beef-tea and milk. I allowed a poached egg on toast, as an addition to diet; continued the mixture; stopped the poultices, replacing them by sheet cotton wadding, the rubbing being continued. Still confined her to bed.

20th.—Much better. The pain very slight, and diminish ing. Tongue quite clean. Felt a healthy desire for food. Pulse and temperature normal. Skin quite cool. General appearance and spirits greatly improved. The bowels had been moved again three times after my visit on the previous day, six motions in all. Allowed meat to dinner, also allowed her to get up in the afternoon, and for the evening. The other treatment to be continued.

22nd.—Felt almost well. Tongue clean. The appetite good. The expression of pain and distress had quite passed from her face. She felt able to move about freely, and when her attention was engaged she felt no pain. When not occupied, and she had time to think about it, she occasionally felt short sharp returns of the pain; she herself was inclined to regard them as neuralgic.

26th.—Since last visit on Sunday, the 24th, the water was again very thick, and deposited lithates very freely. The pain returned very severely, and she felt thoroughly disheartened and depressed. The same evening, and on Monday, at bed-time, she took one of the pills, they acted mildly, and gave great relief. To-day she felt all right, only traces of the pain. The water is again quite clear, and is passed in good quantity. The tongue presented a clean and normal appearance, and her appetite was good. I ordered the following mixture, and discontinued further attendance:—

- R Potass bicarb., ℥j.;
- Tr. nucis vom., ℥xl.;
- Sp. am. aromat., ℥iiss.;
- Infusi gent. co., ℥viiij. Ad. M:

℥j. three times a day between meals.

*Remarks.*—There is nothing very remarkable in the foregoing case, it presents, however, in an interesting form, a picture of some of the difficulties which meet the general practitioner in the routine of his practice. The history of gout and gouty tendencies of course first attract attention, confirmed by the fact of lithic deposits in the urine. With such a constitutional foundation, there would have been no difficulty in accounting for the pain as purely neuralgic, dependent upon the state of lithiasis, but one was compelled to take into account the dyspeptic symptoms, the constipation, and the onset of the catamenia, especially when, with the latter, there was the discharge of a clot. One had to make choice, in giving one's opinion in answer to the straight question "What is it, Doctor?" from, 1st. Was the pain due simply to dyspepsia? 2nd. Was it purely neuralgic, gouty in its nature? 3rd. Was it reflex disturbance due to the onset of the menses, together with the attempts on the part of the womb to discharge the clot? 4th. Had the constitutional disturbance of the approaching menstrual period set up the gastric symptoms and acute lithiasis? The public generally do not appreciate the refinements of diagnosis. They want a name putting to whatever may be the matter, and one which they can readily grasp and understand; that is just what it is difficult to do in the class of cases of which the present record is a fair example. One's tact in hedging, and the use of general terms, is called into play. There is one consolation, and it is, that the proper treatment is not a matter difficult to decide upon, and in the majority of cases is likely to be attended by the same success as in the present instance.

## Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.

MEDICAL SECTION.

MEETING HELD FRIDAY, MAY 1ST.

The President, Dr. CRUISE, in the Chair.

### THE FORM OF PNEUMONIA NOW PREVALENT IN DUBLIN.

DR. JAMES LITTLE detailed thirteen cases of pneumonia which he had seen in private during the past winter; of these eight had proved fatal; and the author drew attention to the frequency with which pneumonia, as at present epidemic, was accompanied by grave complications. He then invited discussion on the treatment of the disease, and specially on the question whether quinine exercised any beneficial influence.

DR. J. W. MOORE, discussing the ætiology of the disease from his experience at Cork Street Fever Hospital, considered the treatment of acute pneumonia was very little more within the grasp of the physician than the treatment either of typhus fever or of enteric fever. That treatment resolved itself into dealing with symptoms as they arose, each of which may threaten life. Statistics indicated that acute pneumonia had been very prevalent in Dublin, and, as Dr. Little had observed, the mortality of the present epidemic was exceedingly high. Thus, of 101 cases treated in Cork Street Hospital during the twelve months ending March 31, 1885, 24 died, or very nearly 24 per cent. It was interesting to note the increase and decrease in the admissions according to the season, the majority of cases being invariably admitted in the months of April, May, and June inclusive, not in the coldest season, but during the period of transition from the damp cold of winter to the dry cold of spring and early summer. Another feature of interest was the remarkable correlation between acute pneumonia and enteric fever. During the winter he saw three cases in which the diagnosis of croupous pneumonia was unequivocal, and yet when the time for resolution of the lung came the fever ran on, and the cases turned out to be typical instances of enteric fever, with rose spots, &c. In reference to the instance given by Dr. Little of more than one case of pneumonia occurring in the same house, Dr. Walter Smith communicated recently a still more remarkable instance in which four cases of pneumonia occurred under the same roof. Similar instances were increasing in frequency. Some years ago a young lad was admitted from a house in Malpas Street, suffering from croupous pneumonia. Three weeks afterwards the father came in with the same disease. In his opinion acute pneumonia was an essential or specific fever, analogous in its origin to enteric fever. How, then, did the disease break out after exposure to cold or chill? Bearing in mind that the poison was determined towards the lungs, there was an additional exposure to the poison of the disease, and the receptivity of the patient was increased. They could not hope to stop the course of a typhus fever, nor could they stop the course of this specific fever, which tended to a crisis at the conclusion of six or seven days. The sequelæ mentioned by Dr. Little as following pneumonia afforded further proof of its specific character.

DR. FITZPATRICK recollected, half a century ago, seeing cases in the Meath Hospital treated by the late Dr. Stokes with tartar emetic. In Edinburgh, at the same period, the treatment was on a different principle, consisting of small doses of calomel, opium, leeching, and cupping. On returning again to the Meath he found the treatment had been changed. In explanation, Dr. Stokes said his theory was that, since the invasion of cholera, the public constitution had changed, and that patients would not bear the same treatment as in former days. He had himself had under treatment four cases of croupous pneumonia among the children of one family. His treatment comprised chlorate of potassium and bark and blisters—indeed, he attached the greatest importance to blistering as a most efficacious remedy.

DR. DUFFEY considered that physicians were much too chary in giving opium in pulmonary disease. There was a prejudice against it; but any bad results could be averted or kept in check by careful observation of its effects. He had seen good results follow from the careful and regular

administration of opium in cases of croupous pneumonia. Given hypodermically, the pain of pleurisy (which was generally associated with pleuro-pneumonia) was relieved. He had himself been in the habit of using ergot combined with opium. Ergot was a powerful cardiac depressant, besides constricting the blood-vessels. Therefore, in a disease like pneumonia, in which there was a large quantity of blood in the lungs, it diminished the amount going through the pulmonary vessels. Quinine, he submitted, was utterly useless; he never saw the slightest good resulting from it. Poultrices, he thought, did more harm than good, and putting a large poultice round the chest was bad treatment. Aconite ought to be looked upon as a cardiac depressant too.

DR. HENRY KENNEDY spoke of a gentleman, at 54, already alluded to, who, having got a wetting on two days in succession, was ill in bed from Tuesday till Saturday without seeing a doctor. He died after an extraordinary fight for his life, which might have been saved had he obtained advice sooner. On seeing the case, he came to the conclusion that the patient had a weak heart. He agreed with Dr. Duffey that quinine was not generally good treatment. Another medicine was infinitely more useful—namely, a pure stimulant which would agree where quinine would disagree. As the result of his experience, he found that quinine did not equal either wine or whisky. Although the effect of the three was much the same in improving the pulse, yet the strong drink was the better treatment as agreeing better with the patient. He placed reliance on mercury, with which he had treated a number of cases, giving small doses—commonly the blue pill, sometimes even the bichloride of mercury. He had great faith in blistering pneumonic cases, but to be of service the blister should not be an insignificant four-inch one, but the size, say of a page of foolscap paper. That hint he took from Sir Henry Marsh, who said, "If you want to do any good apply a large blister." Poultrices were, in his opinion, quite secondary to other treatment.

DR. MORE MADDEN observed that in the Hospital for Sick Children pneumonia was one of the most common diseases. Within the last few months pneumonia had been unusually prevalent and peculiarly fatal in its character. In one instance he had two and in another three members of the same family suffering from pneumonia—a fact worthy of observation in connection with the epidemic form of pneumonia. Speaking from his fourteen years' experience of pneumonia in that hospital, the different forms of pneumonia occurring in different years required different treatment. He could not agree as to the efficacy of medicine in all febrile diseases. His opinion was that, while fever could not be cut short, it might be guided to a safe termination by medical treatment. Pneumonia was a fever with local complication. The cases he had seen recover had been treated with quinine, and poultrices had been applied. He had found it necessary to give mercury in combination with quinine and other treatment. He believed in the anti-phlogistic power of mercury, and had he the disease himself he would like to be wrapped up in poultrices and be given mercury, quinine, and stimulants.

MR. JOSEPH KENNY observed that in the workhouse hospital of the North Dublin Union there was an extraordinary prevalence of pneumonia. In connection with the outbreak of the disease he noticed, either concurrently or immediately before it, the prevalence of erysipelas. In the present epidemic the disease attacked the left lung with greater frequency than the right, and (contrary to the usual experience) the upper lobes of the lung rather than the base. In young subjects his experience was contrary to Dr. Little's—the mortality was exceedingly low. Dr. Duffey had stated that the application of poultrices was not only of no good, but the opposite. It was doubtless the misapplication of poultrices he meant, for if properly applied poultrices were exceedingly useful. Quinine treatment was what he adopted, but he had combined it with gray powder, and digitalis or ipecacuan, with or without opium, as the case demanded. Blisters followed by poulticing he found to be of great use. Believing as he did that pneumonia was a septic disease, he should regard quinine as a remedy of some value, whereas a man who looked on the disease as the result of cold might not take that view at all.

THE REGISTRAR-GENERAL said that the cases of pneumonia spoken of by the present speakers were of a more severe character than those with which he was familiar



Some years ago he came to the conclusion that pneumonia was essentially a fever, and that too an infective fever.

Surgeon ORMSBY said he had performed venesection in a case of croupous pneumonia at the Meath Hospital with good results.

Dr. HAWTREY BENSON had treated cases with quinine, stimulants, poultices, and blisters.

Dr. FINNY said he had never seen so many cases of pneumonia as within the last six months, and it was different from the pneumonia of former years. A great amount of lung tissue became involved. In ordinary pneumonia the fever ran to a high pitch, the crisis taking place about the eighth day. But in the present epidemic the temperature rarely passed 103°, or from 103° to 104°, and the crisis occurred about the fifth day. Another point of interest was that the disease spread from one lung to another, pleurisy being very common. Acute delirium, such as was seen in typhus, was also a common symptom of the disease. Amongst the physical signs of pneumonia one frequently present was the tympanic resonant note above the attacked portion of the lung, and this was followed by the extension of the disease. His experience differed from Mr. Kenny's—the disease attacked all the lobes indifferently. Statistics seemed to point to the lower lobe, but in the present epidemic the one attacked was just as often the upper lobe. The treatment he adopted was exactly the same as for a severe fever. He treated the patient and not the disease. Adapting the treatment to the suffering of the patient, he gave quinine in moderate doses, and morphia or opium internally, and local relief by cupping and poulticing. Stimulants were also necessary. His attention was directed to strengthening the heart and inducing sleep.

Mr. DOYLE said he had in all cases, for the last three or four years, been in the habit of using local lukewarm packing, which he found relieved the pain quite as effectively as ice-packing did. He would give large doses of quinine once in the twenty-four hours to bring down the temperature. In treating pneumonia the fever must be treated.

Messrs. McCULLAGH and BURGESS having also spoken,

Dr. DUFFY, as a personal explanation, said the point of his remark on the uselessness of poultices was as regards the effect of stopping the disease. He frequently used poultices himself, but he preferred cotton wool.

The PRESIDENT concurred as to the fatality of pneumonia in the present epidemic, especially once the meridian of life was passed. One point escaped attention in the discussion—namely, the presence of pneumonia in renal disease either of a temporary or of a permanent character. It was astonishing how many cases there were of renal disease in those who passed sixty years of age. A number of cases would exhibit albuminuria even when little expected. With regard to treatment, admitting pneumonia to be a fever, the great object must be to keep the patient alive until the crisis arrived on the seventh, eighth, or ninth day. Upon this principle, even without reference to considerable practical experience, he believed in the value of quinine. He believed that quinine was one of the drugs—perhaps the only drug—which in a vast proportion of cases enabled the physician to overtake the disease or enabled the patient to live till the disease subsided. He had seen valuable results from blisters in moderation, and at the stage when the temperature came down and resolution was hanging fire—just about the same time that one would use mercury and iodide of potassium. On the other hand, he had seen terrible evil, even fatal results, ensue from the application of very large blisters in pneumonia. Feeding and stimulants must occupy a prominent place in attending to those cases.

Dr. LITTLE, in replying, was sure that the President was correct in saying that a great number of cases of pneumonia were those of old standing renal disease, and for years past he had himself regarded death as a foregone conclusion in cases of patients attacked with chronic Bright's disease. He could speak in the most confident way as to the value of packing of the chest in croupous or lobar pneumonia. As to blistering, his opinion was in accord with that of the President. Post-mortem examination showed violent pleural inflammation underneath the blister. In an autopsy, where a man had been extensively blistered, he traced the blisters on the pleural membrane in patches of lymph, so that he had a great horror in applying blisters until the temperature had come down. The physician could avert the tendency to death. Leeching or blood-letting averts the tendency to death arising from over-loading of the right side of the

heart. Hypodermic injections of morphia, when the patient was in a state of dyspnoea with intense pain, induced sleep, and contributed to recovery. There were other ways of securing sleep, stopping nervous disturbance, and averting the tendency to death; but with regard to affecting the disease he was in doubt. They should not be led away by speculative considerations. They should not, as Sir James Paget expressed it, be guided by the dim and treacherous ray of speculation, but observe the effects of quinine, or other remedies, unbiassed by theoretical reasoning. He had himself been persuaded by a medical friend to try ergot, but he never saw any good effect from it. For his own part, he had at the outset faith in quinine, then he began to lose it, and now his faith was coming back because in the practice of other physicians the cases did well where the quinine was fairly administered.

The Section then adjourned.

#### BRITISH GYNÆCOLOGICAL SOCIETY. MEETING HELD JUNE 10TH, 1885.

Dr. MEADOWS, President, in the chair.

SPECIMENS were shown by Dr. Smith, Mr. Reeves, and Dr. Bantock.

Dr. ALEXANDER, of Liverpool, then read the paper of the evening, on an operation which bears his name as the originator, entitled

THE OPERATION FOR CORRECTING SOME UTERINE DISPLACEMENTS BY SHORTENING THE ROUND LIGAMENTS, a full abstract of which will be found at page 45.

A brief discussion followed the reading of this paper, in which

Dr. MEADOWS inquired as to the advantage of the "galvanic" stem pessary—that instrument having been very unfortunate in his hands.

Mr. LAWSON TAIT said he had done four cases of the operation, and one had died. He then ceased to perform it, considering the risk to the patient uncompensatory for the advantage possibly attainable.

Mr. REEVES wished to know if half-an-inch skin incision was considered sufficient, also whether Dr. Alexander could before operating diagnose as to the existence of uterine adhesions, and if so, as to their extent.

In reply, Dr. ALEXANDER said the "galvanic" stem was used simply on account of its mechanical convenience, and not for any galvanising properties. In his hands no evil had accompanied its use. To Mr. Tait he must say the patient probably died of some disease, and not the actual operation, and would wish him to try it more extensively. The question of skin incision was one very much for the individual operator to settle, but should never be less than 1½ in. to begin with. Adhesion could in some cases be detected.

### Special Articles.

#### THE ABUSES OF LONDON MEDICAL CHARITIES.

MR. ROBERT FREWER, Secretary of the Hospital Saturday Fund, has recently made a communication to the Metropolitan Provident Medical Association, which lays bare a few of the anomalies and abuses of the London hospital system, and is calculated to inspire us with serious doubt as to the right of some of these institutions to be called charities at all. Mr. Frewer expresses the opinion that there remains a great work to be done before the charitable contributions of departed philanthropists are rescued from the grasp of men and classes for whom they were never intended, and reconsecrated to the grand purposes for which they were given.

"Is it possible to largely increase the work and usefulness of the London Medical Charities without adding to their present income?" I need say no word upon the great importance of this question. It embraces the welfare of the vast aggregate of the sick poor, who in ever-increasing numbers crowd the hospitals and dispensaries of London; and who, I believe in the great majority of instances, are unable to pay the ordinary fee of the family doctor. It is a

fact, and not altogether a pleasant one, that about 1½ millions of the inhabitants of London are annually relieved, while no fewer than 6,000 beds are constantly occupied by in-patients at the various metropolitan hospitals, so that a number equal to the entire population of a town of considerable size are day and night under the ever watchful and loving care of an army of medical men and their helpers.

Perhaps the successful establishment of a complete network of dispensaries, in accordance with the scheme of the Metropolitan Medical Association, would go far towards removing many of the abuses now existing in connection with the out-patient department.

The scheme, says Mr. Frewer, for turning endowed institutions, such as St. Thomas's Hospital and Guy's Hospital, into pay-hospitals, seems to me such a glaring and indefensible perversion of the intention of the founders of these institutions that I cannot suppose such a course will long be tolerated. The doors are open to all who will pay three-pence for advice and medicine, while at both Guy's and St. Thomas's the "well-to-do" are provided with comfortable apartments, advice, and medicine included on reasonable terms, inquiries to be made, &c. I trust that such inquiries will be made as will ascertain whether or not the course now pursued by the governing bodies of these great endowed charities is, or is not, at variance with the terms of the charters under which such charities were established.

I believe the establishment of pay-hospitals to be a good thing, and I believe that the middle classes will readily support such institutions by the payment ungrudgingly of such fees as may be necessary for their support; but I protest that it is wrong for such institutions to accept charitable contributions in any form. Against the proposed conversion of endowed charities into provident institutions I shall always protest in the strongest possible manner.

Now, let us for a few minutes examine the yearly reports of the London charities. I take the reports of seventy-two hospitals and thirty-nine dispensaries, and I find that these institutions received in their last financial year £67,500. Relief was given to 68,500 in-patients and 1,168,000 out-patients. An average of 6,000 beds were occupied during the year; and there were about 4,000,000 attendances of out-patients. An analysis of these figures shows that each attendance of out-patient costs 8½d., and every bed occupied costs per week £1 14s. 4d. Can this be justified? or is it not clear that the existing medical charities might greatly increase their usefulness without adding to their present income?

Taking the largest hospitals whose reports are at hand, I find 1,074 beds always occupied maintained at an average cost of £1 9s. 10d. per week; and 391,749 attendances given during the year costing 7½d. each. At the three smallest hospitals we have a total of 79 beds maintained at a cost of £1 8s. per week, and 127,200 attendances costing 7d. each. The difference is not great, but it is worth notice that, contrary to our general notions of these things, the smaller hospital is the least expensive. How is it that one small hospital, of good repute, but with only 17 beds occupied on an average, is able to maintain each bed at a cost of 25s. per week, while the larger hospitals, having respectively 282 beds and 184 beds, are only able to maintain those beds at a cost of £1 13s. 6d. per bed per week?

Of the special hospitals I dare not trust myself to speak. Some are, doubtless, institutions of great value, and managed in a manner above reproach: but I fail altogether to discover any justification for the varying expenditure and results. The cost per bed ranges from £1 to £5 per week; the cost for attendance of out-patients ranges from 3d. to 4d. to 3s. or 4s.; nothing appearing to justify these great differences. One consumption hospital maintains 30 beds at a cost of £1 7s. each per week; another institution of the same character 19 beds at a cost of £2 10s. per week; a third institution, not long opened for in-patients, has managed to maintain two beds, and attend to the same number of out-patients as the hospital with 30 beds, there being very little difference in the income of the two institutions. Here is an hospital for diseases of the nervous system, having no in-patients but children, every bed appearing to cost about £1 18s. per week. The average cost of beds at the various lying-in hospitals is about £2 10s. per week, while the cost of attendance upon out-patients may be estimated as quite equal to the amount paid to the ordinary practitioner by working people. Generally speaking the expenditure at those institutions devoted to the diseases of

women and children seems excessive, and incapable of satisfactory explanation. It is only right that I should here mention an exception. There is one institution, as efficient in every respect as any to which I am referring—I mean the Royal Hospital for Women and Children, in the Waterloo Road—where an average of 50 beds are maintained at a weekly cost of one guinea each, while 28,000 attendances are given to out-patients, each year, at a cost of 4½d. per attendance. How in the face of this experience can another institution for women and children of the same size, and having the same object, justify an expenditure exceeding £2 2s. per bed per week, and 10d. for every attendance of out-patients?

A glance at the reports of hospitals for children is not re-assuring, and does not relieve one from the impression of mismanagement or extravagance somewhere. Here we find in ten hospitals—especially for children—520 beds occupied and maintained at an average cost per week, exceeding by 6s. per week each bed the cost incurred at such institutions as King's College, or Westminster, or the London Hospitals. We are also startled at the grossly unjustifiable differences of cost shown by these children hospitals. Again, to mention a noteworthy exception—the Alexandra Hospital for Children with Hip Diseases, is able to maintain efficiently, and with every necessary comfort and appliance, 74 beds for children, always occupied, at an expenditure of 12s. weekly each bed; this cost being considerably more than doubled at the five larger children's hospitals. I wholly fail to discover why this difference should exist. The largest children's hospital maintains 10 beds at a cost of £1 9s. 3d. each weekly.

Comparing the annual reports of the dispensaries of London, the differences in costs and results are even more striking. As in the case of hospitals, I take the three largest institutions, and find that 51,360 patients are relieved at a cost of 1s. 2½d. each. The three smallest relieve 3,029 patients at a cost of 2s. 2½d. each. That the small dispensary should be generally speaking more costly than the larger one is perhaps to be explained. But here are two dispensaries, both in the Western district: one relieves 14,000 patients at a cost of £467, and the other relieves 4,000 patients at a cost of £1,165. In one case every patient costs 5s. 7d., in the other 7d. At the larger institution the medical staff and nurses receive £189. At the smaller institution doing less than one-third of the work it is £421; or in other words, at the favoured charity the medical staff and assistants receive 4s. for every patient attended, while at the other they are content with *three pence*. It is not always that the larger dispensary is the most economical. The dispensary with the largest income I find relieves 14,000 patients at a cost of 2s. each; while the dispensary with the smallest income relieves 3,200 patients at a cost of 1s. each.

It is quite time we proceeded to draw some general conclusions. I find that such institutions as King's College, Westminster, the London, and the Metropolitan Free Hospitals are able to maintain every bed occupied at these institutions at a cost of less than 25s. per bed per week, and that every attendance of out-patients costs less than 6d. each. Are there any who would deny the efficiency of these institutions, either as hospitals for the relief of the sick poor, or as schools of medicine? And if the expenditure at such institutions as I have mentioned is sufficient for every possible requirement to maintain these institutions in the highest state of efficiency, why should the *average* cost at the hospitals and dispensaries which we have had under our notice—many of them very inefficient compared with those I have selected as models—why, I ask, should the average reach £1 14s. 4d. weekly for every bed, and why should every bed, and why should every attendance of out-patient cost 8½d.? I do not suggest for a moment that the principal officers at our London medical charities are not over-paid.

If it be possible, as I believe it is, to reduce the average expenditure of these 111 hospitals and dispensaries to that of the hospitals to which I have referred as models of all-round efficiency, there is complete provision, without adding to their present income, for 7,000 beds instead of 6,000 now occupied, and for 5,000,000 attendances yearly instead of the present 4,000,000. Now, how do the figures stand? 7,008 beds at 25s. is £455,000, and 5,000,000 attendances at 6d. is £125,000, making together £580,000. There is still an undisposed balance of £95,000. What shall we

do with it? I have no hesitation in suggesting that this £95,000 should be added to the £30,000 now paid to the medical officers of hospitals and dispensaries. We are all ready to acknowledge that, so far as return for valuable service is concerned, the relation of the doctor to the hospital and dispensary is not satisfactory. We have seen that in some instances the medical staff receive as much as 4s. from each dispensary patient. I find, however, that at 67 hospitals 51,119 in-patients and 610,005 out-patients receive the services of medical men of the highest skill, for which service the sum of £17,834 was paid, nearly 6d. each patient; while at 39 dispensaries 196,609 out-patients were attended to, for which the doctors received about 1s. 3d. each on an average. When we consider the seriousness and difficulty attending many of the cases—indeed, a large proportion of the cases—in the various hospitals, for which the doctor receives on an average about 6d. each, we can hardly wonder at the remonstrances which reach us from the medical world with reference to the ever-increasing claims upon the services of hospital doctors. My suggestion that there are funds available for a large increase of payment for services of the hospital doctor, and which should be so used, is not, I think, an unreasonable one, nor unwarranted by the figures here given.

#### TREATMENT OF CHOLERA.

IN view of the possibility of cholera invading our shores, the best methods of treatment should be carefully considered so that there may be no hesitation, when the time comes, as to what particular line of treatment it will be most advisable to adopt. A very valuable, because a very practical, paper appeared in the *Dublin Journal of Medical Science*, for August, 1884, written by Brigade-Surgeon F. E. McFarland, of the Army Medical Department. In it he reviews four principal methods of treatment which he has seen adopted, and which he has used himself. 1. The calomel and opium treatment. 2. The salt treatment. 3. The belladonna treatment. 4. The permanganate of potassium treatment. The first he condemns, because he thinks it adds greatly to the agony of the disease, and, if it does not hasten the patient to the grave, it does not smooth the passage. He thinks it may be laid down as a rule that opium should never be given once collapse sets in. Of the salt treatment he has nothing very decided to say. He was recommended to try it in two ways—first, the following mixture to be given every half hour or hour according to circumstances, and the intensity of the symptoms:—

R Common salt, ℥ij;  
Bicarbonate of sodium, grs. xxxvj.;  
Chlorate of potassium, grs. x.;  
Water, ℥viij. M.

Second, half an ounce of common salt in a pint of water every half hour or hour.

The first mixture was attended with greater success than the second. The patients take either with avidity. Of this treatment he has heard the doubtful recommendation "that more cases of cholera have recovered with the salt treatment—and more have died—than under any other," and he adds, "I cannot speak more clearly of it." Of the belladonna treatment he speaks favourably, especially as a means of bringing a patient out of collapse and controlling it. He narrates one case in which it was specially useful. Its administration requires careful watching, but he thinks it is worth a trial. Of the permanganate of potassium treatment he speaks in the highest terms. "This is certainly the most successful I have seen. The late Surgeon-Major W. A. White, R.A., employed it always, and it was from him I learned it. I think he first saw it used in Bulgaria. It has many things to recommend it. In the first place, you can carry in a small bottle in your waistcoat pocket sufficient

to treat hundreds of cases, and no other medicine is necessary; in the next it is a pleasant medicine. From beginning to end there is nothing in the treatment to cause apprehension to the patient, or add to their sufferings." To give it, a grain of the *pure salt* must be dissolved in four ounces of pure or distilled water; of the solution, a teaspoonful must be given every ten minutes by the watch until reaction sets in; the medicine is then stopped, and beef-tea given. If the solution becomes discoloured, it must be thrown away and a fresh one prepared. Condy's fluid will not do. The clinical evidence in favour of this method of treatment is very striking. The time which elapses before reaction sets in varies from two to six hours. Whilst taking the permanganate of potassium the patient may drink freely of water, or better still, of warm meal. The dose mentioned is the proper dose; if more is given, it is rejected like everything else. The first symptom relieved is the sickness; then the thirst; then heat returns; purging and cramps cease, and after some hours the kidneys act. Dr. McFarland thinks that it is cruel to withhold drinks from cholera patients. He recommends warm oatmeal and water. He has found bleeding a very useful measure, in one desperate case where he had opened a vein, and, no blood coming at first, he had left the arm unbound, copious bleeding set in, and a severe loss of blood had taken place before he could bind it up, immediate relief was experienced, and the patient turned over on his side, went to sleep, and made an excellent recovery. He thinks where bleeding is practised it fails from not being carried to a sufficient extent. The paper is one that deserves to be kept in view, should this country be so unfortunate as to be invaded by cholera at any time in the present or coming years. So far, there is no thoroughly safe and reliable method of treatment known. During the epidemic in Dublin, in the year 1866, the writer remembers the late Dr. Hudson saying that "the chances of a patient's death or recovery under all forms of treatment about equalled the chances of a coin coming down heads or tails upon being spun into the air."

THE number of students coming forward for their final examinations in the Dublin Colleges is, we understand, almost unprecedented. In the College of Surgeons the examinations under the old system have just been completed, and those under the new sessional system commenced last Monday, and at both series of examinations there were a large number of candidates. At the College of Physicians there have been, we understand, 67 claimants for the licence, but the rejection percentage has been very large.

THE "Hudson" Scholarship, founded in memory of the late Dr. Alfred Hudson, the head Dublin physician and formerly connected with the Adelaide Hospital, Dublin, has this year been awarded to Mr. George T. Revington, M.B. The scholarship consists of a gold medal and £30.

HER MAJESTY THE QUEEN has approved of the Good Service Pension of £100 per annum, vacant by the death of Sir W. Muir, being bestowed upon Surgeon General W. Mackinnon, of the Army Medical Staff, who has seen much active service.

REGISTERED FOR TRANSMISSION ABROAD

## The Medical Press and Circular

Is published every Wednesday morning. Price 5d. Post free, 5½d.

POST FREE TO ANNUAL SUBSCRIBERS . . . . £1 2 6

" IF PAID IN ADVANCE . . . . 1 1 0

Post-office Orders and Cheques to be drawn in favour of—

A. A. TINDALL, 20 King William Street, Strand, London, W.C.

A. H. JACOB, 3 Molesworth Street, Dublin.

*Agents for Scotland:—*

MACLAUGHLAN &amp; STEWART, South Bridge, Edinburgh.

A. &amp; W. STENHOUSE, Hillhead, Glasgow.

*Sole Agent for the Continent:—*

JOHN F. JONES, 31 Bis, Rue du Faubourg Montmartre, Paris.

ADVERTISEMENT SCALE—Whole Page, £5 0s. 0d. Half Page, £2 10s. 0d.; Quarter Page, £1 15s. 0d.; One-eighth Page, 12s. 6d.

Small Announcements of Practices, Assistancies, Vacancies, Books, &amp;c., of Seven lines or under, 4s. per insertion; 6d. per line beyond.

Considerable reductions are made from the foregoing Scale when orders are given for a series of insertions. Letters in this department should be addressed to the Publishers.

SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIÈRE, Rue Hautefeuille, Paris—post free in advance, £1 3s. 6d. per annum.

SUBSCRIPTIONS FOR RUSSIA are received by Messrs. RAJCHMAN and FRENDEL, 18 Senatoren Street, Warsaw—post free, £1 5s. 0d. per annum.

SUBSCRIPTIONS FOR THE UNITED STATES are received in New York by Messrs. WILLMER &amp; ROGERS; Philadelphia, by Dr. BRINTON: post free in advance, \$4 dollars (£1 3s. 6d.) per annum; or direct from the Offices in this country for the same amount, if remitted by International Post-Office Order.

## The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 15, 1885.

### DEGRADATION OF THE PRESS.

It is a subject of great regret that there have been of late very numerous manifestations on the part of lay newspapers showing that, in the race for pecuniary success too little anxiety is exhibited to hold that tone of perfect purity by which alone these great organs of instruction can hope to hold their rightful high position as educators of the people. It seems rather as though proprietors of journals are actuated more by the desire of a money gain than by the wish to inculcate principles of truth and morality, for no opportunity of pushing sales by sensational announcements and catch-penny articles is neglected by a certain section of such publications; while even those which are by common consent regarded as the more respectable among newspapers do not, at times, refuse to adopt the discreditable tactics of their less firmly established contemporaries. The truth of this statement can be verified by reference to events no more remote than those attending the late Egyptian campaigns, during which it was a regular experience to find the contents bills of the daily press blazoning with headings descriptive of "news," not only of the most exaggerated type, but as often as not of the most absolutely untruthful character. Again it needs only the merest excuse, the more disgraceful the better to shock the good feeling of society, for the opportunity of

trading on it to be seized on with avidity by some one or other organ of public opinion. Thus it is still fresh in the memory of many that, on the advent of an unprincipled female quack in London, who, under pretence of delivering physiological lectures to women, communicated to those who attended her receptions descriptions of the most disgraceful character, an evening paper took upon itself to commend this woman as a teacher of young English girls, and advised our daughters and sisters to attend and listen to the lectures she gave. Of what nature these abominable discourses were was sufficiently shown in an account of one of them, which we felt it to be our painful duty at the time to print as a warning to those who might be deceived by the specious advertisements inviting the attendance of the public at them.

The principle of pushing sales at the expense of decency has lately been strikingly illustrated by the *Pall Mall Gazette*, which has by its action attained so great a notoriety that it can scarcely expect to be ever again admitted to the ranks of respectable journalism. The subject of its sickening revelations is that with which the world is familiarised through sensational descriptions of the horrors attending a traffic in young girls, who on attaining the legal age at which they are entitled to give consent to their own violation, are said by the *Pall Mall*, to be ruined in large numbers in London alone, for the gratification of unnatural lust. We do not propose to examine the truth of the statements made in this connection; many of them are, to medical readers, palpably absurd, and many of them too bear too much internal evidence of an excitable imagination to permit their being seriously considered. Doubtless, immorality is rife among all classes and all ages; but in order to expose it we contend, in the interests of the national welfare, that a language of propriety may be made as effectual as the gross method of depicting it which has been adopted by the journal in question. There is no excuse indeed for a mode of procedure that appeals so directly to the appetite for prurient details which exists in our midst; and by thus openly pandering to which an injury is done and an offence committed which will cause an amount of damage to public morality a thousandfold greater than all the criminality which has been trumpeted forth by the writers of the articles we complain of. We presume the object of their appearance will not be satisfied by indoctrinating errand boys, cabmen, and the multitudinous frequenters of the streets into the mysteries they expose; yet these are the classes who during the period of their publication were to be seen on all sides eagerly devouring the nastiness they contained, and clearly enjoying the treat served up to them in language apparently designed for the special delectation of the "masses."

So far as an honest desire to protect the helpless is concerned, we, in common with every right-minded person, will heartily co-operate to secure the desired end; but when this is made the excuse for the production of obscene publications the only ones to derive benefit from which are those responsible for their appearance, we cease to sympathise with so obviously one-sided a movement;

and we trust that exemplary punishment may be awarded to those who have spread contamination broadcast, and stimulated unhealthy feelings and evil thoughts throughout the depraved classes of the community.

We would point out, too, that proceedings taken against the writers and publishers of obscene writings are based only on the fact of an offence against public decency. The matter of truth or otherwise of the incriminated articles does not enter into consideration; the only question involved is, "Is this writing indecent?" and on that alone the verdict of a jury and the decision of a judge will be given. This appears to have been forgotten in the composition of the papers referred to, and a good deal of silly vapouring is indulged in by the editor of the *Pall Mall Gazette* as to the names he will disgrace if prosecution overtakes him. No opportunity for making good his threats would arise out of his trial for uttering indecent articles whatever foundation of truth he may imagine he possesses for his statements; and we consider that public purity demands that the offence he has committed against it should be met by its early vindication at the hands of the law.

In connection with this subject we have seen with a feeling of profound surprise and regret, that our usually careful contemporary, the *British Medical Journal*, has undertaken the defence of the *Pall Mall* performance. We sincerely trust that this is due to an absence of consideration of the interests involved, for it would indeed be sad to think that an organ of the influence the *Journal* possesses can descend to approval of proceedings which must necessarily react with such evil general effects. If seemingly respectable newspapers are to be thus prostituted to the lowest aims, and become diffusers of immoral literature without opposition, then we have indeed striven for years in vain to elevate the health of the people by improving the morals of society. If a leading organ of medical opinion can so lightly throw aside one of the first traditions of the profession, then truly is the outlook black; but we prefer to think our contemporary has erred without thought, and that it is before this awakened to contrition for its offence.

#### CAESAREAN SECTION IN CENTRAL AFRICA.

In a recent article on the postures adopted by women in labour in Central Africa in the *Deutsche Med. Zeitung*, Dr. Breitmann gives a most interesting account of the operation of Cæsarean section, as witnessed by Dr. R. W. Felkin at Kahura. The case was that of a very handsome young negro woman, a healthy primipara, aged 20 years. He entered the hut just at the commencement of the operation, but was not permitted to convince himself of the condition of affairs by examination. By the side of the half-intoxicated patient stood a quantity of banana wine. A bandage of Mbugu, a stiff material made from the bark of a tree, went over the breast, and bound the patient firmly to the bed, another passed over the thighs; an assistant held fast the feet, and another, standing on the right side, held the skin of the abdomen on the stretch. The operator, holding aloft the knife, muttered a prayer. After the completion of the ceremony he thoroughly washed the abdomen of the

woman and his own hands with banana wine, uttered a piercing cry, which was repeated by those standing without, and made an incision from the pubes almost to the umbilicus, and right into the uterus, so that the liquor amni gushed out. Some bleeding vessels were successfully touched with the actual cautery. The operator quickly extracted the child, whilst a second assistant drew the edges of the uterine wound apart and compressed them. After division of the umbilical cord, the child was handed to a woman, the operator laid aside the knife, grasped the uterus and compressed it with both hands with all his might. He then dilated the cervix with two or three fingers, removed the blood-clots and the placenta, while the assistants were busied in arranging the intestines, and especially in preventing any portion getting between the edge of the wound. What bleeding still continued was stopped by the actual cautery, whilst the operator still compressed the uterus until it was firmly contracted. No sutures were inserted. The assistant who had before held the abdominal wall on the stretch grasped the angle of the wound and the whole wound was covered with an herb pad. The bandages were now loosed, the assistant grasped the patient by the arms and turned her over into a position in which the fluid in the abdominal cavity flowed out. She was then brought back into the former position, the herb covering was removed, the edges of the wound were carefully adjusted and fixed with well polished needles, similar to acupuncture needles, and made fast by an encircling thread. A paste prepared from two different roots by chewing was laid over the wound in the place of plaster, over this a previously warmed banana leaf, and the whole fastened on with Mbugu bandage. Up to the moment when the needles were inserted the patient had evinced no expression of pain, and an hour after the operation was in good spirits. The temperature did not rise above 37.5° except during the first night, when it reached 39°. Pulse 108.

Two hours after the operation the child was put to the breast, but after about ten days as the milk stopped it was fed by another woman of the tribe. The first change of dressing was made on the third day, a needle was removed, then more followed on the 5th, and the remainder on the 6th. At every change of dressing fresh "ointment" was put on, and the secretion from the wound removed with a tampon charged with it. The dressing was always solid, and in nine days after the operation the wound was healed and the patient quite well. Beyond the interest which naturally attaches to a case of this nature, it is heightened in the present instance by the quaint native proceedings and the decidedly civilised method employed by the chief operator.

#### Notes on Current Topics.

##### Alexander's Operation of Shortening the Round Ligaments.

THIS operation received its first practical demonstration as a surgical one in the metropolis, in March last, we believe, when Dr. Alexander, of Liverpool, the discoverer, whose name will for the future be associated with it, performed it in the theatre of the Soho Hospital

for Women. About that time Dr. Alexander was invited to deliver an address on the subject of his operation before the British Gynæcological Society, and last month, in fulfilment of the acceptance of the invitation, he delivered the address which will be found in another column. In addition to clear directions for the performance of the operation, it is curious to note that Dr. Alexander finds it necessary both to give a word of warning to the presumptuous, and one of encouragement to the discouraged. In truth, the operation is not so easy as some would have us believe, nor so difficult after a few trials as some beginners have found it. The history of the operation also is curious. As already noted by us, it was first suggested by Alguiè in 1840. Amongst the names already associated with it we may mention those of Freund, Hegar, Kaltenbach, Adams, Rivington, and lastly Professor Deneffe, of Gand. The latter stumbled on the idea whilst a student, and in 1864 wrote a doctoral thesis on the subject, and attempted the operation, but unsuccessfully, on the living body. Professor Deneffe has quite recently put forward his claims as the inventor of the operation in an article in *Les Annales de la Société de Médecine de Gand*, 1885, entitled "Raccourcissement des Ligaments Ronds pour la cure de la Rétroversion de la Rétroflexion et de la Chute de l'Uterus." If so many practical anatomists have independently hit upon the idea of the operation this alone is *prima facie* evidence of its feasibility, and looking at the subject now, it is almost matter of wonder that it was not worked out in a practical shape long ago. When so many good men have already worked at the subject and made nothing practical out of it, Dr. Alexander is to be congratulated on the signal success that has attended his efforts.

#### The Small-pox in Dublin.

At the last meeting of the Public Health Committee of the Dublin Corporation, Sir Charles Cameron reported the case of small-pox to which we alluded last week. The circumstances under which this case occurred were somewhat peculiar, and were stated to have been as follows:—In the report submitted some three weeks ago an outbreak of small-pox occurred in a house in Pembroke Road, the contagion having been carried in the person of a lady who visited the house from London. Four persons in the house were affected with the disease, and in two of these cases fatal results followed. Of the two fatal cases, it may be mentioned, one was that of a nurse from the Cork Street Fever Hospital, who, through the circumstances of her having been removed from Pembroke Road to the hospital, her treatment when suffering from the disease seems to have been subjected. At the conclusion of the outbreak at 71 Pembroke Road, which caused two deaths, the clothes of the patients were sent to a local laundry for the purpose of being washed, without any notification being given to the proprietor of the laundry to the conditions under which they were delivered. These clothes were washed along with other clothes, and, as a result, the affection appears to have been conveyed to one of the attendants in the laundry, who was admitted to Cork Street Fever Hospital with all the symptoms of small-pox. Sir Charles Cameron in his

report states:—"It was clear, then, that the disease had been imported into the laundry from the house in Pembroke Road." The Committee adopted the following resolutions on the subject, directing that that having reference to the compulsory notification of disease be transmitted to the Prime Minister:—"Resolved—That the recent case of small-pox occurring in a laundry in the neighbourhood of Dublin, by the inconsiderate, if not culpable action of a person sending infected articles to the laundry, is another proof of the urgent necessity for an act of Parliament enforcing the notification of infectious diseases." "That the Public Health Committee beg to draw the attention of the Pembroke Town Commissioners to the highly reprehensible conduct of a resident in Pembroke Road in sending to a public laundry the clothes of patients suffering from small-pox."

#### The Treatment of Inebriety.

THE recently published "Proceedings of the Society for the Study and Cure of Inebriety" for June last, contains an interesting paper by Dr. Muir Howie, in which the deprivation system is advocated on the ground that the will of the victim to drink is utterly incapable of being exercised in the least sense so long as the dominion of alcohol is in any degree maintained. In those cases in which *total* abstinence cannot be enforced it is advised that the indulgence should be postponed until as late an hour in the day as possible, on the ground that a man who drinks early also drinks deep. A case in point is quoted by Dr. Howie, being that of a man who under persuasion gave up the alcohol in which he had throughout his life indulged, and who found it less difficult to deny himself spirit when he took beer at supper time. Dr. Howie maintains that the condition named "nervous irritability" has a very real existence among drunkards, and that it should be accorded its place in the rules of treatment, and be met by exercise, fresh air, and bromide of potassium and quinine as remedies. A discussion followed the reading of the paper, in which the author's views generally were concurred in.

#### The Conjoint Examination Buildings.

DURING the past week an arrangement has been arrived at between the Royal College of Physicians of London and the Royal College of Surgeons of England, respecting a proposal to purchase a piece of land on the Victoria Embankment, on which to erect new buildings for the purposes of examination under the New Conjoint Board. It will be remembered that negotiations were opened some time since with a view to purchasing a site in Long Acre on behalf of the two Colleges: this scheme has, however, fallen through, and the Embankment site is the one which will probably be finally selected. The ground rent of the plot is £2,200 per annum, and it will afford very ample accommodation to meet all the requirements likely to arise. It is, we understand, the same site as was contemplated by those who endeavoured to get the General Medical Council to consent to the extravagance of a new Council chamber, and the non-success of which needless proposal was hailed at the time with such general satisfaction.



### Annual Dinner of Volunteer Surgeons.

ON Wednesday last the annual dinner of the Association of Volunteer Surgeons took place at the Freemasons' Tavern, the Right Hon. the Earl of Wemyss and March being in the chair. The gathering was a most successful one, no less than fifty gentlemen sitting down to dinner, among them being all the prominent surgeons associated with the Volunteer movement, and many of those attached to the Army Staff Medical Corps. The importance and duty of organisation was impressed on those present by the noble chairman, who expressed himself as enthusiastically devoted to the Volunteer Service now as when, as Lord Elcho, he was the principal promoter and champion of the movement. Previously to the dinner Surgeon-Major Evatt presided over a meeting of the Volunteer Medical Staff Association, when Mr. J. Cantlie, Hon. Secretary, described the recent work done by the Association, among the last improvements being the formation of a dining club for Volunteer surgeons, a scheme of the most promising character. A resolution was passed to fix the dinner annually to take place on the Wednesday immediately preceding the Wimbledon meeting, and it was further decided to extend the privilege of joining in the festival to members of the Volunteer Medical Staff Corps.

### Death from the Sting of a Bee.

It is announced that a man named Blanchard, an ironmonger, of Poole, died on Thursday last from the sting of a bee, which attacked him while walking in his garden a fortnight previously. The insect stung the deceased in the neck, and soon afterwards the parts swelled considerably and progressively, with the result given. It is rare in this country for such accidents to have a fatal termination, though it is not difficult to conceive such a constitutional state as should render any one so poisoned locally liable to risks affecting even life itself. In this case probably, inflammation extended along the lymphatic system into what Mr. Bryant very properly terms the dangerous region of the neck, where oedema and possibly suppuration into the cellular tissues around led to interference with the respiratory process; but the meagre accounts of the occurrence to be gleaned from the brief newspaper reports of the accident do not, of course, yield any information on this point. It would be very interesting to hear an account of the case from one or other of the medical men who were in attendance on the deceased.

### Ice Cream.

FOLLOWING the reported cases of several persons who were seized with illness soon after eating ice creams purchased from a particular vendor of these delicacies, a good deal of public uneasiness has been aroused with respect to indulgence in them. Dr. Muter has, therefore, devoted himself to a special investigation of the matter, and his report was on Thursday last communicated to the Lambeth Vestry, within whose jurisdiction the cases of alleged poisoning occurred. The samples analysed were three in number, and were purchased from a barrow in Lambeth Walk. Dr. Muter stated that, after a most exhaustive and careful examination, he had come to the

conclusion that nobody could suffer any injury from this article through anything unusual in its composition. It contained no poisonous matter, and the amounts of aniline colour and flavouring essence were so small as to be quite innocuous. Two of the samples actually contained fruit. Dr. Muter added:—"The mere fact of the hasty consumption of ice upon a hot day and an empty stomach would in itself frequently cause unpleasant results, even if no poisonous article were present."

### Death under Ether.

ON Tuesday, July 7th, a death occurred at the London Hospital during the administration of ether. The deceased was a woman, about forty years of age, who had been for some time under treatment, having been originally admitted with fracture of the right tibia, and also of the sternum. The latter injury became compound, and later on pyæmic changes took place, large collections being formed in the knee-joint and pelvis. Soon after being placed on the operating table, and when less than half an ounce of ether had been administered, respiration suddenly ceased, and though immediate and vigorous attempts to restore breathing by artificial means were resorted to, recovery did not take place, the patient never once rallying from the fatal syncope.

### The Work of the Middlesex Hospital.

WE have recently received the reports of the Medical, Surgical, and Pathological Registrars of the work done in connection with the Middlesex Hospital for the year 1883, and which make up a large octavo volume of considerably over five hundred pages. The amount of labour bestowed on this record of the year's work must have been very great, and the result is correspondingly valuable. The tabular arrangement and classification of the cases under treatment render the work exceptionally useful for reference, while for the same reason it gives it a permanent importance among case-books. The surgical portion of the work is a mine of information and suggestion, and is likely even more than the medical, to excite admiration, because of the greater readiness with which the histories of surgical cases lend themselves to be put in the form of brief abstracts: not that the medical and pathological reports are not equally praiseworthy; they deserve the highest praise throughout.

### The London Ophthalmological Society.

AT the annual meeting of this Society the following were elected as the Officers and Council for the year 1885-6, viz.—*President*: Jonathan Hutchinson, F.R.S. *Vice-Presidents*: Sir William Bowman, Bart., F.R.S.; George Johnson, M.D., F.R.S.; Thomas Reid, M.D. (Glasgow); T. Sympson (Lincoln); T. Shadford Walker (Liverpool); J. C. Wordsworth. *Treasurer*: J. F. Streatfeild. *Secretaries*: Seymour Sharkey, M.B.; W. A. Brailey, M.D. *Other Members of the Council*: John Abercrombie, M.D.; Sidney Coupland, M.D.; George Cowell; G. A. Critchett; Walter Edmunds; W. Adams Frost; E. Nettleship; Priestley Smith (Birmingham); Simeon Snell (Sheffield); J. B. Story (Dublin); John Tweedy; W. Spencer Watson.



**Mr. Erichsen's Parliamentary Candidature.**

It is announced that Mr. Erichsen, F.R.C.S., of London, has expressed his willingness to become a candidate, in the Liberal interest, at the general election for the representation of Edinburgh and St. Andrews Universities. His opponent on the Conservative side is the Lord Advocate, Mr. Macdonald, Q.C. Mr. Erichsen is to visit Edinburgh this week, and will probably address a meeting of his committee to-day or to-morrow. He has issued his address to the Members of Council, in which he promises that all questions relating to academic education, the proper relations of primary and secondary schools to the Universities, and those subjects depending upon the relations of science to public health and social welfare, shall receive his constant attention. Mr. Erichsen's character and professional position are such, and the necessity for medical representation in the House is so great, that we cannot but wish him every success.

**Precautions against Cholera.**

In the House of Commons last week Mr. Arthur Balfour, in answer to Lord C. Hamilton, who asked for information as to the steps being taken by Government to prevent the importation of cholera, told the House of Commons that the more extended inspection undertaken during the present year by six Government medical inspectors is now almost complete as regards the port and riparian districts of England, and is being pursued in other districts which there is reason to suppose would be most likely to suffer from cholera in the event of its introduction into this country. As a part of this inspection sanitary authorities are met and counsel taken with them, and their more immediate duty of preparation against cholera, as well as their general sanitary duties, are impressed on them by the Board's inspectors. The regulations which were in force during the prevalence of cholera in France and Italy are still in operation. As regards rags, an order has been issued prohibiting until the 1st November next the importation of rags from Spain.

**Foreign Bodies left in the Abdominal Cavity after Laparotomy.**

On February 20th, 1883, Dr. H. P. C. Wilson, of Baltimore, removed a dermoid ovarian tumour from a patient aged 29. After recovery from the operation a phlegmon formed in the cicatricial line above the umbilicus. This afterwards opened externally, giving exit to pus, and some months subsequently (July and August) ten pieces of sponge. The patient then recovered rapidly. As the sponges were carefully counted before and after the operation, and the number found to be correct, he could only account for the presence of the offending piece on the supposition that a fragment had become torn off during the process of cleansing—probably a not incorrect supposition. His own case led to an inquiry into the subject, and to the discovery of not less than thirty well-authenticated cases in which a foreign body has been left in the abdominal cavity after abdominal section. Of the thirty cases, thirteen occurred in America, and seventeen in Europe. The foreign bodies were sponges, pieces of sponge, or forceps—sponge

twenty-six times and forceps four. In five cases the presence of the foreign body was suspected, and search made for it in time to save the patient's life, and in Dr. Wilson's own case the sponge presumably became encapsuled and worked its way out as other foreign bodies sometimes do. The remaining twenty-four were all fatal, *i.e.*, presuming that the "ten other cases" given by Mr. Tait were fatal like his own. If the presumption is erroneous perhaps Mr. Tait will kindly correct it.

In addition to the above thirty cases given by Dr. Wilson, we are in a position to place a thirty-first on record, in which a sponge left in the abdominal cavity after laparotomy led to a fatal issue. As the surgeon to whom the misfortune occurred has not yet published the case, we should not be justified in giving any particulars that might lead to identification, but must limit ourselves to simply recording it as No. 31.

**New Appointments at the Glasgow Royal Infirmary.**

On the 2nd of August it will fall to the Directors of the Glasgow Royal Infirmary to appoint a physician and a surgeon; and we venture to express the hope that on this occasion, what was once the invariable rule of promotion from the subordinate position will not be departed from. In the first place, the Directors should take very good care that they appoint to the offices of Assistant-Physicians and Surgeons only such as should be promoted on vacancies occurring in the higher appointments; and secondly, it seems very unfair that when men have faithfully and efficiently discharged the inferior duties, as has hitherto been the case for many years without any pecuniary acknowledgment, and have undertaken the duties of full physicians to the house, as occasion demanded, that they should be superseded by men who have never been on the staff of the hospital, and in whose case exceptional circumstances to justify such a step are wholly wanting. For the office of Surgeon the contest, we understand, will lie between Dr. Newman and Dr. Fleming, and on the grounds we have mentioned we have no hesitation in saying that Dr. Fleming's claims are paramount. For the office of Physician two gentlemen not at present on the staff, *viz.*, Drs. McVail and Gemmell, are candidates, in addition the following members of the present staff:—Drs. Wallace Anderson, Dougall, Black, and Middleton. Drs. McVail and Gemmell are both able men, but we fail to see that this is a sufficient reason for installing them over the heads of the existing junior staff, some of whom have served the Infirmary in that capacity, and with the expectation of customary promotion for some years past.

**Frerichs' Successor.**

It is now definitely settled that Professor Leyden will succeed the late Professor Frerichs as Director of the first University Klinik, Berlin, and that Prof. Gerhardt, of Würzburg, will succeed to the post thus rendered vacant by Leyden's transference. The two kliniks will, however, for the future be placed on an equality in every respect, and will no longer be known as the first and second klinik, but by the names of their respective Directors.

### Atropine in Cases of Overdose of Chloroform.

M. GAYET, of Paris, has recently been making some experiments with a view of counteracting beforehand the depressing influence of chloroform on the heart. He has fixed upon atropine as the most suitable agent for this purpose on account of its stimulating effect on the cardiac beats. Twenty minutes before the operation he injects subcutaneously a suitable quantity of a solution composed of sulphate of atropine, 3 centigrammes, muriate of morphia, 20 c.g., distilled water, 20 grammes, and M. Gayet claims that since he has used this injection he has never had the slightest menace of danger in any of the numerous cases where chloroform has been employed as an anæsthetic.

### St. Andrew's Graduates' Association.

THE annual meeting of St. Andrew's Graduates' Association was held on June 30th. The following office-bearers were re-elected:—*President*: B. W. Richardson, M.D.; *Treasurer*: J. H. Paul, M.D.; *Secretary*: J. M. Menzies, M.A. The report of the Honorary Treasurer showed a balance of upwards of £90 in favour of the Association. A committee was elected to report to the Council on legislation as bearing upon the Scottish Universities, and upon the University of St. Andrews in particular.

### The Viceregal Medical Appointments in Dublin.

MR. ROBERT MOORE, F.R.C.S.I., has been appointed Surgeon-Dentist to the Lord Lieutenant, in succession to Mr. Corbet, who held office under Earl Spencer. We are not aware that any other appointments have been actually made, but it is assumed that Mr. Smyly and Dr. Hatchell will retain their offices as Surgeon and Physician respectively to the Viceroy.

### The Reuben Harvey Prize.

THIS prize was founded by subscription in 1882 in memory of Dr. Reuben J. Harvey, who died of typhus fever caught in the discharge of his duties as one of the physicians of Cork Street Fever Hospital, Dublin, on the 28th December, 1881, in the thirty-sixth year of his age. When he died, Dr. Harvey had acquired a high reputation as a physiologist, and the prize was established with the twofold object of perpetuating his memory and of encouraging original research in the department of physiology. It is to be awarded once in every three years to the writer of the best essay on a subject selected by the candidate, evidencing original research in animal physiology, including pathology, the essay to be illustrated by drawings or preparations, and the first award has just been made. Only one essay was sent in, by an author under the *nom de plume*, "*In cute curandâ plus æquo operata juvenus.*" The subject selected by him was "The Changes occurring in the Skin in some forms of Disease." The examiners for the prize—Dr. Walter G. Smith, acting on behalf of the President of the King and Queen's College of Physicians, and Mr. Phineas S. Abraham, acting on behalf of the President of the Royal College of Surgeons in Ireland—reported

most favourably of the essay, which was illustrated by 59 microscopical sections and several original sketches. The prize, the value of which is £20, was therefore awarded to Mr. Henry T. Bewley, Bachelor of Medicine and Bachelor of Surgery of the University of Dublin, who proved to be the writer of the essay.

### Hygienic Institution for Berlin.

THIS institution, forming part of the University of Berlin, was opened on the 2nd inst., under the direction of Professor Koch. It is expected that from October lectures will be delivered in it, not only by Prof. Koch, but also others, amongst whom Prof. Sell and Dr. Wolffhügel, the latter a pupil of Von Pettenkofer, are named.

### The Relations of Micro-Organisms to the Tissue Elements.

AT the last meeting of the Royal Society of Edinburgh a communication was made by Dr. Woodhead and Mr. Hare on the "Vital Relations of Micro-Organisms to the Tissue Elements." The authors discussed the various theories that have been propounded on the subject, and while adding little that is absolutely new, they marshalled in most systematic and thorough manner the already abundant, but widely scattered, material. Their paper, which, we observe, largely incorporates the opening chapter of their just published "Pathological Mycology," should form a fresh starting-point for workers in this important and enticing field. In reading the paper to the Society Dr. Woodhead reported that Edinburgh University was now thoroughly equipped for the prosecution of such research. Complete apparatus for bacteriological investigation had been fitted up in the Pathological, the Surgical, and the Practice of Physic Departments. They only required a band of earnest workers to ensure the obtaining of fresh results.

### The New British Pharmacopœia.

VERY diverse opinions have been current in literary and professional circles for some time past on the subject of the new Pharmacopœia. At the final meeting of the General Medical Council in May last it was mentioned that copies would shortly be in the hands of each member for final suggestion and revision; and it was imagined by some that each of the twenty-four members might be anxious to introduce his own particular crotchets, or endeavour to "improve" the work of the Pharmacopœia Committee to such an extent as to delay the publication indefinitely. Fortunately these predictions have not been verified. Having appointed a highly competent tribunal, with such a master-hand as Dr. Quain as chairman, the Council as a body were wisely content to leave the work as the Committee had presented it, and at the meeting of the Executive on Friday last it was decided to go to press with it at once, the first edition being fixed at 20,000, and the price six shillings per copy. We are in a position to state that the entire work has been thoroughly revised and brought up to date, all the new remedies of proved value have been incorporated, and that it will be larger by about one hundred pages than the previous edition.

### The General Medical Council.

WHEN the Council adjourned in May last, after its fortnight's Session, it was currently reported that an autumn meeting would be necessary to re-discuss certain medico-political and educational questions which were not then settled. We have authority for saying that the causes which led to this anticipation no longer exist, and that there will be in consequence no supplementary Session this year. This was decided at a meeting of the Executive last week, at which also a large number of charges were preferred by the Medical Alliance Association against qualified members of the profession for unprofessional conduct. These were eventually withdrawn after the opinion of the Council's law officers had been obtained, as not coming within the term of "infamous conduct," and the Executive separated after ordering the new edition of the British Pharmacopœia to be at once printed and bound.

WE understand that the President and Council of the Irish College of Surgeons have resolved to present to the Earl of Carnarvon an address of welcome on his assuming the Lord Lieutenancy of Ireland.

THE annual meeting and dinner of the Cambridge Medical Graduates' Club will be held at the Holborn Restaurant on this Wednesday evening, at 7.30 p.m., when Dr. W. H. Dickinson will be in the chair.

MR. FARRINGTON, M.R.C.S., proprietor of the Shelvinger Spa, Norfolk, recently opened his grounds for a public fête, the proceeds from which were generously handed over to the Norwich Hospital, and to some other local charities.

A SERIOUS fire occurred on Saturday morning at the Northumberland House Private Lunatic Asylum, Stoke Newington, by which two blocks of buildings containing twenty rooms were completely destroyed, and a third nearly so. No injury resulted to any of the patients.

## Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

DEATH OF DR. AULD, OF GREENOCK.—We regret to have to announce the death of Dr. Auld, the oldest medical practitioner in Greenock, which took place on the 6th inst. The deceased was 85 years of age, and was a native of Greenock, his father being the first minister of the Relief Congregation there. Deceased was licensed as a medical practitioner in 1820. He held the appointment of Prison and Police-Surgeon for over thirty years, and since the Factory Act passed he had been Government Inspector under the Act. He was held in high respect by all classes of the community.

PROPOSED SOUTHERN HOSPITAL FOR GLASGOW.—It is now more than four years since a committee was appointed "to arrange for a site, obtain subscriptions, and prepare a constitution and rules for the management of a hospital, to be hereafter submitted for approval to a meeting of those who may agree to subscribe to the funds thereof." As a result of the representations made by this committee to the

Glasgow Corporation a very eligible site was obtained, consisting of four acres of ground on the south side of the river. Designs were obtained and selected, and it was shortly afterwards announced that owing to the death of Mr. Robert Couper, of Cathcart, a large sum would fall into the hands of the committee from a will which he had executed, leaving the residue of his estate to be devoted to the erection of an hospital and convalescent home on the South Side. The committee, in ignorance of the amount of this bequest, delayed for a considerable time any active exertions to obtain subscriptions from the public. They have now, however, been informed by Mr. Couper's trustees that the residue of the estate is smaller than was anticipated, and that a great part of it may not even be available for the purposes mentioned for many years. Accordingly the committee, considering the urgent necessity for the immediate erection of a Southern Hospital for those who are unable to obtain admission to the existing hospitals on the north side of the river, and considering that already about £7,000 has been subscribed for the erection of the Southern Hospital (including a legacy of £2,000 by the late Mrs. Dixon, of Govanhill) have resolved to commence building operations at once, and to construct, in the meantime, only a portion of the proposed infirmary, waiting for further contributions before completing the design.

EDINBURGH ROYAL MATERNITY AND SIMPSON MEMORIAL HOSPITAL.—The new quarter commences on the 1st August, when Dr. Halliday Croom succeeds Dr. Keiller as physician on duty. Dr. Berry Hart succeeds Dr. Underhill as assistant physician, while the present house-physicians, Dr. William G. Anglin and Mr. Wm. Cotton, M.B., C.M., will be succeeded by Mr. J. Haig Ferguson, M.B., C.M., and Mr. S. H. Puckle, B.A.

THE PROPOSAL TO OPEN THE CENTRAL MEADOW WALK, EDINBURGH, FOR CARRIAGE TRAFFIC.—A large public meeting was held in the East Meadows, Edinburgh, on Friday evening, to protest against this unwise proposal, to which we referred some weeks ago. It will be remembered that the walk separates, or rather unites, the new medical buildings and the Royal Infirmary. The authorities of both these institutions have protested against the movement. The meeting, it was hoped, would be presided over by Professor Rutherford, F.R.S., but he was unfortunately unable to be present. Vigorous addresses were made by a number of Edinburgh citizens. *Tantus labor non sit cassus!*

EDINBURGH UNIVERSITY.—NEW EXAMINATION HALL.—Graduates of Edinburgh University will read with interest that the late Anatomical Museum in the north-west corner of the old University buildings, from which the specimens have been transferred to their spacious home in the new buildings, is rapidly being transformed into an Examination Hall. The clear space obtained by the inclusion of some adjoining rooms will supply accommodation for 240 students during a written examination. The alterations will cost about £1,000. They are being pushed on rapidly, and it is hoped that the hall will be ready for use at the commencement of the approaching winter season.

The Mortality of Foreign Cities.—The annual death-rates per 1,000 in the principal foreign cities, according to the last weekly returns communicated to the Registrar-General, are as follow:—Calcutta 25, Bombay 24, Madras 35, Paris 20, Geneva 21, Brussels 20, Amsterdam 20, Rotterdam 18, The Hague 24, Copenhagen 21, Stockholm 27, Christiania 14, St. Petersburg 25, Berlin 24, Hamburg 24, Dresden 25, Breslau 38, Munich 32, Vienna 34, Prague 42, Buda-Pesth 29, Trieste 30, Rome 22, Turin 25, Venice 23, Alexandria 29, New York 25, Brooklyn 19, Philadelphia 19, and Baltimore 13.



HOSPITAL INQUIRY COMMISSION.
issued to each of the Dublin hos-
pitals from Government a series of 34
questions deal with the composi-
tion of the hospital and the discharge
of its members of that body; the method
of the accounts; the efficiency of
the education, and the number of stu-
dents; the nursing system; and, lastly, the
appointment, and discharge of their
officers.

Correspondence.

IN HIS OWN M.D.

THE MEDICAL PRESS AND CIRCULAR.
I permit me to quote, with much ap-
preciation from the letter of a double-
degree holder which appears in the columns of one

of a diploma or a degree is in
proportion of obtaining it, which
is never that done by others; and
is recognised not only by the pro-
fession, but by the public. Now there
is a great call out for some of the
profession; and a university, which
is to grant the diploma to any doubly
qualified man who is a certain subject.
What is it that we want? Is it merely
to be able to do some of the things
which are done by others? or is it so
that they may be better than they are?
or what?

to write M.D. after their names.
is it an honour? We know some
of the M.D. who prescribe for sixpence,
and who oppose tradesmen. So the fact
is not to our advantage. Let those
that are of M.D. from anywhere they
are, so far as I can see; if a man
sides, would be as good as any

Is it not a fact that, having
degrees and diplomas, and seeing the
advantage of holding good degrees as M.D.,
on the same footing as they are—
done more work, if not actually
of the sciences? Is it fair to them

said, the value of a degree
of the faculty of obtaining it. And
of a new university which is
in its arms to doubly qualified
of the degree as a degree?

little further than the writer of
of the profession to the practitioner who
of earning the title. Why need
of a sham, to get the degree?
of his mind that he is, by educa-
and has he not been assured by
of his that he has by virtue of his
of his double diploma, quite as good
of an M.D.? Why then need he
of a degree shop for a privilege which
of confer on himself as they are to
of the M.D. conferred by Mr. Jones,
of much a Doctorate as if it were
of a limited liability company, consti-
of tuted of those who are, individually, M.R.C.S.

by the process of annexation.

DUB. UNIV. AND F.R.C.S.I.

THE INFLUENCE OF SEA-VOYAGING UPON THE GENITO-UTERINE FUNCTIONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Referring to the influence of sea-voyaging upon the genito-uterine functions, of which Dr. J. A. Irwin has ably demonstrated the truth in your columns, I may mention a case that has fallen under my own observation, and which seems to be strikingly confirmatory of this fact. A young lady in India, of leuco-phlegmatic temperament, and remarkable for want of energy, which was conspicuous even in her languid mode of speech, had been married for seven years without any prospect of having a family, there not having been the slightest indication of pregnancy during the whole of this period. The husband was also young, and in good health. Being, however, of a kindly disposition, and never expecting to be as ladies wish to be &c., &c., Mrs. A. surrounded herself with pets—small dogs, birds, and a monkey. At the end of the seven years she accompanied her husband (a civilian) to England on furlough. They went by the long sea route round the Cape (of Good Hope). In those days—I speak of thirty years ago—a voyage home in a sailing-vessel (one of the large passenger ships of the time) was very invigorating. A comfortable cabin—one's own private residence for three months at least, so different to the comfortless system of berths in a general cabin in a so-called overland steamer—the soothing influences of the sea, the tonic air, &c., &c., all combined, provided one was abstemious in the matter of food and intoxicating drinks somewhat freely provided in most of these vessels, to produce (in good sailors) a vigorous state of health which, coming after a lengthened sojourn in a hot climate, was especially enjoyable. The lady became pregnant on board; and the activity of the reproductive function (thus roused) being maintained for several years, even after the return to India, this pregnancy was followed by others: and, as a matter of fact, a child was born annually for ten successive years, the deficiency of the first septennial period being rather too prolifically made up afterwards.

I have been six times round the Cape in passenger vessels and four times overland, and I quite believe in the stimulating effect—not always for good—of a sea-voyage (long or short) upon the ovario-uterine organisation. In prescribing this remedy, however, in cases of sterility, the medical practitioner might, with the experience of that just related, be inclined to pause, feeling that possibly his patient might hereafter tax him with having prescribed rather too much of a good thing!

I am, Sir, yours, &c.,

CHAS. R. FRANCIS (Surgeon-General).

Clapham Common, S.W., July 1, 1885.

MR. LAWSON TAIT AND VIVISECTION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I enclose a report of Mr. Coleridge's speech, in which the statements in the report of Mr. Busk are challenged. It is not for me to say whether it is the reporter or the experimenters who make the statements therein refuted, and of course it is quite possible that there may be some explanation by which both may be excused from the charge of misrepresentation. But as the matter stands at present, and without complete explanation, I say again that the honour of our profession is made grievously to suffer by the statements advanced by Mr. Coleridge.

I am, &c.,

LAWSON TAIT.

Birmingham, July 9th, 1885.

[If Mr. Lawson Tait will insist on taking his "facts" from the organ of the anti-vivisection party, it seems to us useless to argue the question further. It is very evident that the "figures" relied upon by him are made to square with "facts" which are absolutely unreliable; while of the veracity of the gentleman who sought to impose them on a sympathising audience we have had, of late, more than enough. It is, at all events, a fact that he is the representative, on this particular question, of a class who, hating light, desire to set bounds to the acquisition of knowledge by

others, retaining only just so much as may suit their limited intelligence. Such people are, as might be expected, quite incapable of understanding the aim and object of those who pursue physiological inquiries less for their own good than for the good of others, for the amelioration of human suffering, and the prolongation of human life.—ED.]

### LABORATORY NOTES

#### ON SOME NEW PHARMACEUTICAL PREPARATIONS AND INVALID REQUISITES.

By F. J. B. QUINLAN, M.D.,

Professor of Materia Medica, Pharmacology, and Therapeutics, Catholic University Medical College; and Examiner in the same, Royal University.

##### LIQ. EUONYMIN ET. PEPSIN CO. (OPPENHEIMER'S).

EVERY practical physician is familiar with the efficacy of euonymin as a hepatic stimulant, and pepsin has passed into the list of therapeutical requisites. Messrs. Oppenheimer Bros. and Co., of London, furnish an excellent liquor euonymin and pepsin which appears to combine very well the properties of both remedies. I have tried it (in doses of a teaspoonful at every meal) in several cases of atonic dyspepsia with torpidity of the liver, and with the best results. Tried by the egg albumen process [see Laboratory Report upon 'Digestive Ferments,' *Medical Press and Circular*], a dram of the liquor at 130° F. effectually peptonises gr. 72.3 of egg albumen previously triturated through the standard gauze. This is a result of the most satisfactory kind, and one which none but the very best pig pepsins will equal.

##### MEAT ESSENCES.

The essence of beef produced by the London Manufacturing Company is, we are informed, the first successful effort in the manufacture of an absolutely pure and transparent beef essence, without the addition of gelatine, and it promises to become a valuable adjuvant in the sick room from its strengthening and invigorating qualities, as well as its bland and unirritating character. Careful filtration through paper shows that the fat has been completely removed, and that the essence consists of a pure and highly nitrogenous jelly of the colour and consistence of ordinary calves' foot jelly, with a distinct, but agreeable, beef taste. It is best taken cold, but can be easily warmed, in which case it resembles beef essence made in the ordinary way, but more highly refined. In cases of prostration it may be taken in teaspoonfuls as often as it can be swallowed, when it will have a pronounced stimulating effect; in ordinary cases the dose is a tablespoonful three times a day. I have tried it in cases of the convalescence of enteric fever with the best results, and in teaspoonful doses in a case of persistent vomiting owing to alcoholic gastric irritation. In this case it had a decidedly sedative effect upon the stomach, and relieved that sense of præcordial sinking and distress which is characteristic of chronic alcoholism. The compound is evidently extracted from good beef, very carefully made in steam jacket apparatus, and without the aid of water. The same company manufacture a concentrated beef tea, which is apparently ordinary well made beef tea evaporated down to a jelly, but not so highly refined as the transparent beef essence. To prepare it for use it is merely necessary to add some of it to a proper quantity of boiling water, and to complete the process with it, salt or season to taste. An agreeable dark yellow beef tea is produced, which cannot be distinguished from the best fresh cooked article. This concentrated beef tea also forms a capital stock for many invalid soups. The benefit of the preparations to travellers, military surgeons, and persons living in chambers, cannot be over estimated. In fact in every family, no matter how effective the *batterie de cuisine* may be, they will be useful in emergencies.

##### A NEW DISINFECTANT—ZYMOLYS.

A new disinfectant, Zymolys, is brought forward through the agency of Messrs. Barclay & Sons, of London. It is intended for internal administration, and is stated by the manufacturer to fortify the system against the ordinary

zymotic diseases. Whether it can accomplish this great benefit experiment alone can determine. In the meantime, however, it must be said that it is agreeable to the taste and perfectly harmless.

## Literature.

### BRYANTS SURGERY. (a)

THE fourth edition of Mr. Bryant's useful text-book of surgery shows evidence of the influence exerted by modern improvements, not alone in the superior excellence of many of the operations described in the work, but as well in the character of the book itself, which has benefited in many places by the revision it has undergone, and for which it is likely that the spirit of healthy competition is largely to be credited. There was never, indeed, a time more favourable than the present to the student, so far as his choice of manuals of instruction in the science and art of surgery is concerned, for we have recently witnessed such a succession of new treatises, and new editions of old ones in connection with this branch of medicine—and many of them of permanent sterling value—as is almost productive of embarrassment. Among them all, however, none can claim superiority in point of practical utility over the now firmly established manual with which Mr. Bryant is identified, and to the success of which his well-earned reputation as a surgeon is partly attributable.

The alterations from the third edition are numerous and important. The progress of scientific research has necessitated a good deal, not merely of revision, but of actual re-writing also, the chapters dealing with inflammation and with tumours especially, having been carefully brought into agreement with the most recent advances. The unprecedented progress made in the field of renal surgery of late has likewise necessitated material alterations in the section dealing with operations on the kidney; and a full and complete account of Bigelow's operation of lithotripsy at a single sitting enhances the value of the chapter on lithotripsy and lithotomy. The several methods of removing the tongue brought into prominence in recent discussions are fully treated, as well as the new operation of colectomy. Charcot's joint disease receives consideration, and as well all the other modern subjects of discussion, to which prominence has attached, since the former edition of the work was published. In the matter of illustration the manual is very greatly improved, a liberal use of wood-cut engravings having been wisely resolved on; in addition further to these, of which eighty-four new ones are introduced, a number of admirably executed chromo-lithographic plates depicting diseases of the tongue, breast, &c., are incorporated in the work, and add greatly to the value it possesses as a text-book.

We shall be acquitted of hypercriticism if we suggest a more careful revision of the letter-press in view of a future edition. Occasional confusion of tenses, persons, and case detract from the literary finish of a manual which for practical excellence as a guide to the science and art of surgery is one of the most admirable of English high-class treatises.

### HAY FEVER. (b)

A YEAR has just elapsed since we had occasion to notice a former edition of this most interesting and important *brochure*. The conciseness and lucidity of statement which pre-eminently characterise it have met with a just reception, and a third edition has been called for. The general plan of the work remains the same, but its bulk has been increased by the addition of a good deal of new matter, chiefly critical, with regard to the opposing views enunciated by American physicians. Dr. Morell Mackenzie cleaves firmly to the etiological importance of the pollen, and gravely questions whether abnormal conditions of the nasal cavities are of much value as a factor in producing hay fever. He maintains further that it is a mistake to predicate greater sensi-

(a) "A Manual for the Practice of Surgery." By Thomas Bryant, F.R.C.S. Fourth Edition, in two Volumes. London: J. & A. Churchill.  
(b) "Hay Fever: its Etiology and Treatment. With an Appendix on Rose Cold." By Morell Mackenzie, M.D., London, Lecturer on Diseases of the Throat at the London Hospital Medical School, &c. Third Edition. London: J. & A. Churchill, 1885.



tiveness of special portions of the nasal mucous membrane. As the result of a large number of experiments he finds that the most sensitive spot varies in different individuals and in the same individual at different times. Moreover, rhinoscopic examination of a number of typical cases of hay fever demonstrated the absence of a morbid condition of the interior of the nose. Probably a number of the American cases will, in the end, be proved to be exceptional. Certainly the vast majority of patients suffering from chronic disease of the nose do not suffer from hay fever. We agree with Dr. Mackenzie in thinking that the nose is perhaps receiving too marked attention just now. It would appear as if there were a risk of its robbing the dreaded bacillus of some of its triumphs. The essay has also been enriched by an interesting appendix on Rose Cold—an affection long known in America, but of far less frequent occurrence on this side. We should again recommend all who are interested in the subject to make themselves acquainted with this store of exact and varied information.

#### PLANT ANALYSIS. (a)

PROFESSOR DRAGENDORFF is one of the numerous Germans whom Russia has recruited into her service; and it appears to us that he has in the present volume solved a difficulty hitherto formidable to the pharmaceutical chemist. His plan consists of exposing the plant to a series of solvents, commencing with a very volatile petroleum spirit, which takes up the chlorophyll along with the volatile fatty oils and wax, but leaves untouched the resins, and avoids the primary difficulty of coagulating the soluble albumen. The plant is next exposed to ether, which takes up the resins; and then to absolute alcohol for tannin and the alkaloids. Water now removes the mucilage acids and sugars; and the process is completed by diluted soda and subsequently diluted hydrochloric acid. The work is intensely practical; and long pages show the patient work at the laboratory table explained in the clearest and simplest style. The translation has been accomplished by Mr. H. G. Greenish in the most admirable manner and with complete fidelity to the original. We consider that this volume will supply a want which has long been felt by every pharmaceutical inquirer.

#### PEARCE GOULD'S SURGICAL DIAGNOSIS. (b)

A REALLY useful manual of surgical diagnosis was one of the most needed books required by medical students, and in supplying this long-felt want Mr. Pearce Gould has conferred a signal benefit on numbers who will be ready to appreciate his services. It is not, however, to be said that in writing the "Elements" its author has done the work as perfectly as might be desired, for excellent as it is on the whole, the book is still not without shortcomings, the absence of which would leave it a more admirable student's guide than it is at present. Principally we would urge against it that it is too voluminous; not that it can be said with any truth that the subject matter is dealt with at too great length, but that an error of judgment has been committed in deciding against any tabular arrangement of the contents of the book. While appreciating the justice of Mr. Gould's excuses for discarding this mode of presenting differential points, we still incline, from observation among them, to think that average students most frequently succeed in grasping important details in this connection when presented in such a form to their intelligence. It is futile to look for philosophical thought in ordinary students of medicine, and we humbly submit that manuals designed for their instruction should recognise their shortcomings and teach them in a way best fitted to make them careful and trustworthy practitioners.

With this, we trust not ungracious, piece of criticism, fault-finding with the book must end; for a most careful perusal of its whole contents enables us to speak in the highest terms of its utility as a guide to the diagnosis of injuries and surgical diseases. A good example of the excellence of its directions is afforded in the chapters dealing with fractures and dislocations, the nature and diagnosis of which, especially those of the hip, shoulder, and ankle, are often cause of con-

fusion to students. Mr. Pearce Gould has succeeded in putting the subject in a clear and comprehensive fashion that will be a source of much satisfaction to many a puzzled reader of other descriptions; and similar terms might be employed of several other difficultly recognisable injuries.

#### GOODHART'S DISEASES OF CHILDREN. (a)

DR. GOODHART'S "Diseases of Children" is a new volume in Churchill's well-known series of manuals for students of medicine, and was, its author tells us, undertaken in deference to the wishes of many medical students desirous of possessing a small handbook on the subject. It almost naturally goes without saying that the volume is an exceptionally good introduction to the subject on which it treats, for the reputation enjoyed by Dr. Goodhart, both as an observer and as a teacher, renders it difficult to imagine him doing less than ample justice to any task he was satisfied that he could undertake, and an examination of the book itself fully confirms such anticipation of its value. It is in all essentials a "student's manual," and is from cover to cover admirably calculated to advance its readers in practical knowledge of, and ability to treat, a class of cases which more usually than not cause junior practitioners a degree of embarrassment most unpleasant to experience.

The chapters dealing with disorders of the nervous system are most carefully written, and the discussion of chorea and its pathological causes will well repay a more than ordinary reading. The articles on rickets, syphilis, and skin diseases are also full of especially suggestive matter, and it may generally be said of the book that no part of it will fail to attract the deepest interest of all who will give their attention to it. On treatment much useful information is given, and not a little assistance will be obtained from the records of cases under his own care, which Dr. Goodhart gives whenever such a course helps to elucidate his meaning. A number of formulæ are contained in an appendix, and will be found very serviceable. The book is in every way a most desirable addition to "Guides" issued by Messrs. Churchill.

### Medical News.

University of Edinburgh.—FINAL EXAMINATION IN MEDICINE.—The following is an additional list to that which appeared in our last, of candidates who have passed the final examination, viz.:—Robert Jackson, Hugh Jamieson, Hugh John, Thomas Johnstone, M.A.; Samuel Baker Jones, Robert Conway Joyce, David James Lawson, Charles Ashley Scott Leggatt, Robert Fraser Calder Leith, M.A. (with distinction), Charles James Lewis (with distinction), Reginald Horace Lucy (with distinction), James Smith McCracken, Duncan M'Diarmid, Henry Cox M'Ewen, B.Sc.; William Mackay, M.A.; Frank Wallace Mackenzie, Frederick Lumsden Mackenzie, Hector Rate Maclean, William Henry M'Lean, Robert Maclelland, John Macdonald MacLennan, M.A.; Alexander Ronald Macmillan, Robert Charles Macwatt, Daniel Grove Marshall, James Williamson Martin, David James Mason, Charles G. Matthew, Henry Bruce Melville, William Francis Menzies, William Cornfoot Miller, William Gordon Mitchell, M.A.; Robert Selkirk Morrison, William Murphy, William Ramsay Nasmyth, Frederick Augustus Neal, Johannes H. Neithling, Walter Blake Nisbet, Ernest Stanley Nutting, Glenmore Ozanne, John William Pare, Sydney Partridge, Ian Paterson, Maurice Paterson, Thomas Jackson Thyne.

National Dental Hospital and College.—The annual distribution of prizes to the successful students of this institution took place at the Beethoven Rooms, Harley Street, on Monday, the 6th instant, with Dr. Alfred Carpenter in the chair. Messrs. Poole, Douthwaite, Lombardi (2), and Perks were presented with medals, while Messrs. Lovitt, Tucker, Carter, Rymer, and Fisk received certificates of honour. Mr. F. Wright was awarded the prize for the best paper read before the Students' Society for the year 1884. After the distribution Dr. Carpenter delivered a short address, and the rest of the evening was passed in a very pleasant manner, thanks to the ladies and gentlemen under the direction of Mr. Selwyn Graham, who executed in a most satisfactory style a very *recherché* programme.

(a) "Plant Analysis, Qualitative and Quantitative." By Professor Dragendorff, of Dorpat. Translated from the German by H. G. Greenish, F.I.C. London: Baillière, Tindall & Cox. 8vo, pp. 280.  
(b) "Elements of Surgical Diagnosis." By A. Pearce-Gould, M.S., M.B. (Cassell's Students' Manuals.)

(a) "The Student's Guide to Diseases of Children." By James Frederick Goodhart, M.D., F.R.C.P. London: J. & A. Churchill.

## Notices to Correspondents.

**LOCAL REPORTS AND NEWS.**—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

**MR. DAWSON.**—We cannot say at the moment how far the influence of the remedy may be felt. We should think your own estimate is very probably a correct one.

### THE PHYSICIAN'S DIPLOMA OF EDINBURGH.—A QUERY!

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR.—A. B., a surgeon and physician of Dublin, finds that he cannot keep open a private surgery with the physician's diploma. He is desirous of obtaining the physician's diploma of Edinburgh, and wishes to know if he is admitted a licentiate by paying the examination fee and making the usual declaration, or is he subjected to the ordinary examination, or exempt from any subjects, and what?

By answering the above question in your next issue you will very much oblige

Yours, &c.,  
PHYSICIAN.

[The candidate will have to pass a written and oral examination in medicine, clinical medicine, materia medica, midwifery, and medical jurisprudence. The fee is £15 15s.—ED.]

**DR. THORNTON.**—The "Dictionary of Medicine," edited by Dr. Quain, is most likely to be useful to you in such circumstances as you name. Phtisis is one of the subjects which are most fully treated, and with reference to the most recent discoveries and theories.

A. A. P.—Your case is one for treatment by a surgeon.

### DISFRANCHISEMENT FOR MEDICAL RELIEF.

THE Government introduced a clause yesterday (Tuesday) in the House of Commons with the object of removing the disabilities in the new Franchise Bill. The opposition is not expected to be serious.

**DR. WHITE.**—The circumstances of the case are already known to us, and we consider the circumstances are such that no excuse is possible. The matter will be fully referred to in our columns.

### THE PATENT MEDICINE ACT IN THE HOUSE OF COMMONS.

At the present advanced stage of Parliamentary business, the Government could hardly be expected to bring forward so contentious a measure as the removal of the Patent Medicine Stamp Act, but they have given us a "sop in the pan" in the shape of a promise that the stamp shall not in future be used for the purposes of fraud, but that henceforth words shall be printed on the said stamp that it affords no Government guarantee against poisonous ingredients.

**A LONDON HOSPITAL STUDENT.**—We have referred to the articles entitled "In a London Hospital by an In-patient" in a contemporary, and find they are the same as declined previously by us because of their many inaccuracies. Those pointed out by you are but a few of many, and alone would have justified our refusal. We do not think any good purpose could be served by their exposure, as no particular hospital is referred to.

### A PHYSICIAN WANTED IN CORNWALL.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR.—The city of Truro is in the centre of the population of the county of Cornwall, which population numbers about 80,000 persons. The city of Truro itself contains 11,000 persons, and within a few miles there is a population not far short of 80,000 souls. For many years Truro always had three physicians resident therein, but of late two only. Of these two, one has recently died, and the last surviving physician is now 70 years of age. He has just retired, in consequence of advancing age, from the post he has long held as honorary physician to the Royal Cornwall Infirmary, which institution is therefore at the present time without a physician, although there are probably fifty or sixty in-patients in the house, besides a larger number of out-patients.

The office of physician and surgeon of the Royal Cornwall Infirmary has always been an honourable and hitherto much-coveted office, and it does therefore appear inexplicable that no one has applied for the office known to be vacant. Speaking for myself and many others, I can confidently state that a physician of good acquirements, with good tact and comely presence, combined with a sincere desire to do good in his generation, would command and receive a kindly greeting in the good city of Truro.

I may add that within my own knowledge fees of £10, £15, £25, and even £50 have been paid of late to have the opinion of men of good position supposed to be well versed in the healing art.

A FATHER OF A FAMILY.

Truro, July 4th, 1885.

**R. P. I.**—You have not mentioned any authority. Of course, no notice can be taken of the occurrence until we are fully assured of the truth of the statements laid before us. If no further explanation is offered, it will be difficult to perceive any reason for the course that has been followed. We shall be glad to have full particulars.

### WATERPROOF GARMENTS FOR DOCTORS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR.—I am obliged to work my practice almost entirely on horseback, and, now that years are increasing, I find the discomfort of remaining often for hours in wet clothes. I have tried various kinds of india-rubber waterproof overcoats, and discarded them long since, owing to their preventing exhalation, and thereby rendering the inner garments uncomfortable. I have also tried saturating the cloth with solution of "acetate of lead and aluminum sulphate," recommended for waterproofing, and found it useless. If any brother practitioner similarly situated knows the maker of a warm rainproof durable

riding-coat—also light, as I am rather a heavy weight—I shall feel greatly obliged to hear of such in your "Answers to Correspondents" column.

I am, Sir, yours, &c.,

MYOSOTIS.

July 6, 1885.

**DRS. VERNON RUSSEL AND DANIEL MOLONY.**—We regret the necessity of publication of the case on "surgical and ethical" grounds. We will, however, afford space for same in our next issue.

## Vacancies.

- Buenos Ayres.**—Resident House Surgeon to the British Hospital. Salary, £200, rising to £250, with board, &c. Applications to House Surgeon, E. A., care of Burgoyne & Co., 16 Coleman Street, London.
- Chelsea Hospital for Women.**—Resident Medical Officer. Salary, £60, with board. Immediate applications to the Secretary.
- French Hospital, London.**—Resident Medical Officer. Must speak French. Salary, £60. Applications to the Secretary at once.
- Manchester Royal Infirmary (Monash Fever Hospital)**—Assistant Medical Officer. Salary, £50 per annum, with board and residence. Applications, with testimonials, to the Chairman of the Medical Board, immediately.
- Manchester Royal Infirmary, Dispensary, and Lunatic Hospital or Asylum.**—Honorary Obstetric Physician. Applications, with testimonials, to the Chairman of the Board, not later than July 18.
- Royal Cornwall Infirmary.**—House Surgeon. Salary, £150, with furnished apartments, &c. Applications, with testimonials, to the Secretary, before July 18.
- St. Thomas's Hospital Medical School.**—Demonstrator of Physiology and Practical Physiology. Applications to Mr. G. Rendle, at the Hospital.
- Western General Dispensary, London.**—Assistant House Surgeon. Salary, £68, with apartments. Applications to the Secretary, Marylebone Road.
- York County Hospital.**—Resident House Surgeon. Salary, £100 a year, with board and lodging. Applications, with testimonials, to the Secretary, on or before July 25.

## Appointments.

- DREWITT, F. G. D., M.D. Oxon., M.R.C.P. Lond.,** Physician to the West London Hospital, Hammersmith.
- HERBERT, C. M., M.D., C.M. Ed.,** an Honorary Physician to the Bradford Infirmary.
- HEWITT, F. W., B.A., M.B. Cantab.,** Anaesthetist to the Royal Hospital for Children and Women, Waterloo Bridge Road, S.E.
- HUGHES, S., M.B., C.M. Ed., M.R.C.S., L.S.A. Lond.,** House Surgeon to the Liverpool Royal Infirmary.
- LONGMAN, G. P., L.R.C.P. Ed., M.R.C.S.,** Medical Officer for the Donhead District of the Tisbury Union.
- MEDCALF, E. S., L.R.C.P. Ed., M.R.C.S., L.S.A. Lond.,** Medical Officer for the First District of the Steyning Union.
- MOODY-WARD, R., B.A., M.B. Oxon., M.R.C.S.,** House Physician to Guy's Hospital.
- PHILLIPS, F. B. W., M.A., M.B. Oxon., M.R.C.S.,** House Physician to Guy's Hospital.
- QUEENELL, R. W., M.R.C.S., L.R.C.P. Ed.,** Junior Resident Officer to the Royal Free Hospital.
- RODMAN, J. H., M.B., M.R.C.S.,** House Surgeon to Guy's Hospital.
- SQUARE, W. H., L.R.C.P. Ed., L.R.C.S. Ed.,** Medical Officer of Health for the Stow Rural Sanitary District.
- TAMMER, C. E., M.B. Durh.,** Junior Resident Medical Officer to the Royal Free Hospital.
- WEIGHTMAN, A. E., L.R.C.P. & L.R.C.S. Ed.,** House Physician to the Liverpool Royal Infirmary.
- WORTHINGTON, S., M.B., F.R.C.S.,** House Surgeon to Guy's Hospital.

## Births.

- BARNES.**—July 10, at 15 Harley Street, London, W., the wife of Robert Barnes, M.D., of a daughter.
- CLARK.**—July 11, at 19 Cavendish Place, London, W., the wife of Andrew Clark, F.R.C.S., of a son.
- HODGES.**—July 8, at Guildhall Street, Bury St. Edmunds, the wife of James Hodges, M.R.C.S. Eng., prematurely, of a son.

## Marriages.

- COOKSON-ANSTAY.**—At the Parish Church of Slapton, Buckinghamshire, Henry Cookson, F.R.C.S., of Woodstock, Eastbourne, to Alice Mary, only surviving daughter of the Rev. H. Anstey, Rector of Slapton.

## Deaths.

- BARKWAY.**—July 5, at Grove House, Lavenham, Suffolk, Frederick T. Barkway, M.R.C.S. & L.S.A. Lond., aged 69.
- KEMP.**—June 28, at Ivy Cottage, Pliton, Barnstaple, George Kemp, M.D. Cantab., aged 77.
- SALMON.**—June 29, at his residence, Castlepollard, Thomas Salmon, M.D.
- WILLIAMS.**—July 7, at Riversdale, Templeogue, James E. Williams, M.D., Inspector-General of Hospitals, aged 81.
- WOOD.**—July 7, at his residence, Philbeach Gardens, Earl's Court, Arthur Wood, M.D., late of Her Majesty's 9th and 10th Lancers, aged 79.



# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 22, 1885.

CONTENTS.		PAGE	PAGE
<b>ORIGINAL COMMUNICATIONS.</b>			
Clinical Lecture on Dysmenorrhœa. Delivered at the Chelsea Hospital for Women. By Fancourt Barnes, M.D., M.R.C.P., Obstetric Physician to the Great Northern Central Hospital; Physician to the British Lying-in Hospital and the Chelsea Hospital for Women .....	67		
A Case of Gangrene of the Hand, with Remarks—Surgical and Ethical. By Vernon W. Russell, L.R.C.S.I., &c., Surgeon County Tipperary Infirmary; and Daniel Molony, F.R.C.S.I. ....	70		
History of the Progress of Laryngology from the Earliest Times to the Present. By Gordon Holmes, M.D., Physician to the Municipal Throat and Ear Infirmary, London; Consulting Physician to the Sheffield Ear and Throat Hospital .....	72		
Therapeutical Hints. By John W. Martin, M.D., Sheffield .....	75		
<b>CLINICAL RECORDS.</b>			
Netherfield Fever Hospital, Liverpool.—A Case of Epigastric Abscess. Under the care of Robert S. Archer, B.A., M.B., M.Ch. Univ. Dub., Physician to the Hospital .....	75		
<b>TRANSACTIONS OF SOCIETIES.</b>			
<b>ACADEMY OF MEDICINE IN IRELAND—</b>			
Frozen Specimens illustrative of the Parts concerned in Colotomy .....	77		
Comparative Anatomy of the Chimpanzee .....	77		
Five Cases of Muscular and Vascular Anomalies .....	77		
Anomalous Coronary Artery of the Heart .....	77		
Apparatus for Illustrating Pulse Waves .....	78		
Interesting Anomalies relating to the (1) Thoracic Duct and (2) the Nerve Supply of the Serratus Magnus and Levator Anguli Scapulae .....	78		
<b>MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH</b>			
Case in which a Splashing Sound was heard synchronous with the Cardiac Action .....	78		
Nutrition and Growth in Connection with Pulmonary Phthisis .....	78		
<b>LEADING ARTICLES.</b>			
UNCERTAIN MATERIE MEDICÆ .....	78		
CANCER CURES .....	79		
PENSIONS TO IRISH POOR-LAW OFFICERS FOR ABOLITION OF OFFICE .....	80		
<b>NOTES ON CURRENT TOPICS.</b>			
Hampstead Heath .....	81		
Science Fellowships in Australia .....	82		
Kettlewell Home .....	82		
Consultation Amenities .....	82		
International Medical Congress .....	83		
Government and the Patent Medicine Stamp .....	82		
Disqualification of Voters by Medical Relief .....	83		
French Views of English Morality .....	83		
The General Medical Council .....	83		
The British Medical Association .....	83		
Irish Poor-law Superannuation .....	83		
Presentation to Dr. MacCabe, of Dublin .....	84		
Fees for inspecting Labourers' Dwellings .....	84		
<b>SCOTLAND.</b>			
The Representation of the Universities of Edinburgh and St Andrews.—Mr. Erichson's Candidature, &c. ....	84		
Correspondence .....	85		
Literature .....	86		
New Inventions and Preparations .....	87		
Obituary .....	88		
Medical News .....	88		
NOTICES TO CORRESPONDENTS .....	89		

## Clinical Lecture

ON

### DYSMENORRHŒA.

Delivered at the Chelsea Hospital for Women.

By FANCOURT BARNES, M.D., M.R.C.P.,

Obstetric Physician to the Great Northern Central Hospital; Physician to the British Lying-in Hospital, and the Chelsea Hospital for Women.

GENTLEMEN,—When the menstrual function is performed with difficulty and pain, the condition is described as dysmenorrhœa. The chief conditions of the uterus and its appendages which may give rise to it are as follows:—1. Neuralgia; 2. Congestion or inflammation; 3. Mechanical or obstruction; 4. The formation and expulsion of membranous casts; and 5. Some forms of ovarian disorder.

Every woman suffers to some extent during menstruation. It is only when pain is excessive that it is regarded as dysmenorrhœal. The term neuralgic dysmenorrhœa has been retained, and is still used to describe those cases in which no tangible disorder of the uterus or its appendages can be verified. If, however, the uterus and ovaries were healthy there would be no difficulty in the discharge of their functions. The symptoms, however, are obvious enough, though it may be impossible to recognise a definite cause. The menstrual epoch may be ushered in by such intense pain that the patient is compelled to take to her bed. The abdomen is often tender to the touch. The reflex symptoms which may evoke, are of a neurotic nature. Vomiting, hysteria, hiccough, headache, delirium, and even mania may occur. These urgent symptoms decline in a few days, and the patient is relieved until the reappearance of the same train of symptoms at the next menstrual epoch.

Now, although in the first instance no obvious organic change can be detected in the uterus, it is certain that long-standing dysmenorrhœa must eventually induce

some tissue change. In the treatment of dysmenorrhœa which is regarded as neuralgic, our principal object should be to improve the general health of the patient. This may be attempted by the administration of the various tonics—iron, quinine, arsenic, and phosphorous. During the paroxysms of pain it becomes imperative to give relief by some sedative commensurate in power to the degree of pain. Musk, camphor, asafoetida, and bromine are useful in some of the milder hysterical forms, but when the agony is intense chloral and opium alone afford relief. It is sometimes necessary to place the patient under the influence of ether or chloroform to give temporary relief to pain which has become insupportable. The local treatment consists in the application of hot fomentations to the abdomen and the use of warm douches. In some cases the treatment by massage and diet, recommended by Dr. Weir Mitchell, yields extraordinary results.

*Congestive Dysmenorrhœa* depends upon some change in the condition of the uterus itself or its appendages. In the true congestion form the pain precedes the flow of the menstrual discharge, and is relieved by its appearance. Various states of the general health may induce it such as general plethora, constipation, and impeded portal circulation. Exposure to damp and cold during menstruation may arrest the flow, and has frequently been the starting point of subsequent menstrual irregularities. The local causes are the several displacements of the uterus, chronic metritis, thickening of the uterus, and the various forms of perimetritic inflammation which restrain the natural movements of the uterus, and thus produce congestion. The treatment must depend on the condition which produces the symptom. In plethoric subjects the administration of mercury in the form of blue pill or calomel alternated with some other purgative, either saline or vegetable, will relieve the venous congestion in the pelvis and afford relief. Regular exercise and a restricted diet, if persevered in, will effect a permanent cure. When the dysmenorrhœa is due to sudden suppression of the catamenia from a chill or

catching cold, warmth and rest are the means to be employed. Warmth may be applied locally in the form of hot vaginal douches or hip baths. Rest and warmth by placing the patient in bed. The pain and tendency to inflammation call for sedatives, these may be one or other of the forms of opium, and may be given by the mouth or rectum. Morphia suppositories are always useful where there is pelvic pain and congestion. If the congestion results from displacement of the uterus, the application of a Hodge pessary replaces it in position, and allows the natural flow to proceed unchecked.

In a large proportion of cases the dysmenorrhœa results from *obstructed excretion*. There is a narrowing of the os externum with or without a projecting vaginal conical portion. The small os uteri is usually the result of congenital arrest of development, and is usually associated with a conical vaginal portion of the cervix. The obstruction to the flow of secretion from the interior of the uterus, is, in most cases, at the external os. There are cases where there is spasmodic contraction at the os internum, but these are infrequent. They are revealed by the passage of the sound. On withdrawing the sound in such cases it is felt to be seized and held by muscular contraction at the seat of the internal os. The length of the conical cervix varies; it may project half an inch, an inch, or even as much as two inches. The excessive length is generally due to acquired hypertrophic elongation. The uterine sound sometimes can only be passed through the external os with difficulty. Once inside the cavity of the cervix its onward progress to the fundus uteri is unopposed. The cervical cavity is distended by the accumulation in it of the pent up secretion of the cervical glands. Although the secretion of the cervical glands of the uterus is a thin fluid gelatinous substance it is unable to escape freely through the narrowed os externum. Now, if the small os externum is sufficient to prevent free exit of a secretion which does not clot but always remains in a fluid condition, how much more easily can it imprison the menstrual secretion which easily clots and loses its liquid form. If a conical cervix is seized by a vulsella or tenaculum and the anterior or posterior surface put on the stretch, the small round os is opened a little and some of the imprisoned cervical secretion is at once seen to escape. When the os externum is cut across an escape of a large quantity of the secretion always occurs.

The consequences of the obstruction just described take place in an ascending order above the seat of the obstruction: 1st. The cervical cavity becomes enlarged by continued distension by the pent up secretion, this aids hyperplasia of the vaginal portion; 2nd. Congestion and enlargement of the body of the uterus follow, disposing to menorrhagia, and causing uterine spasm and colic; 3rd. A similar condition of the Fallopian tubes may result; 4th. Congestion, enlargement, and inflammation of the ovaries may ensue, determining hæmatocele, or pelvic peritonitis. When the patient enters married life fresh consequences usually are added; increased congestion and inflammation of the body of the uterus, increased ovarian irritation, increased tendency to menorrhagia, acute and chronic cervicitis with leucorrhœa, abrasion of the os uteri, vaginitis, vaginismus, dyspareunia, and sterility. There is very often in such cases a history given by the patient of one or more miscarriages. On investigation it will be found that the passage of clots accompanied by menorrhagia has been mistaken by the patient for abortion. The menstrual secretion has been retained in the uterus, become clotted, and then expelled with much pain resembling an abortion. The symptoms of dysmenorrhœa from obstructed excretion are as follows: The pain commences as a heavy aching sensation before the flow appears. The seat is in the pelvis spreading to the groins and legs. As the flow appears the pain may diminish, but more frequently it assumes an expulsive character, due to the spasm from the passage of clots. The constitutional reactions are severe. Vomiting,

prostration, and pain of such a violent nature as to cause the patient to roll on the floor may be present. It is natural that the continued recurrence of such symptoms month after month end in wearing out the health and strength of the patient, and reducing her to a state of chronic invalidism. The above array of symptoms, however, is by no means exaggerated. Similar symptoms may arise from the obstruction caused by flexion of the uterus forwards or backwards. India-rubber tube, and yet this has been denied. The treatment of obstructive dysmenorrhœa lies in the enlargement of the os externum, and in the case of spasmodic contraction of the internal os by division with the metrotome or dilatation with bougies. To begin with the treatment by dilatation. It has been a common practice to dilate the cervix with sponge, or laminaria tents. If this is done it is best to apply the tent the last thing at night, and remove it early the next morning. Its effect is, however, only temporary, the cervix contracts again, and if the operation has been undertaken for sterility, it is more due to luck than anything else if impregnation occurs during the short time the cervix remains patent. The proceeding, moreover, is not without danger. Pelvic peritonitis may result. Septicæmia is often a sequel to the use of tents, especially sponge tents which are more likely to abrade the os uteri, and thus open a gate to septic absorption. Their use is not efficient, and it is not free from danger.

The old treatment by stretching the os and cervix by graduated bougies is less objectionable. The plan is to pass one bougie into the uterus after another, beginning with a small one, and going on until a large one has been passed. Each bougie is left *in situ* for a few minutes to overcome the spasm of the uterine muscles, and to dilate the cervical canal. It is then removed, and a larger size introduced; the whole operation is effected at one sitting. The time selected for this is about three days after menstruation has ceased. The operation may have to be repeated at the end of three or four months. It is usually effected without chloroform, but in some cases it is necessary to administer some anæsthetic. Dr. Godson has found the treatment by the graduated bougies generally successful. He has not often had to perform the operation more than two or three times successively on the same patient. He regards it as being less dangerous than any other means of dealing with constriction of the os uteri, or cervical canal. I think, however, the operation is open to the same objection as that of dilating with tents. It is inefficient, its effects are not lasting. This is proved by the fact that it often requires to be repeated. It is, further, tedious, and often extremely distressing and painful to the patient. The most satisfactory method of dealing with the stenosis is by incision of the external os. It is hardly ever necessary to divide the os internum. The operation may be performed by the metrotome, or by the scissors. At one time the practice of dividing the os internum with a double-bladed metrotome was common. Greenhalgh's was the pattern generally used. The instrument is a dangerous one for the following reasons: The blades are set to cut to a given depth, and then opened to that extent by a lever. It is thus clear that the knives may cut farther than is necessary, and thus do injury which is not intended. The thickness of the neck of the womb in the region of the internal os is not uniform, and so, if the knives are set so as to cut too deeply, and the cervix happens to be narrower than usual, it is easy to wound one or both of the uterine arteries. The cutting is done in the dark by automatic machinery. The single-bladed metrotomes of Aveling and Simpson are not open to the same objection. The operator sets the blade to the extent he thinks necessary, and then cuts with it in nearly the same way as he would with an ordinary bistoury. He can measure by his touch the depth of incision which he makes into the tissues. When it is necessary to divide the internal os, Aveling's single-bladed metrotome is the most convenient and the safest in its action. The blade

is set, and the instrument having been passed into the cervix, it is opened and used as a knife, whilst the cervix is steadied by a volsella. The division of the external os can be effected by the same instrument in a similar manner. In using Aveling's metrotome, it is most convenient to place the patient on her back, with her knees drawn up, and the uterus displayed by a Sims' speculum. The uterus is then easily seized with a volsella or tenaculum, drawn down, and steadied whilst the cervix is being divided. Simpson's metrotome may be used for the same purpose in a similar manner. Another way of dividing the cervix is by means of Küchenmeister's scissors. The blade which is tipped like a uterine sound is passed inside the cervix, whilst the hooked blade is opened outside the cervix, and made to cut through it on to the inside blade. The instrument is then turned round, and the other side of the cervix divided in a similar manner. By this operation only the vaginal portion of the cervix is divided, the os internum being left untouched. The after-treatment is simple. The patient should be kept quiet in bed for four days, not being allowed to leave her room until the end of the week. I am not in the habit of applying any dressings to the wound or interfering with it in any way. Some gynaecologists are in the habit of passing the sound daily for several days after the operation, in order to prevent reunion of the cut surfaces. This may be necessary after the clean cut made by the metrotome, but it is not required when the scissors has been used, because the wound is of a more lacerated and contused nature, and less likely to unite. Another means used to prevent union of the divided surfaces is the introduction of a stem pessary, vulcanite, silver, or galvanic. This is open to the objection that pelvic inflammation and septicæmia not unfrequently result. The daily passage of the sound is equally dangerous. I have seen pelvic peritonitis, followed by effusion and abscess, and even death, result from this practice in the hands of others. I have never resorted to it myself.

In the event of secondary hæmorrhage occurring after the operation, the best plan is to pass a speculum into the vagina, and clear away all the clots which may be present. The os may then be seized and steadied with a Sims' tenaculum, and the wound plugged with some lint steeped in a solution of perchloride of iron or tincture of iodine. The plug in the os uteri may be supported in its place by packing the vagina with carbolised lint. The results of this operation are, upon the whole, most satisfactory. (Traver's case.) The accidents which have been reported as having resulted from the operation have in nearly every case arisen from some imperfect mode of performing the operation, or from carelessness and neglect of ordinary precaution in the after-treatment. Sir James Simpson thought so little danger attached to the operation that he used to perform it in his consulting-room, and send the patients home in cabs immediately afterwards. Others followed his example, and it is not surprising that pelvic cellulitis, secondary hæmorrhage, and other accidents occurred, and thus brought an excellent and safe operation into undeserved odium.

The objects in view—the relief of the dysmenorrhœa and sterility—are not always attained immediately. The pain during the first or second period after the operation may be even worse than before it. This is due to the congestion and irritability remaining in some cases after the operation.

When undertaken more especially for the cure of sterility, the success is to a great extent dependent upon the time at which the operation is done. The earlier in life that a narrow os is divided, the greater is the likelihood of curing the dysmenorrhœa. Young married people anxious for children usually consult a medical man after about two years of married life. If a small os is discovered and divided at this time, the results will almost certainly be satisfactory. It is when the condition has persisted for many years, and consequent organic changes in the uterus have taken place, that it

becomes more difficult to relieve the dysmenorrhœa, and often too late to cure the sterility. The cure of dysmenorrhœa is more frequent than that of the sterility. The relief of the dysmenorrhœa alone however, is of the greatest importance to the comfort and health of the patient, and it is in the great majority of cases for the attainment of this object that she seeks advice. The sterility may not be removed although the obstruction has been, because there may be conditions in the Fallopian tubes, or ovaries which preclude impregnation. There may be old pelvic adhesions fixing the uterus, the ovaries, or tubes. Some of these conditions are beyond clinical diagnosis, and can only be recognised on the post-mortem table. Another obstacle, usually an obscure one, depends upon the condition of the husband. The wife may have been placed in favourable condition for impregnation which does not ensue.

It is objected against the operation of dividing the os uteri that it sometimes closes again. This does occasionally occur. When it does the operation may be repeated and the canal kept open by a stem pessary.

*Membranous dysmenorrhœa* results from the discharge at the menstrual periods of material, either consisting of the mucous lining of the uterus or organised tissue resembling it. The process is usually attended with pain of a severe nature. Sometimes the membrane comes away in shreds, at other times it forms a distinct cast of the uterus. The point still under debate is whether or not the membrane is the product of conception or not. As a matter of fact it occurs more frequently in married than in single women. The causes are obscure; endometritis, ovarian irritation, abortive conception being those most usually put forward. The treatment must depend upon the view taken of the cause of the disease. If a syphilitic taint is suspected, and the casts regarded as abortive decidua membranes, an antisyphilitic course of treatment may be adopted. Whether this view however is taken or not the unhealthy condition of the uterine mucosa requires treatment. The best practice therefore in any case will be to pursue a course of intra-uterine medication. One or other of the various applications to the interior of the uterus, such as fused sticks of sulphate of zinc, nitric acid, tincture of iodine may be tried. Where the above means all fail the uterus may be dilated with a laminaria tent, and the diseased mucosa carefully scraped with a curette.

This operation may, after the next menstrual period has been passed, be followed by the application of iodine twice a week to the uterine cavity with good effect.

*Ovarian dysmenorrhœa* may result from any morbid condition of the ovary. Acute or chronic ovaritis are likely to produce painful menstruation. Prolapse of the ovary into Douglas' pouch where it is pressed against the uterus by accumulated fœces is a cause. Congestion of the ovary, epilepsy, and hysteria are allied factors. The diagnosis depends partly on the history, partly on the symptoms and physical signs. If the ovary on either side can be felt on vaginal examination, tender and enlarged, the diagnosis is clear. It is the same if it is found prolapsed into Douglas' pouch. The treatment is not very clear. If an ovary is found prolapsed an effort should be made to replace it and retain it in position by a Hodge pessary. The pain should be relieved by such sedatives as the bromides, Indian hemp, camphor, and hyoscyamus. It is not wise to administer opiates and stimulants in such cases because the pain is likely to continue for years, and confirmed habits of opium or alcohol are too easily acquired. Local pain at the periods may be relieved by the application of turpentine stupes over the abdomen, mustard poultices, and blisters over the ovarian regions. Warm hip baths and tepid sedative vaginal douches may be used during the menstrual period.

In those cases where the neurotic symptoms are exaggerated, and the patient's life is one continual period of pain and suffering, removal of the ovaries may be advisable. It is likely before long that oöphorectomy will come to be recognised as the right treatment in such

cases. Just as ovariectomy is performed for the removal of ovarian tumours, so will oophorectomy find legitimate application in obscure and persistent cases of ovaritis.

A CASE OF  
GANGRENE OF THE HAND, WITH RE-  
MARKS—SURGICAL AND ETHICAL.

By VERNON W. RUSSELL, L.R.C.S.I., &c.,  
Surgeon County Tipperary Infirmary ;

AND  
DANIEL MOLONY, F.R.C.S.I.

The following case is, we believe, of ethical as well as surgical importance. The subjoined article, printed in handbill form, has been scattered broadcast throughout the land. Apart altogether from considerations of self-respect, and having regard solely to the dignity of our profession, it is, of course, out of the question that we should attempt to meet the writer with his own weapons. We could only do so by descending to what we would consider the level of professional advertising, and in fact circulating a similar production to his. This we decline to do. We prefer to lay the case in all its bearings before our professional brethren. We shall first give the handbill to which we have referred.

*A Case of Severe Injury to Arm.*

By THOMAS LAFFAN, M.R.C.S., M.R.C.P., &c.

The publication by Mr. Bellamy, Surgeon to Charing Cross Hospital, in the *Lancet*, of May 2nd, 1885, of a case of alarming arterial hæmorrhage from a wound at the bend of the elbow, which he treated by compress and tight bandage, both of which were kept on eight days, suggested to me the publication of a similar case.

Like his, it presents no points of interest arising out of novelty of practice; but, it has an ethical aspect, which furnishes matter for consideration for every man of honour.

On the evening of Sunday, April 12th, at 8 p.m., I was called to see a male, æt. 30, whom I found in a dinky hole in a semi-fainting condition, surrounded by an awe-struck group, having nearly bled to death from wounds in the arm which had been just inflicted by a ferocious animal. These were situated in the middle third of the right arm, the more serious one being on the inner posterior aspect of the limb. The blood flowed in a continuous and fearful stream, while it was being examined. I at once applied a compress and bandage. The bleeding at once ceased. The next morning at 9.30 a.m., the patient complained of pain, and I loosened the bandage, when the recurrence of the bleeding obliged me to re-apply it as tight as before. On this occasion the bandage proved insufficient, and oozing continued; I resolved to cut down on the wounded vessel; and, as, for this purpose, a competent administrator of ether was necessary, I telegraphed for Dr. Heffernan, of Killenaule, who is one of a number of gentlemen that favour me from time to time with their presence and valuable assistance at operations in the hospital under my charge. Pending his arrival, however, I was so satisfied that gangrene had commenced, that I considered it to be now a matter of amputation. Dr. H., on his arrival, coincided with my view as to the necessity for amputation; whereupon it was suggested that two Cashel surgeons should be called in. I gave a ready assent, though I had ample experience of the inimical feelings of both towards me. When they arrived they looked at the arm, and then proposed amputation.

At this point, let the reader pause for a moment and reflect that as the bandage was of the ordinary roller width, the whole of the limb was, for the purpose of determining the question of gangrene or no gangrene, as effectually open to view as need be, without stripping off a single turn of the roller.

The entire matter was then put, in all its bearings, before these gentlemen. I urged that the object of amputation was to sacrifice a part, in order to save the whole, and, in some instances, even to sacrifice it merely to preserve the whole from a strain that might permanently enfeeble the constitution. When the bandage was removed, little blood came for it had by this time been permanently arrested. Finally, both opposed the amputation. This ended the matter; for in the last surgeon called in medical rules vest the control of the case.

The next week was industriously spent by them in proclaiming *ad urbem et orbem* that I wished to amputate where there was no necessity, that no gangrene existed, and that they would save the limb to the very nails. My attendance terminated 19th of April, but I had remained long enough to satisfy myself that the unhappy patient was attacked with blood poisoning, and that he should now have to face all those mischiefs, and that severe constitutional strain, against which amputation has been devised by our art as a remedy. Mystery itself is no name for the secrecy in which the subsequent progress of the case was shrouded. This much, however, of what has transpired I shall state—(1) That the hand has actually dropped off; (2) that the patient has been at death's door; and (3) that the forearm is, as no surgical reader requires to be assured, in a condition which will demand further amputation.

I need not say one word to my surgical readers as to what the outcome of this case will be. The form of gangrene here was certainly calculated to deceive the uninitiated, for it was of that dry variety which proceeds from arterial failure, and which differs so materially from that due to venous strangulation. Moreover, the palm of the hand retained for a long time its cutaneous sensibility, and this was calculated to throw off their guard parties unacquainted with the anatomical and physiological conditions pertaining to its nervous supply. These two surgeons, who were unable for a long period to recognise the presence of gangrene, are now seized, some wags tell me, with a great anxiety to give me some lessons in bandaging. One of them is good enough to say that I should not have bandaged at all, but that I should have trusted to finger compression. That could be carried out in a suitable case, only by a number of skilled medical students, and in the great Charing Cross Hospital, where they have such, they employ, as is clear from the article quoted, my treatment, and none other.

The second surgeon, who is animated by an equal benevolence, kindly alleges that I ought to have bandaged from the fingers. I shall simply quote from two letters from Mr. Bellamy, one of the first surgeons in London, an Examiner in the Royal College of Surgeons, England, and the occupant of quite a number of distinguished offices. I do not know whether my *confrères* are merely funning on this point; but, as it is possible that one individual might be found who would take them in a serious vein, for the benefit of such, as well as for the enlightenment of my very honourable *confrères*, I now give the quotations.

The first letter was in reply to one of mine to Mr. Bellamy, containing full details of this case. I asked him did he bandage *his case* from the fingers up? His reply is as follows:—

"17 Wimpole Street, London, W.  
May 12th, 1885.

"DEAR SIR,—In answer to your note I certainly did not bandage from the fingers, and, I cannot conceive anything which would be more disastrous to the treatment had I done so. Such surgery is reprehensible in the extreme."

*In a further letter, dated June 8th, he writes:—*

"You are perfectly welcome to make what use you like of my letter, and should make them pay smartly for what they have done; I shall be very pleased to come over. If you proceed against them you are sure to

win. I have been just also elected Examiner in Surgery in Owens College (the Victoria University), and I should expect to get the treatment you adopted from a candidate."

Cashel, June 12, 1885.

For the credit of the profession, of which, strange as it may seem, the author of the handbill is a member, it is to be regretted that such a production should have been circulated. It is still more to be deplored that its contents are mainly untrue and utterly misleading. We at first resolved to treat the *brochure* with the passive contempt it deserves, but inasmuch as it publically misrepresents us and openly assails our professional characters, we have thought it advisable to take more notice of it than that to which its intrinsic insignificance might seem to entitle it. We shall deal with the assertions which it contains in as brief a manner as possible.

(1.) *There was not dry gangrene.* The gangrene of the hand was of the kind which results from obstruction to the venous circulation; as for example in the case of excessively tight bandaging. We may here mention that in our present case the compress consisted of *two florins and a shilling*. The reader will hardly be surprised to hear that the portion of the arm exactly corresponding to the compress (which by the way was wrapped in a piece of calico) subsequently sloughed almost to the bone.

(2.) We have to contradict the statement that "the palm of the hand retained for a long time its cutaneous sensibility." When we first saw the case there was *complete loss of sensibility* from the bandage to the tips of the fingers.

(3.) The patient *was not* attacked with blood-poisoning. There was never the slightest symptom of any such complication.

(4.) The patient *was not* at "death's door." His highest temperature was 102°, and this was only immediately subsequent to the torture of the "metallic compress."

(5.) The hand *did not* drop off. We amputated it with the lower portion of the ulna when in a state of hopeless gangrene.

(6.) The forearm *is not* in such a state as to require further amputation. It is on the contrary progressing rapidly and favourably.

(7.) The room in which the patient lay *was not* a "dingy hole," and even if it were, the patient's residence, a large and roomy house is distant only about thirty yards.

Now, the simple truth of the matter is this, we were called to see the patient and to consult with Dr. Laffan, who had just proposed amputation. We found the arm enormously swollen, cedematous, and insensible to the finger tips, with a bandage and compress literally *buried* in its middle third. Dr. Laffan, alleging that the brachial was wounded, and that the terrible condition of things before us arose from arterial failure, urged amputation at the shoulder. This we opposed on the ground that the bandage and compress seemed to be the cause of the mischief, and that by their removal we might still hope to save the arm, or at least some portion of it. Fortunately our counsel prevailed. The compress and bandage being removed, to the great relief of the patient, we wrapped the limb in cotton wool, restored the circulation, so as to feel pulsation in the brachial, and subsequently in the radial arteries, and finally succeeded in saving the arm and forearm, with the exception of the lower portion of the ulna. From the beginning we doubted the possibility of saving the hand, which we were eventually obliged to amputate.

Such is the history of a case, into which, through no fault of ours, a personal element has been introduced. We shall now consider briefly the surgical principles involved, which although of extreme simplicity are yet of the utmost importance. We have always known that the recognised mode of dealing with wounds of the

brachial artery is to tie the vessel immediately above and below the wounded point. When ligature is impracticable or undesirable, as in the case of diseased arterial coats in an old subject, or when the vessel wounded is a vein, or when the hæmorrhage arises from small arterial branches we have always understood that the rule of surgery is to apply a compress and bandage, taking great care to also *bandage each finger, the hand, forearm, and arm up to the seat of injury*. The consequences of neglecting this latter precaution are familiar to the merest tyro in minor surgery. They are acute pain, obstruction to the venous circulation, cedematous swelling, and finally mortification or gangrene. These we believed to be surgical truisms, immeasurably removed beyond the reach of discussion. However, the question has been raised, it has been *practically* raised. Under such circumstances we thought it to be our duty to ascertain beyond doubt the views of eminent and representative surgical authorities on the matter. To those gentlemen who have favoured us with communications we beg to return our sincere thanks.

Mr. Hamilton, of Dublin, Fellow, Ex-President, and Professor of Surgery in the Royal College of Surgeons, writes:—

"MY DEAR DR. MALONY,—In reply to your inquiry as to the treatment of wounded arteries, I beg to say that it is the imperative rule of surgery to tie the vessel both above and below the point from which the bleeding comes. If the original wound is too small to admit of this being done satisfactorily it must be carefully enlarged. Should the bleeding come from a number of small arteries or a vein it can easily be controlled by the finger of an ordinary assistant. *Each finger should then be separately bandaged, and the entire limb up to the wound: on this a graduated compress with moderate pressure will command the bleeding without risk of strangulation or gangrene.*—EDWD. HAMILTON."

Mr. Wheeler, of Dublin, Fellow and Ex-President of the Royal College of Surgeons, Surgeon to the City of Dublin Hospital, &c., writes:—

"DEAR DR. MALONY,—With reference to your queries, I have to inform you that in the case of a wounded artery I would tie both ends of the vessel, and if necessary enlarge the wound to do so. You have alluded especially to wounds of the brachial artery. There can be no hesitation in stating that the above course would be the correct one to adopt. In the case of venous hæmorrhage from the arm would apply a compress over the wound, *and bandage the fingers, hand, and forearm up to the seat of injury*. Such is the correct and recognised surgical treatment.—I am, yours very truly, W. J. WHEELER."

Dr. Heron Watson, Fellow and Ex-President of the Royal College of Surgeons of Edinburgh, Surgeon to Her Majesty the Queen in Scotland, &c., writes:—

"Undoubtedly the great axiom about bleeding arteries is to tie the bleeding point above and below the opening of the arterial tissues."

Referring to small punctured wounds of the brachial artery, he continues:—

"A graduated compress was frequently adopted, and certainly sometimes with a successful result. The graduated compress was applied with a 'figure of eight' bandage, and then *each finger, the hand, and forearm*, supported by a roller bandage to obviate venous congestion and œdema."

Mr. Ormsby, of Dublin, Fellow of the Royal College of Surgeons, and Surgeon to the Meath Hospital, referring to those cases of simple penetrating wound of the brachial, in which the compress and bandage treatment would appear suitable, writes:—

"I would apply a pad over the bleeding point, and *bandage each finger, hand, and forearm* to above bleeding point."

Dr. Macnaughton Jones, of London, says:—

"The rule I would follow in the case of a wounded

brachial artery in the part mentioned (middle third) would be to cut down and tie the vessel above and below the wounded point."

Professor Pearson, of Cork, writes:—

"I have not the slightest hesitation in saying that, provided the coats of the artery be fairly healthy I should prefer ligature of the artery above and below the wound, with division of the intervening portion (if that is not already complete) to any other mode of treatment."

Referring to cases in which the arterial coats are too diseased to bear ligature, he goes on to say:—

"I would apply a bandage to the limb from the fingers up to the wound, and then apply a compress and bandage to the latter, and keep the limb well elevated."

Finally, Mr. Bellamy (whose attitude in the matter, judging from his letters, would appear to be subject to variations) now writes:—

"My remarks as to bandaging fingers referred to my own case in *Lancet*."

In Mr. Bellamy's case we may here remark that the ulnar was the artery wounded. After eight days of compress and bandage treatment, Mr. Bellamy was obliged to enlarge the wound, and tie both ends of the injured vessel (see *Lancet*, May 2, 1885.)

We now bring to a close the discussion upon which we entered with extreme reluctance. We have endeavoured to present the matter to our readers in as fair and honourable a manner as possible. We have given Dr. Laffan's handbill side by side with our own comments thereon. We have, in fact, submitted the question in all its bearings. We now lay the case with confidence before the high court of our professional brethren.

## HISTORY OF THE PROGRESS OF LARYNGOLOGY FROM THE EARLIEST TIMES TO THE PRESENT.

By GORDON HOLMES, M.D.,

Physician to the Municipal Throat and Ear Infirmary, London;  
Consulting Physician to the Sheffield Ear and Throat Hospital.

Il importe beaucoup de connaître l'histoire de la science à laquelle on s'attache.—Boerhaave.

### EPOCH I.—THE PRE-LARYNGOSCOPIC AGE.

(Continued from page 51.)

SECOND PERIOD.—From the death of Hippocrates to the death of Galen.—About 357 B.C. to 200 A.D.

DURING the first century of this period the orthodox medical science of the former age gradually extended itself beyond the monopoly of the Asclepiadæ, and then broke through the bonds of their narrow traditions and dogmatism. A new and less biased apprehension of the subject arose, and an ardour for further research, kindled by Philinus and Serapion (36) glowed in the minds of the rising generation of observers. A medical school of celebrity was founded at Alexandria, of which Erasistratus and Herophilus were the most prominent members, and they, discarding prejudices, found means to study anatomy on the human body. (37) With such zeal did they prosecute their inquiries that they are even said to have dissected criminals alive. (38) In the meantime, owing to the reduction by Roman conquest of almost all the previously independent countries under one nationality, science became widely disseminated, and medicine was practised with an equal degree of enlightenment in numerous distant localities. Observations being thus made from several different standpoints a number of different sects arose, at variance with each other respecting certain doctrines in pathology and therapeutics. (39)

Owing to the foregoing circumstances the medical literature of this period became extensive, and no longer confined to the Greek language. Most of the writings, however, are lost, and there is little or no contemporary work, except

that of Aristotle, to represent the first four centuries. But for the last centuries there is ample material to obtain a comprehensive view of the progress made in the copious essays of Celsus, Aretæus, Rufus Ephesius, Cælius Aurelianus, and in the encyclopædic treatises of Galen.

*Anatomy.*—Aristotle's (384-322 B.C.) knowledge of human anatomy is not greatly in advance of that of the Asclepiadæ, his immediate predecessors. In his treatise on natural history, however, produced about 330 B.C., he frequently mentions the larynx (40) or pharynx (41) (using both names as synonymous) and recognises it as a distinct part of the windpipe, and as having a cartilaginous structure. He describes none of the parts of the organ except the epiglottis, the absence of which he notices in birds. (42)

The anatomical discoveries of Erasistratus and Herophilus, who lived about the beginning of the third century, B.C., were numerous and important, but no record of their labours, except a few quoted fragments, is preserved in their own words. To them, however, we may safely refer the great advance manifested in that branch of science by the writers at the end of this period, who in knowledge of the leading facts of anatomy were almost abreast of the present day. To Erasistratus is attributed the joining of the word *trachea* (rough) to *arteria*, so as to distinguish the windpipe from other arteries. (43)

The medical miscellany which passes under the name of Rufus Ephesius, who flourished about 100 A.D., contains two short treatises (44) which are the earliest exposition of anatomy as extended by the work of the Alexandrian school. But these are mere tracts giving outlines of the subject, though indicating that the brain, muscles, and nerves, &c., had been well observed. The study of anatomy on the human body seems to have lapsed out of practice, as the directions recognise only the dissection of apes, pigs, &c. The nerves of the neck are referred to vaguely, rendering it probable, however, that the recurrences had been noticed as well as the vagi. The principal passage is:—"Formerly they called *carotids* (*stupefiers*) the vessels (passing) through the neck, because on their compression the persons became lethargic and voiceless, but now it has been perceived that this affection is not of the arteries, but of the sensitive nerves existing near, so that should the name be changed, it would not be wrong." Rufus also describes the movements of the larynx in deglutition.

Passing thus rapidly through nearly five centuries, we find to Galen (about 130 to 200 A.D.), and in his works we find an ample reservoir into which, amidst much of his own, all the medical erudition of the preceding centuries flowed in a liberal stream. Turning from the obscure and indefinite allusions of previous authors, we appear to encounter the larynx as all but a new creation in the accurate and nearly complete descriptions of its parts and functions furnished by Galen. Whilst presenting his elucidations the writer remarks on the scant attention paid to the structure of this organ by former observers. Galen has, therefore, the claim, full and indisputable, to be regarded as the founder of laryngology.

Galen describes (45) the larynx as composed of three cartilages, exclusive of the epiglottis. He explains that the thyroid had already been named from its shield-like form (*θυρεω ειδος*), and also the arytenoid, supposed to be a single piece, from its likeness to a pitcher or ewer (*ἀρυταινω ειδος*), but that the third has no name (is *ἀνώρυστος*, that is, innominate), though resembling a ring (*κρικο ειδος*). The incomplete rings of the trachea were also well observed by Galen. He goes on to enumerate the muscles, mentioning their attachments and actions, but without giving them their present names. He divides them into an intrinsic and an extrinsic set, of the first three pairs, corresponding to the thyro-hyoid, sterno-thyroid, and inferior constrictor of the pharynx, and of the second set five pairs, viz., the—1. external, and 2. internal fibres of the crico-thyroid, 3. the lateral, and 4. posterior crico-arytenoids, and 5. the thyro-arytenoids. He also mentions the arytenoid muscle, but regards it as too insignificant to be separately classed. The pneumogastric nerve, (46) was well known to Galen as the sixth cranial nerve, and he gives a good general description of its distribution. To the spinal accessory and superior laryngeal he alludes very vaguely as branches, but he describes the recurrences (47) minutely, recording carefully the difference in origin and course of the right and left nerves.

Galen bestowed the name of *glottis* (tongue) on the vocal bands, which he thus describes:—"In the interior of the



larynx is a body which in substance (48) and shape is similar to nothing else in the whole animal.....It is, in fact, like the tongue of a pipe, (49) especially if regarded from above and below." He also notices the ventricles, but does not seem to distinguish the ventricular bands from the body he calls *glottis*.

*Physiology*.—Aristotle thought deeply over the question of voice production, but his ignorance of the parts of the larynx prevented his coming to any definite conclusion. His clearest notions on the subject may be summed up in one quotation. (50) "No animal," says he, "emits sound by any other part except the pharynx (meaning the larynx). The voice and the larynx utter vowels, the tongue and the lips consonants."

The reference to the physiology of the laryngeal nerves, by Rufus, has already been given. He also mentions that the great division of the nerves into motor and sensory had been made by Erasistratus and Herophilus, but that many still entertained doubts of its validity.

Galen separates the intrinsic muscles of the larynx into those which open and those which close the larynx. The latter act he states to be accomplished by the fifth pair (thyro-arytenoids) alone, assisted, however, by the arytenoid muscle. He speaks of the laryngeal nerves as motory only, and thinks that the muscles closing the glottis are, for some physiological reason in connection with retention of the breath, supplied by the recurrens from *below*. He mentions (51) that if one of the sixth pair (vagi) is compressed in a noose the animal is at once rendered mute, and refers (52) to the case of a boy who was rendered dumb by an injury to the nerves during an operation on the neck (the "tearing out" of a *struma*).

Galen theorises (53) with great justice and force on the disposition of the glottis, necessary for the production of sound and for holding the breath. "As the pipe," he argues, "would be useless without the tongue (the *reed* as it is now called) . . . so voice could not be formed unless the passage is narrowed. For if the whole should lie widely open, the first two cartilages being released, and at a distance from each other, and the third open, voice could in no way be produced; for if the breath pass out gently, expiration is made without sound; but should it be sent forth in the volume suddenly and with vehemence, what is called a sigh occurs. In order, however, that the animal may emit voice it requires, no doubt, the motion of the breath, but none the less the narrowing of the channel in the larynx; not a simple narrowing, but one which can by degrees be constricted and by degrees relaxed. Such is what the body we are dealing with effects accurately, and hence I call it the glottis or tongue of the larynx. But this body of the glottis is not only necessary to the organ of voice, but also to what is called holding the breath . . . to which action the nature of the aforesaid glottis contributes not a little; for to effect the said purpose the parts of it on the right and on the left approach, so as to fall together accurately and close the passage. But should a small portion be left unclosed, not even this, as being unforeseen, has been disregarded by nature, who has worked an opening on each side of the glottis and placed in continuity with it a cavity within by no means small. When the passage out is blocked, the air, being confined in a narrow space, is diverted forcibly towards the sides, and opens the mouth of the aperture of the glottis, which hitherto had been closed by the folding together of the lips. The cavities in the glottis of the larynx being thus filled with wind it is of course necessary that the swelling so produced should bulge towards the passage of the breath, and shut it with exactitude, even if a small part had previously been left open." (54) These arguments convey the impression that Galen conceived vocal sound to be produced by a joint action of the vocal and ventricular bands. It is also clear that he believed alterations of voice in pitch or loudness to depend on variations in the width or area of space between the vocal bands.

*Pathology*.—Notwithstanding the great progress made in the anatomy and physiology of the larynx we shall not find that the pathology of the organ advanced with an equal step. In this field the impossibility of seeing the part affected, and the non-practice of post-mortem examinations fully blocked the way. We may note here that Asclepiades, of Bithynia, who practised at Rome about 100 B.C. is said to have divided diseases into the two great classes of *acute* and *chronic*.

The first author we meet in this department is Celsus, a Latin writer (flourished about 1, A.D.), who treats of cynanche much in the old Hippocratic terms, without showing any distinct advance in apprehension of throat diseases.

Next we come to Aretæus (about 70 A.D.), of whom little more can be said. He draws, however, a distinction between *cynanche* and *synanche*, (58) limiting the latter term to what we may assume to be acute affections of the larynx. Some further observation is also indicated in one or two passages, respecting elongated uvula, for example, of which he says:—(59) "For a tickling of the artery (windpipe) is caused by the membrane, and sometimes a little of the moisture drops into it unperceived, on which they cough." And in speaking (60) of ulcers on the tonsils his remarks are suggestive of laryngeal diphtheria (croup), e.g., "There are peccant ulcers which are broad, hollow, and foul, invested with a white, livid, or black concretion. . . . If they spread to the thorax by the artery they suffocate on the same day."

Cælius Aurelianus, a Latin writer, who was probably contemporary with Galen, makes four classes of throat inflammation, (61) viz., *cynanche*, *synanche*, *para-cynanche*, and *para-synanche*, the compound terms implying the external affections corresponding to the two first. He is also the first to describe symptoms which indicate sub-acute or chronic catarrh of the mucous membrane of the larynx, i.e., a deficiency of voice (*voicis amputatio*) including hoarseness and aphonia, which arises from excessive shouting, cold, &c.

Here, as in other branches of our subject, we find that Galen, in theory at least, almost treads on the heels of the modern laryngologist. His actual observations of laryngeal disease do not seem, however, to go much beyond previous writers. Like Cælius he reckons four kinds of cynanche, but he also mentions (62) two cases of young men in whom he diagnosed ulceration of the larynx from the ejection of small quantities of purulent and sanious sputa, and also in one instance of a membranous flake. The larynx was further indicated as the seat of disease by troublesome and painful sensations in eating and swallowing referred to the part.

Passing by these experiences without more lengthened notice we come to two important passages which claim to be reproduced. The first relates to chronic catarrhal laryngitis, and appears to have been reasoned out by the aid of semeiological observation on alterations of voice. After alluding to the mucous membrane ("pellicle") lining the larynx and trachea and its continuity with that of the fauces he remarks:—(63) "Loss of voice, that is inability to speak, follows many causes; sometimes a chronic flow from the head, at others even abscess of the lungs and phthisis." It also occurs in those who have been injured by great and protracted shouting, and have not been properly cured or had the diathesis which engenders it. In the same way a hoarseness arises, but more especially from inspiration of cold air and moisture, &c. Aphonia and hoarseness are therefore affections of the same kind. These evils differ, however, by degrees of magnitude in their relations to each other. Hence when the vocal organs have been violently and obstinately steeped in moisture aphonia supervenes, if moderately affected, hoarseness. When I say the vocal organs, understand the artery, larynx, and pharynx. Such persons, therefore, as have specially injured their voice by excessive vociferation suffer from a malady similar to that which affects the hands, thighs, loins, spine, and muscles, after being subjected to great exertion. Now, some of the teachers of gymnastics call such an affection *inflammatory lassitude*. Thus in the artery the internal pellicle, tunic, or whatever it may be called, being struck by the breath passing out in violent declamation enters into an inflamed state, and much more so if a certain sharpness is added to the intensity of voice. But in the case of the larynx besides this shock there is also an injury of the energy of the muscles that move it which increases the disease."

The second passage (66) reveals theoretically a system of laryngeal pathology springing from etiological considerations as to changes or loss of voice. "Moreover," he states, "I wish you to understand that voice and speech are not the same thing, for voice is the creation of the vocal instruments, and speech of those for speaking, of which the tongue is altogether the chief, but the nose, lips, and teeth assist not a little. Thus the vocal instruments are the larynx and the muscles moving it and the nerves from the brain which give them power. Hence, if the muscles which



close or open the larynx are rendered immobile, the person becomes altogether aphonic, but should they be moved with difficulty or palpitate or tremble, the voice will be affected according to the nature of the lesion; similarly should they act in a spasmodic or jerky manner. Should they be weak in their power, through an affection of themselves or of the nerves moving them, they will make the voice obscure and small. But should any other of the muscles that move the larynx suffer in any way, voice will indeed be affected, but by a slight lesion, and the person will be neither altogether aphonic, nor will have properly a small voice. But as amongst the muscles moving the larynx, those opening and closing it are the principal, so of the vocal nerves are those called *recurrent*, which are themselves part of the sixth conjugation (*vagi*) of nerves arising from the brain, like the others which also have their origin there. They differ, however, from those because they are not given off in the neck, but after the main trunk has arrived in the chest. Thus there is no surgeon so awkward as to sever willingly the whole sixth conjugation, but the recurrent nerves are sometimes cut through unskillfulness. It happens indeed occasionally in great wounds of the trachea, that one or other is incised. In surgery, also, when affected with great cold they impede the voice until being warmed they recover their natural temperature. Moreover, it occurs that the voice is injured not a little in clearness and volume when the pharynx cannot be contracted by its muscles. Likewise when the tunic common to the pharynx and larynx is steeped with much moisture. And everybody knows that for the same reason catarrh can make the voice hoarse. Violent shouting similarly affects the voice, as it engenders a malady like inflammation of the tunic aforesaid, and of the laryngeal muscles. But it is evident that when the internal muscles of the larynx are inflamed the disease is *cynanche*, which simultaneously injures voice and respiration, and doubtless all abnormal tumours whether they arise in the air-passages or compress them from without. Thus also the gullet when inflamed so as to press on the tunic of the trachea where the sigmoid extremities of its cartilages are joined, and luxation of the cervical vertebrae forwards. Hence all maladies of this kind touch the voice." From this point the author proceeds to dissert on the state of voice in general diseases, such as chest affections, apoplexy, &c., and in peroration refers to his last work on voice for further discussion on all local modifications, morbid and normal.

*Treatment.*—During this period treatment proceeded very much on the old Hippocratic lines, but a great increase seems to have taken place in the element of the materia medica, and the various articles of the pharmacopœia were carefully described, classified, and their combinations enumerated by Dioscorides, Scribonius Largus, and Galen.

The only signal advance we have to chronicle relates to the first suggestion of opening the windpipe for the relief of dyspnoea in *cynanche*, a matter which soon became involved in much controversy. This operation originated in the mind of Asclepiades, (67) about 100 B.C., but there is no proof that he actually performed it. He seems, however, to have endowed it with a distinctive name, viz., *pharyngotomy* or *laryngotomy*, (68) and must have drawn much attention to it by his arguments in its favour. The earliest allusion to the operation is found in Aretæus, who gives (68) his opinion of it in the following dubious language:—"Those who for the relief of suffocation are accustomed to cut the artery for the breathing, do not seem to have made the thing trustworthy by practice. For the heat of the phlegmon becomes greater from the wound and adds to the suffocation and cough. But, on the other hand, if this danger should be escaped, the lips of the wound do not unite as they are both cartilaginous and unhealable."

More than a century after Aretæus, section of the trachea was still a subject for emphasised discussion and Cælius Aurelianus (69) refers to it at some length, but in terms of the greatest disfavour. "Asclepiades," says he, "approves making that division of the artery on account of respiration, countenanced by our predecessors (which they call *laryngotomy*), erring in many and different ways. For everything that is sharp and attenuating inflames the humor. . . Moreover section of swelled parts is most injurious and dangerous" Further on he characterises the whole matter as a fabrication. "The operation," he urges, "is fabulous, and one which has been handed down by none of the ancients, but is affirmed only in the unstable and rash invention of Asclepiades." Proceeding in this strain he speaks of it as "so great a crime,"

and even condemns Themison, the founder of the *Methodici*, his own sect, for allowing that it might be resorted to with propriety in acute diseases without fever. Cælius gives especially lengthy details as to the treatment of *cynanche*; he is much less in favour of bleeding than Hippocrates.

Much attention was paid to the class of remedies called *arteriaca*, used for expectorants, in hæmoptysis, &c., and comprising almost all employed at present, viz., squill, turpentine, styrax, tragacanth, myrrh, horehound, poppy-heads, &c. Galen is particularly full in his account of them. (70) Expectorants made up in small masses the size of a bean, to be held under the tongue and swallowed in slow dissolution, were termed *hypoglottides*. One or two examples of the *arteriaca* recommended by Galen may be given:—

"For ulceration of the trachea, and further, for those who have to strain the voice, &c., from Lysias—R. Of saffron myrrh, juice of the sweet radish, frankincense, cassia, each ʒij.; of pepper, gr. xxiv.; of Cretan wine (*passum*), three pints; of Attic honey, six wineglassfuls. For use."

"A hypoglottis of Scribonius Largus for loss of voice—R. Of saffron, turpentine, each ʒij.; of the Illyrian iris, ʒvi.; of tragacanth, ʒviii.; of pepper, gr. cccx. Compound with honey and turpentine boiled together. The size of a Pontic nut to be used under the tongue."

Galen advises (71) ulceration of the trachea to be treated by applying externally "drying remedies" (astringent?), so that cicatrization may be favoured. At the same time the patient is to be kept supine holding in the mouth a suitable *arteriac* "so as to let it flow gradually into the trachea." He asserts that he has cured "not a few" cases in this way, convalescence being established afterwards by change of air and asses' milk. Of opening the trachea he merely remarks, (72) "Asclepiades proposed, as a last resource to prevent suffocation, to incise the windpipe at its upper part."

Aretæus (73) recommends insufflation of powders through a tube in throat diseases.

(66) Hence regarded as the founders of the sect called *Empirics* or *experimentalists*.

(67) Galen de Uteri Dissectione.

(68) Cælius, De Arte Medica, c. 1.

(69) Besides the *Empirics* there were the *Dogmatists*, who regarded the Hippocratic writings as a final authority, and the *Methodists*, who compromised with both sides.

(40) *Historia Animalium*, l. 12, 16; ii., 17, iv., 9.

(41) De Partibus Animalium, iii., 8.

(42) De Respiratione, c. 11, &c.

(43) Aulus Gellius, xvii., 11.

(44) Entitled "De Apellationibus" and "De Anatomia Partium Corporis Humani." They are clearly of different authorship, as in the first the word *pharynx* is restricted to the fauces and in the second applied to the larynx.

(45) De Usu Partium, vii., 11, et seq., xvi., 4. Also in Oribasius, *loc. cit.*

(46) De Dissectione Nervorum, c. 10.

(47) De Usu Partium, c. 15.

(48) In the pig the vocal bands are of a peculiar adipose tissue. Galen's anatomical knowledge is drawn from dissection of pigs and apes.

(49) That is an *obol*, not a *stute* in the modern sense.

(50) *Historia Animalium*, iv., 9.

(51) De Dessedune Nervorum, c. 10.

(52) De Locis Affectis, I. c. 4.

(53) De Usu Partium, *loc. cit.*

(54) Galen refers constantly to an essay in which he treated of the voice *in extenso*, but the work itself is lost. He also expends a great deal of argument in refuting the quaint notions of Zeno, Diogenes of Babylon, and others that voice proceeded from the heart, the brain, &c., De Decretis, II. c. 4 et seq. In his maxims "De Arte Medica" are some curious theories explaining individual differences of voice by variations in the size' &c., of the windpipe.

(55) De Causis et Signis Acutorum Morborum, 1, 7.

(56) *Ibid.*, 8.

(57) *Ibid.*, 9.

(61) De Acutis Morbis, iii., 1.

(62) De Diuturnis Morbis, ii., 6.

(63) De Medicina, iv., 4; vi., 10.

(64) De Methodo Medendi, v., 12; De Locis Affectis, I., 1.

(65) De Compositione Medicamentorum Secundum Locos, vii., 1.

(66) De Locis Affectis, iv., 6.

(67) Cælius, De Acutis Morbis, I., 14; iii., 4.

(68) *Ibid.*

(69) De Cura Acutorum Morborum, I., 7.

(70) *Loc. cit.*

(71) "De Compositione Medicamentorum Secundum Locos. The whole of the seventh book is devoted to them.

(72) De Methodo Medendi, *loc. cit.*

(73) *Ascripta Introductio sere Medicus*, c. 13.

(74) De Ther. Morb. Acut., L. I., c. 9.

(To be continued.)

## THERAPEUTICAL HINTS.

By JOHN W. MARTIN, M.D.,  
Sheffield.

THE following is an excellent lotion for subduing inflammation, and reducing the oedema of the inflamed parts:—

R. Tr. opii camph. co., ℥ij.;  
Tr. tolutani, ℥ij.;  
Liq. plumbi diacetat, ℥iv.;  
Glycerine, ℥ij.;  
Aqua, ad., ℥xxx. M.

A piece of lint, or old linen, to be well wetted with the lotion, and to be applied to the inflamed part. The wetting to be repeated at frequent intervals.

Internally, it is useful to combine the following mixture with the use of the foregoing lotion:—

R. Potass bicarb., ℥iiss.;  
Tr. nucis vom., ℥xl.;  
Ferri am. cit., ℥iiss.;  
Sp. am. aromat., ℥iiss.;  
Aqua, ad., ℥viiij. Liq. M.

“℥j. three or four times a day.”

I have found this treatment especially useful in those cases in which intense inflammation in the arms follows re-vaccination.

## Clinical Records.

### NETHERFIELD FEVER HOSPITAL, LIVERPOOL.

#### A Case of Epigastric Abscess.

Under the care of ROBERT S. ARCHER, B.A., M.B.,  
M.Ch. Univ. Dub.,  
Physician to the Hospital.

THE following case may prove not unworthy of being placed on record, as it seems to me to present some features of interest. It is one of those cases which occasionally are sent into a fever hospital as suffering from some form of essential fever, but in which, after close investigation and a short period of observation, the pyrexial symptoms are found to depend on some local inflammatory mischief, or at all events, on some cause that cannot be placed in the category of the so-called specific fevers. Although there was not much difficulty in pronouncing that the patient was not suffering from the disease she was supposed to be affected with when sent to hospital, yet there was considerable doubt as to the real nature of the case, and on this point I may say that I have not come to a conclusion at all satisfactory to my own mind. It is to be hoped that after the details of the case are related some member may be able to cast a gleam of light to illumine its obscurity. My thanks are due to Dr. Oldham, our late able resident medical officer, for his valuable assistance in keeping the clinical records, from which the following account is taken. The temperature of all cases treated at Netherfield Fever Hospital is taken six times in the twenty-four hours, but in the following record the maximum and minimum temperatures alone are given as being sufficient to indicate the course of the symptomatic fever.

A. M. S., a female domestic, æt. 35, was admitted to Netherfield Fever Hospital, on Nov. 22, 1884. The certificate of admission stated that it was enteric fever she was suffering from. The history procured from the patient was to the effect that she had been affected with *malaise* for about a week. Two days before coming to hospital pain in the abdomen and right side, vomiting, and rigors suddenly set in. The pain had continued since. There was no diarrhoea nor epistaxis. She stated that she had always more or less experienced uneasiness in the epigastric and hepatic regions. This had the effect of preventing her from “tight-lacing.”

*On admission.*—Pulse 136; resp. 30; temp. 100.5°, running up at 7 p.m. to 102.2°. Tongue dry in centre. Aspect and conjunctivæ clear, pupils normal. There was a malar flush. Pain and tenderness on pressure in the right hypochondriac region. Liver dulness extended nearly two fingers' breadth below the costal margin. The base of the right lung afforded a dull note on percussion, and there was absence of respira-

tory murmur here. A poultice was ordered to the right side, and a simple enema administered.

Nov. 23rd.—Pulse 120; temp. ranging between 99.7° and 101.4°. She was reported to have slept fairly, and the pain in the side was not so constant. Still tenderness in right hypochondriac region. No cough, but a complaint of “catching of breath.” She passed one more motion. She was ordered a little hydrochloric acid and spts. æth. nit. in infusion of gentian, milk diet, and ice to suck.

24th.—Pulse 116; temp. ranged from 99.43 to 100.4°. Tongue moist, she appeared better. Pain not so severe, the “catching of the breath” had gone, and menstruation commenced. For the next four days there was nothing of importance to note. The extremes of temperature for this period being 101.8° at 11 p.m. on 25th, and 98.4° on 27th at 7 a.m. From this time the temperature began to rise gradually, and reached 101° at 7 p.m. On 28th pulse varied from 112 to 120. Tongue became dry in centre again on 28th.

29th.—Pulse 120; temp. 99.5° to 101.4°; tongue cleaner; respiratory murmur to be heard faintly, and percussion note somewhat clearer over right base. Abdomen soft and not tender. For several days the bowels have been irregular, and there has been considerable thirst.

December 1st.—Pulse 112-122; temp. 101° to 102°. Dulness and absence of respiration over inferior third of right lung. Sub-crepitant râle heard at end of inspiration over left base, percussion note normal, has occasional cough. In the evening the skin was moist, and there was slight general abdominal tenderness. The next day there was a slight fall in the average pulse rate, the temperature also assuming a lower range (99.8° to 100.4°). There was vomiting in the evening, the general abdominal soreness persisted, and there was loose motion. The medicine was changed to quin. sulph. gr. 3; acid bromohydric, m. 15; tinct. digitalis ℥10, and spts. chlorof., ℥15; in a little water, every four hours.

3rd.—Pulse 104 to 122; temp. 99.8° to 102.2°. Tongue dry and glazed. Restless at night, some vomiting in the morning, and a complaint of whatever she drinks making her feel sick. Right side of epigastrium occupied by a hard tumour, dull on percussion, tender on pressure, and presenting the characters of an enlarged left hepatic lobe. The tumour encroached slightly on the umbilical region. She vomited a good deal during the day, at times bringing up a small quantity of florid blood mingled with mucus. Pain (occasional) of a spasmodic twitching kind in course of ascending colon.

4th.—Pulse 108; temp. 98.2° to 101°. Pain and tenderness in right iliac region, but no fulness nor hardness to be felt here. Next day the temperature had assumed a lower level, the vomiting and retching had ceased, and the pain and tenderness were much better. The following day (December 6) the improvement appeared to be maintained, with the exception that there was a slight rise in pulse rate, the temperature not exceeding 100°.

7th.—Pulse 116; temp. 98.4° to 101.4°. *Pain in ankles*, but no swelling could be detected. An occasional dry râle heard over both bases, fair respiration on right side, except over a narrow strip at the very base, where it is absent. Bowels continue loose, but she does not pass more than two motions in the twenty-four hours. Some retching and inclination to vomit during the afternoon and evening. The next day the temperature ranged from 100° to 101°, and there was a slight fur on the tongue.

9th.—Pulse 128; temp. 103.2° at 7 a.m. (the highest point reached up to this), falling to 100° at 3 p.m. Cough troublesome, and occasionally inducing retching; thirst increased. The quinine mixture was stopped, as it appeared to increase the tendency to vomit, and a grain of calomel and three grains of Dover's powder prescribed every four hours.

10th.—Pulse 134; temp. 99.4° to 102°. Slept very well, but vomited a small quantity of yellow fluid during the night; shooting pain across right side, which is relieved by lying on that side. Brandy ℥ij., and beef jelly.

11th.—Pulse 128; temp. 100° to 101.4°.

12th.—Pulse 124; temp. 101° to 102.4°. Aching pain in right side, perspiring a good deal, especially about the head; slight dulness, marked respiration, and a minute râle at end of inspiration over lower half of right lung posteriorly.

13th.—Pulse 120; temp. 100.2° to 101.8°. Troublesome retching after almost everything she takes, dulness much

increased in intensity, and respiration very feeble over lower part of right lung behind. All medicinal treatment stopped.

14th.—Pulse 122; temp. 100° to 102.6°; resp. 24. Very restless this morning, and during the night very thirsty; perspiration not so great, feeble respiratory murmur, crepitating râles, and increase of vocal vibration over infero-posterior region of right lung.

15th.—Pulse 136; temp. 101° to 102.2°. She was reported to have slept very little during the night, but had a considerable amount of sleep during the previous day. Perspired a good deal in the night, retching rather less troublesome. Tumour in right side of epigastrium has increased in size, and become more prominent, and indistinct fluctuation was detected. More air seemed to enter base of right lung.

16th.—Pulse 134; temp. ranged from 103° at 3 a.m. to 101° at 7 a.m., which were the maximum and minimum points reached during this day. Slept a little better, not perspiring so much: retching still troublesome. Tumour has extended more over into the left side of the epigastrium, and down towards the umbilicus; pain; fluctuation not increased, slight icteric tinge. Three grains of quinine every four hours in powder, and also seven and a half minims of liq. morphia alternately at the same intervals.

17th.—Pulse 140 to 164; temp. 102° during the forenoon, 104.4° at 3 p.m. (the highest point reached in the illness), 104.2° at 7 p.m., and 102.8° at 11 p.m. At 12 noon the patient was seized with a very severe rigor (which I witnessed), during it the bed shook violently, and the face became cadaveric looking. A profuse perspiration set in after the rigor. Slept well during the night: pain shoots across the epigastrium on coughing. Tumour increased in size, and becoming red at its most prominent part: a pulsation is communicated to it, but no murmur is audible.

18th.—Pulse 128; temp. 99.7° to 102°. Tongue dry and furrowed in centre; slept very well, coughing a little; retching not so troublesome; no further rigor. Tumour much more prominent, extends as low as the umbilicus, and *distinct fluctuation* is present. This being the state of affairs, with the assistance of Dr. Oldham, I aspirated the abscess, with the effect of drawing off 8 ounces of foetid faecal smelling greenish pus, a large quantity of very foul gas also escaped, which impregnated the ward with its odour. After aspiration the epigastric prominence subsided, but there was left behind a hard flat, indurated tumour, extending almost to a level with the umbilicus.

19th.—Pulse 120; temp. 100.2° to 101.5°. Slept well; vomited three or four times during the night, but not since 4 a.m.; perspiring freely; moderate amount of deafness (quinine). Some swelling and fluctuation again in epigastrium. Expresses herself as "free from pain." Fine crepitating râles; rhoncus and tubular respiration heard over base of right lung posteriorly. One motion after an aperient pill and enema.

21st.—No material change during last two days. Temp. 100° to 101°. Some vomiting and nausea continue. Free discharge of foetid pus from puncture; charcoal poultices to be applied. Stop the quinine.

28th.—During the last six or seven days pulse has varied between 124 and 134, and temp. between 99° and 101.8°. It reaching the former on the forenoons of 23rd and 27th, and the latter on the forenoon of 26th. Discharge continues profuse and foetid. Signs of consolidation of right base.

Jan 4th, 1885.—Pulse 124. For the last seven days the temperature frequently fell to the normal, and only on four occasions exceeded 100°, twice reaching 101°. Tongue becoming moist and clean. Discharge much less in amount, and rather thick. The hard indurated base (which extended almost to the umbilical level) has become much less extensive. Dulness, tubular respiration, various sized râles and increased vocal fremitus still persist at right base.

8th.—Pulse 128; temp. has scarcely exceeded the normal for last few days, except on the evening of this when it reached 100.2°. Sleeps very well. Appetite improving. Discharge much less.

13th.—Pulse 128; temp. has been keeping well in bounds since the last report, but in the evening it rose to 101.2°, falling, however, on the morning of the following day to 99°, which was followed in the evening by a rise to 102.6°.

15th.—Pulse 120; temp. 98° to 101.6°. Condition of right base much improved, respiration, &c., has become almost

normal. Discharge very scanty. The opening is now being dressed with iodoform. Appetite variable.

22nd.—Pulse 144. For the last four or five days the temp. has assumed deep curves, varying from 98° to 102.4° which it reached on the forenoon of this and preceding day. Slight rigors, nausea, increased quantity of discharge. Return of cough, and of the physical signs at base of right lung to a limited extent. Ordered quinine and digitalis.

23rd.—Pulse 120. Temp. reached the normal line, and on the following day became sub-normal.

From this date on the patient began to convalesce satisfactorily. The wound healed, the temperature and pulse fell, the lung cleared up, and she was discharged cured about the middle of February.

*Remarks.*—The case just narrated presented several features, when first seen, which bore a resemblance to some of those met with in enteric fever, and it can be readily understood that, at an earlier period these symptoms were much more likely to lead the clinical observer astray than when the patient came into hospital. The phenomena of local lesions were referable to the thoracic and abdominal cavities, and to the inferior extremities. Thus, in the chest we had at the outset signs of a very limited pleural effusion on the right side, which soon vanished to give place to evidence of a low form of inflammatory consolidation of the lowest portion of the right lung, the intensity of the physical signs of which fluctuated considerably from day to day, until convalescence set in. It was in the abdomen, however, that the most serious local inflammatory manifestations showed themselves, and at one time there was some ground for the belief that typhlitis, peri-typhlitis, was threatening, this speedily subsided, and the brunt of the mischief became centred in the epigastric region, where, as we have seen above, an abscess of considerable dimensions formed. Lastly, there was a transitory and trivial pain in the ankles and feet, which apparently bore some resemblance to rheumatism. With reference to the cause of those symptoms, septic infection will probably suggest itself to the minds of many, and, indeed, it may have been the *fons et origo mali*, but no definite history of exposure to infection of this nature could be obtained. Nor was there, on the other hand, any history of local injury in the epigastrium, or hepatic region. Without stating positively that the case was one of septic infection, I am somewhat inclined to the belief that such was the case. Or, again, the chest symptoms and the iliac (right) uneasiness may have been the radiation of inflammatory mischief from the epigastric abscess as a centre, just as we see the surroundings of an inflamed organ taking on a less intense form of irritative reaction in proportion as the organ is receded from, as, for example, in a case of abscess situated in one of the inferior triangles of the neck, where, from a direct apposition of tissue, the upper part of the pleura becomes inflamed, and even the lung itself may become so implicated as to give rise to the fear that phthisis is about to set in, but which, on the abscess being opened and drained, quickly subsides, leaving the pulmonary tissue healthy as before. Thus, in this case, it is not at all improbable that the thoracic symptoms may have been due to the inflammatory mischief radiating from the epigastrium through the diaphragm into the chest. And on this hypothesis also may the nausea and vomiting, and the occasional moderate diarrhoea be explained. The question as to the situation of the abscess is one that is involved in no inconsiderable amount of obscurity. This obscurity would doubtless have been a good deal illumined had there been made a free opening into the abscess, as by this means the sac would have been much more easily explored than was possible through the small opening—about the size of a cedar pencil—that formed after the aspirator puncture. But the great dread of further operative proceedings manifested by the patient, and her earnest entreaties prevented us from doing what we felt would have facilitated and hastened her recovery. There would seem to be three probable situations for the abscess, and any of them would be in accord to a certain extent with the physical signs, and constitutional symptoms of the case, viz., 1. The left lobe of the liver; 2. It was a circumscribed peritoneal abscess; 3. It was a sub-peritoneal abscess, that is, situated in the cellular tissue immediately beneath the peritoneum. In whichever of these localities it may have arisen there is one thing certain, and that is, that in the first instance it bore every resemblance to an enlarged left

hepatic lobe, and its progress would seem to agree with such a theory. We are inclined, however, to decide against hepatic abscess, first, from its rarity in this climate, secondly, from the absence of jaundice, and, lastly, from the absence of bile pigment in the pus. The undoubted faecal smell of the pus and gas that escaped certainly leads to the belief that the intestine was in close proximity to the sac, and either a circumscribed peritoneal abscess, or one located immediately beneath the peritoneum, would, I think, be sufficiently near to be influenced by the intestinal exhalations. Taking all the bearings of the case into consideration, I would be inclined to decide in favour of a sub-peritoneal collection of pus.

## Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.  
SUB-SECTION OF ANATOMY AND PHYSIOLOGY.  
MEETING HELD THURSDAY, MAY 7TH.

The President, Dr. J. CUNNINGHAM, in the Chair.

### FROZEN SPECIMENS ILLUSTRATIVE OF THE PARTS CONCERNED IN COLO TOMY.

THE PRESIDENT exhibited two frozen sections to illustrate the anatomy of the parts concerned in the operation of colotomy—(1) a transverse section through the third lumbar vertebra, slicing off the lower part of both kidneys, but the right being lower than the left more of it was to be seen in the section than the kidney of the opposite side; and (2) a section through the umbilicus, passing through the fourth lumbar vertebra at a point clear of the kidney.

In these sections he demonstrated the position of the descending colon in relation to the quadratus lumborum muscle, and also showed the manner in which the peritoneum was disposed.

### COMPARATIVE ANATOMY OF THE CHIMPANZEE.

THE PRESIDENT also exhibited a mesial section of a young male chimpanzee, and called attention to some points in which its topographical anatomy differed from that of the adult human subject, and resembled that of the human child.

### FIVE CASES OF MUSCULAR AND VASCULAR ANOMALIES.

Dr. HEUSTON read a paper on Five Muscular and Five Vascular Anomalies which occurred in the Carmichael College Dissecting Room during the session 1884-5. The first three muscular ones were examples of anomalous origin of the biceps. No. 1 presenting the usual triple origin of the muscle; No. 2 the triple origin with an insertion into the flexor carpi radialis and pronator radii teres, in addition to its normal insertion; No. 3 an example of quadruple origin, the internal additional head arising between the insertion of coraco-brachialis and the origin of brachialis anticus, while the external (which was very well developed) arose from the insertion of the deltoid and adjacent portion of bone between the origins of the triceps and the brachialis anticus. No. 2 was noticed on account of the insertion being peculiar when taken in conjunction with the triple origin, while No. 3 was stated as having been before described only by Wood, the other authorities describing the quadruple muscle having noticed other origins than those described. No. 4 and No. 5 were examples occurring in the right and left lower extremities of a female subject of the flexor accessorius longus digitorum, which was brought forward. In left extremity the muscle arose from the tibia, while in the right extremity it arose from the fibula, thus presenting in the one subject examples of the different origins of the muscle, and also having no fourth tendon to the flexor brevis digitorum in either extremity. The vascular anomalies described were:—No. 1, an example of the middle meningeal artery, arising from the ophthalmic within the orbit, and passing through the sphenoidal fissure, to be distributed as usual, while the foramen spinosum was absent on the left side, and on the right side was very badly marked, transmitting a minute artery which united with the abnormal vessel. No. 2 and No. 3 were examples of aberrant arteries, taking origin from the axillary and uniting with, in the case of

No. 2, the radial artery, and in the case of No. 3 passing between the heads of the median artery, to unite with a normal radial recurrent artery. No. 4 was an example of a supra scapular artery arising from the axillary artery which, having passed through the brachial plexus and under the transverse ligament, was distributed normally. No. 5 was an ulnar artery, which, rising at the usual place of division of the brachial, passed superficial to the muscles of the forearm to be distributed normally in the hand. In the forearm it gave off no important branch, while the ulnar recurrences, radial recurrent, comes nervi mediana, and inter-osseous arose from a common trunk.

THE PRESIDENT asked whether nervous supply of the additional heads of the biceps had been discovered?

Dr. HEUSTON replied that to the four heads the nervous supply was from the musculo-cutaneous nerve, and that it was particularly examined in the quadruple muscle.

Dr. BROOKS asked if the muscle arising from the tibia was inserted into the long flexor tendons alone, or also into the accessorius. During the past session, in Trinity College dissecting-room, he had noticed a similar case in which the muscle was attached entirely to the flexor tendons, passing partly into the accessorius, but chiefly into the band connected with the longus pollicis. He was enabled to trace the tendon out into three divisions. Unlike Dr. Heuston's case, the fourth tendon of the flexor brevis digitorum was not absent, but was normal.

Dr. HEUSTON, in reply, said the muscle was inserted into the long flexor tendons and accessorius, chiefly into the latter; its deeper portion only passing to the tendons. The point, however, which he considered of interest was not the exact attachment, but the fact of finding the different origins for the muscle in the one subject, and also that the fourth tendon of the flexor brevis was absent.

Dr. BROOKS communicated a second case of

### ANOMALOUS CORONARY ARTERY OF THE HEART.

This anomaly occurred in a subject in the dissecting-room of Trinity College, towards the close of the winter session 1884-85. A large branch arose from the right coronary artery, about one-third of an inch from its origin, and passed behind the root of the aorta and pulmonary artery; here it gave off three branches, which ran upwards on the trachea; it then divided into branches, which anastomosed in a complex manner with an abnormal branch, which arose from the right anterior sinus of Valsalva of the pulmonary artery. From the anastomosis so formed, two branches ascended in a tortuous manner in front of the bifurcation of the pulmonary artery and the transverse portion of the arch of aorta and united into one trunk, which joined an abnormal branch arising from the left subclavian artery near the origin of the vertebral. The three branches mentioned above as ascending on the trachea, after insinuating very freely, gave off a branch to the right bronchus, and then joined a branch arising from the posterior aspect of the arch of aorta, close to the termination of the transverse portion.

Dr. PURSER said that it was difficult to say how the blood flowed in this complicated arterial arrangement. One thing was clear—viz., that in a case of direct communication between pulmonary artery and aorta, the current must be from the latter into the former. Water would as soon pass up a hill as the current of blood in such a case could pass from pulmonary artery into the aorta, or, in other words, contrary to pressure.

Dr. HEUSTON said he had been much interested in a former case of anomalous vessel brought forward by Dr. Brooks, because he did not think it possible for arterial blood to pass as was described in both of those cases, considering the great difference of blood pressure on the right and left sides of the heart. In his opinion the vessel was a vein which, by the method of injection from the femoral artery, bursting, as it frequently did, the septum ventriculorum, allowed the injection into the right side of the heart, which then passed from the pulmonary artery into the vessel. Since the last meeting he had examined five hearts, and in three of those was able to demonstrate a vessel falling into either the right or left pulmonary sinus of Valsalva, and he was strongly inclined to think that such a vein was usually present; but the number of cases he had as yet examined did not warrant him in giving a positive opinion. In the present case, he considered the vessel to be a vein conveying the blood back from the junction of the normal and abnormal coronary vessels into the pulmonary artery.

## APPARATUS FOR ILLUSTRATING PULSE WAVES.

Dr. PURSER exhibited an apparatus for recording the movement of a wave along a tube, being an improvement devised by himself upon the apparatus of which Prof. Marey published an account in 1875.

## INTERESTING ANOMALIES RELATING TO THE (1) THORACIC DUCT AND (2) THE NERVE SUPPLY OF THE SEBRATUS MAGNUS AND LEVATOR ANGULI SCAPULÆ.

The PRESIDENT gave details of two interesting anomalies which had been obtained in the dissecting room of Trinity College.

Dr. PURSER drew attention to the mode of development of the spinal nerves, which would explain some of the cases connected with anomalies of this class.

Dr. HENRY KENNEDY called attention to recorded cases, where, as a general rule, the mischief occurred in the right side of the brain, and the left side of the body was the part that suffered, and *vice versa*. The point brought under notice was very important.

Dr. HEUSTON, referring to the relation of the phrenic nerve, stated that during the session he had noticed in the subject on which he was lecturing a well-marked example of Burns' nerve. On both sides, in tracing the nerve upwards, he found that the phrenic arose from both the fourth and fifth cervical nerves.

The PRESIDENT was glad his communication had elicited such an able discussion on the development of the nerves. The same point was passing through his mind as that adverted to by Dr. Purser as to the condition found in the decussation of the pyramids. With regard to what Dr. Heuston stated, he had never had the least doubt that the phrenic received fibres from the fifth.

Dr. HEUSTON remarked that what he was referring to was not communication between the fourth and fifth, but Burns' communication between the nerve to the subclavius and the phrenic nerve.

The Sub-Section then adjourned.

## THE EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

Dr. ANDREW SMART, F.R.C.P.E., in the Chair.

At the Thirteenth Meeting of the present Session held on Wednesday, 15th July, Dr. WILLIAM RUSSELL read a note of a

## CASE IN WHICH A SPLASHING SOUND WAS HEARD SYNCHRONOUS WITH THE CARDIAC ACTION.

This unusual auscultatory phenomenon occurred in a healthy young man, who could give no further history than that the sound had appeared and again disappeared for a good many months. It was so loud that it could be heard easily by persons in the same room with him. It was, however, far more distinctly heard when auscultation was practised in a localised area in the fourth interspace. The splash occurred both with the systole and the diastole. It could only be explained as produced by the movement of fluid in an air-containing cavity. Percussion over the same area gave a distinct cracked-pot sound, so that it was evidently an air-containing cavity with free opening. There was no other sign or symptom of disease, with the exception of slight friction heard once over the pericardium. Dr. Russell argued, therefore, that the sound could not be produced by air and fluid in the pericardium or by the existence of a vomica in a contiguous portion of lung. They must look, then, to the stomach and intestines. He did not think it could be caused merely by a dilated stomach in contact with the diaphragm. The exact limitation to a particular area went against this view. He was inclined to think that they had to do with a hernia either of a diverticulum of the stomach or of the intestine.

Dr. BRAMWELL thought that the facts of the case excluded the possibility of an explanation based on the presence of air and fluid free in the pericardial sac or in the pulmonary tissues. While agreeing that probably the sound originated in the stomach, he was not certain as to the validity of the herniation view. He had more than once observed similar cases, where it was not necessary to predicate the presence of hernia. The exact limitation of the area of loudest sound seemed in this case to lend strength to the hypothesis.

Drs. Smart, Blair Cunynghame, Allen, Jamieson, and James also took part in the discussion.

## Dr. ALEXANDER JAMES then read a communication on NUTRITION AND GROWTH IN CONNECTION WITH PULMONARY PHTHISIS.

In an elaborate paper, he brought together a large number of important facts, on which he built a working hypothesis, explanatory of the more frequent occurrence of pulmonary phthisis at certain ages.

REGISTERED FOR TRANSMISSION ABROAD

## The Medical Press and Circular

Is published every Wednesday morning. Price 5d. Post free, 5½d.

POST FREE TO ANNUAL SUBSCRIBERS . . . . £1 6

IF PAID IN ADVANCE . . . . 1 1 0

Post-office Orders and Cheques to be drawn in favour of—

A. A. TINDALL, 20 King William Street, Strand, London, W.C.

A. H. JACOB, 3 Molesworth Street, Dublin.

Agents for Scotland:—

MACLACHLAN & STEWART, South Bridge, Edinburgh.

A. & W. STEWHOUSE, Hillhead, Glasgow.

Sole Agent for the Continent:—

JOHN F. JONES, 81 Bis, Rue du Faubourg Montmart Paris.

ADVERTISEMENT SCALE—Whole Page, £5 0s. 0d. Half Page, £2 10s. 0d.; Quarter Page, £1 15s. 0d.; One-eighth Page, 12s. 6d.

Small Announcements of Practices, Assistances, Vacancies, Books, &c., of Seven lines or under, 4s. per insertion; 6d. per line beyond.

Considerable reductions are made from the foregoing Scale when orders are given for a series of insertions. Letters in this department should be addressed to the Publishers.

SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIÈRE, Rue Hautefeuille, Paris—post free in advance, £1 5s. 6d. per annum.

SUBSCRIPTIONS FOR RUSSIA are received by Messrs. RAJCHMAN and FRENDLER, 18 Senatoren Street, Warsaw—post free, £1 5s. 0d. per annum.

SUBSCRIPTIONS FOR THE UNITED STATES are received in New York by Messrs. WILLMER & ROGERS; Philadelphia, by Dr. BRINTON post free in advance, 5½ dollars (£1 5s. 6d.) per annum; or direct from the Offices in this country for the same amount, if remitted by International Post-Office Order.

## The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 22, 1885.

## UNCERTAIN MATERIE MEDICÆ.

Dr. DANFORD THOMAS, Coroner for Central Middlesex presided on Thursday last over an inquest touching the death of a child eight months old, which occurred after administration of a mixture consisting of extractum conii, five grains; potassii bromidum, five grains; and aqua chloroformi, one ounce. It appears that, in the absence of the regular medical attendant, the prescription was supplied by a brother practitioner, who appended the direction that one tablespoonful of the mixture should be administered as a dose; but the chemist by whom the medicine was dispensed urged the patient's friends to disregard this direction, and substitute for one tablespoonful one *teaspoonful*. This amount was accordingly given, and soon after the child became violently convulsed in the upper extremities only, the lower limbs being apparently paralysed; and with the

ultimate result that death took place. In his evidence the practitioner responsible for the prescription made three important statements, to the effect that, firstly, he had committed an error in prescribing the extract of conium instead of the succus; secondly, that he had unintentionally written "tablespoonful" for "teaspoonful"; and, thirdly, that he regarded conium as a most unsatisfactory drug to use, and considered that it ought to be expunged from the Pharmacopœia. In the face of this last declaration it is impossible for us to avoid the conclusion that, holding this opinion, he acted most unwisely in prescribing a remedy which did not command his confidence, and of the effects produced by which he was, by his own admission, in a state of uncertainty. We hold it to be the cardinal duty of every medical man to rigorously exclude from his own "materia medica" every article he is not prepared to impose the most implicit trust in, under the assurance that it will produce in the patient for whom he prescribes it a certain definite series of results, the sequence and extent of which are accurately foreseen by him as the outcome of the teaching and experience on which his claims to practise the profession of medicine can alone be legitimately placed. In this case the practitioner in question does not disguise that he was in fault, and being so he deserved the censure with which his conduct was visited by the coroner.

Respecting the cause of death in the case of the child mentioned above, we do not propose to speculate. It may or may not have been associated with the administration of the medicine. The adult Pharmacopœial dose of the extract of conium is given at two to six grains, and taking three grains as an average, the proper dose for an infant under one year may be given as  $\frac{1}{4}$  grain. The amount contained in each dose of the mixture prescribed by the medical man in question, was, however,  $\frac{1}{8}$  of a grain, and it is of course possible to assume that this quantity might deleteriously affect a child in whom there was already to be feared the existence of a "tendency to death," and especially since the signs of hemlock poisoning were present after the medicine had been swallowed. On the other hand, had the prescription included only *five minims* of *succus conii*, or but  $\frac{1}{8}$  of a minim per dose, the proper dose for a child eight months old being at least *three minims*, absolutely no effect could have been produced by it, and its incorporation with the other constituents of the mixture would have been meaningless. On whatever grounds, therefore, we consider the prescription, its composition alone is suggestive of indefinite reasoning so far as one, and that an important, element of it is concerned.

Apart, however, from legal and ethical considerations, the incident, unpleasant as it must be to the principals in it, affords an instructive lesson on the subject of unreliable remedies. Unfortunately our materia medica contains not a few drugs which deserve the terms applied to conium; and still more unfortunate is it that these drugs in many instances act in the most powerful manner when they do produce the effects expected of them. Sometimes they are little more than inert bodies when introduced into the human system

even in large relative amount; while at others a minimum dose will set up effects altogether inexplicable when they are compared with what has been obtained with the same quantities previously. Elaterium forms a notable example of this peculiarity, and hyoscyamus is a further instance. In all these cases uncertainty is the result of deficient knowledge, and the direction in which we must look for improvement is in the study of individualism, a subject that is practically at present a *terra incognita*, but the exploration of which is at length beginning to arouse the attention and enthusiasm of investigators.

It is of course but little to the purpose now to ascribe the different results produced in different bodies by drugs to the modifying influences of individual peculiarities of constitution and texture; but the rapid advances of science in recent years lend colour to the expectation that this field of research may by-and-by be cultivated with such success as to yield a perfect harvest of riches, tending in the direction of exacter knowledge of the relations subsisting between active principles and the physiological processes they are employed to modify, to arrest, or to stimulate. Hampered though the pursuit of such prolific studies is by existing legislative restrictions on experimental research, there is still some indication that in time the true bearing of scientific investigation on the improvement of medicine will be appreciated by the general public; and even so small a matter as the inquest referred to above will help to this desired end by assisting, though ever so slightly, to show wherein the art of healing is weak, and by demonstrating the methods that must be followed, to the end that perfect enlightenment may be given to the physician.

#### CANCER CURES.

"HOPE deferred maketh the heart sick." Truly the hearts of medical men may feel faint and may be sickened, by the repeated failures to discover some plan of successfully dealing with that, *opprobrium medicorum*, cancer. Now and again, the minds of the profession are excited by the rumoured discovery of some new remedy. A rush is made to put it to the test, in the hope that the benefits claimed for it may be established, and, that at last, it may be within our power to hold out some hope to our suffering patients. Hitherto, alas, our hopes have been disappointed. The success that has attended the first experiments, fails to be repeated in other hands, however carefully the further experiments have been conducted. Who can explain either the first successes or the subsequent failures? We do not, for one moment, wish to question the reports of such cases as Clay's of Birmingham, the nature of which should be beyond all doubt, owing to that gentleman's diagnostic skill; nor can we believe, that in recording the results of treatment, he would wilfully overstate any of the facts observed by him. The Chian turpentine, which in Clay's hands was said to have proved of such signal service, has not, to say the least of it, been equally successful in the hands of others; nor have we seen, during the past four years, a further record of successful cases from Dr. Clay's pen. There is now almost an absolute silence as to its use in



the treatment of cancer. We trust, that if such a record of success exists, as that we would fain see, it may not be withheld. By this, if its claims to be a specific, or something approaching the nature of a specific, could be established, we ought to have had such an accumulation of evidence in its favour, as to place the matter beyond all question or suspicion. Much the same may be said of condurango, and of gallum aperinum, from both of which much was hoped for, but, of which, both have failed to satisfy the expectations raised concerning them. This absence from both the British Pharmacopœia, and from Messrs. Martindale and Westcott's very inclusive extra pharmacopœia, gives very faint support to their pretensions to be regarded as useful or reliable remedies. They have now fallen into the hands of the homœopaths, who do not fear to assert, that, in their hands, they are curative of this dreaded disease; and, that by their means, and that of hydrastin, and others of their remedies, they have been successful, even in its advanced forms, without resort to the knife. Happy men!!! happy are they either, in their superior wisdom and skill, or in their blind ignorance; of wilful roguery in making such claims, we wish entirely to acquit them. The latest candidate for the position of "specific" is a South American plant called "Alveloz," samples of which were sent in the beginning of the year, by the United States Consul at Pernambuco, to the State Department, with the report that several cases of alleged cancer had been cured by its application. Unlike condurango, which is given internally, alveloz is a local remedy, its effect resembling that of jquirity. Its application induces a profuse suppuration when brought in contact with a granulating surface. It has been tested by Dr. Smith Townsend, of the Marine Hospital Bureau, of New York. The case upon which it was tried was one of lupus of the nose which had existed near the angle of the patient's eye for over forty years. This case had resisted all former treatment, but under the action of the alveloz, the ulcer was cured within a few days, and the patient was exhibited before the New York Medical Society. Dr. Townsend tried it in a case of epithelioma of the face, notes of which he has promised to publish at the proper time. If the results have proved the success of the treatment, we may soon hope to hear more about it. No man, or class of men, will be more rejoiced to hear of, and welcome, any remedy which gives a fair promise of affording relief than the members of our profession. To them it is always a trial to face those amongst their patients who are affected with this disease, a trial from which, could they possibly do so, they would gladly escape. No matter how serious a case may be, it can be faced with some degree of buoyancy, so long as there is reasonable hope of success in its treatment or the power of soothing the way to the end, and so robbing it of its horrors. In phthisis fortunately the general bent of the patient's mind is hopefulness as to his condition, and prospects of recovery; in cancer however, this is not the case, despondency seems to be the characteristic of this disease, just as hopefulness is that of phthisis. Before concluding these remarks we cannot help touching upon the claims of those who profess to be able to cure undoubted cancer, by, as they assert, searching out the cause, and so attack-

ing the local manifestations. We are not alluding to those quacks who constantly insert long advertisements of such supposed cures in the daily papers, but to men who hold some qualification, who disclaim any secret nostrum, or specific treatment, but who, at the same time, assert that they have succeeded in relieving or curing cases which have failed to find relief at the hands of the most eminent men in our profession. To these cases they seem to be at liberty to refer, and to our own certain knowledge, they are recommended by those whom they have relieved to their friends and acquaintances, as having cured them of some tumour or other, which has been pronounced as cancer. These men complain that the members of the profession are prejudiced against them. Of course there is no excuse to be made for the manner in which some of these men practise; at the same time, not having done anything openly in violation of professional ethics, we see no reason why they should not come forward, and give precise details of their methods of treatment, with an accurate and fully verified record of the results, verified by those who are able to vouch for the truth of what is claimed. We feel quite sure that the profession is not so prejudiced as to lightly turn a deaf ear to anything likely to prove of service in so fearful and baffling a disease; and that if successful, their rewards in every way would be commensurate to the service rendered. To anyone who believes he has the power of curing, or even staying cancer, we feel assured unlimited opportunities would be afforded by those who are in the position to do so, of putting his ideas to the test. All that would be demanded is, that everything should be conducted openly and above board, a faithful record of the results obtained being kept, and the patients themselves to be submitted, before, and after treatment, to the observation of faithful and capable judges of their condition. All honourable-minded men must hold in scorn the man, who for mere personal gain, holds out hopes of cure, where there is no possibility of their realisation, but we have no desire to include in such scorn, or to hold up to contempt, men who are honestly convinced that they have succeeded where others have failed, and who, apparently, can adduce evidence in support of their claims. Such men we invite to openly demonstrate their powers, in the assurance, that if they succeed, under the conditions we have named, a full measure of honour and pecuniary success will be their reward. He who discovers a cure, or any method of successful treatment for cancer, will be a benefactor to the human race second to none, and deserves the highest honours and rewards that can be showered upon him. Remembering past achievements in the discovery of fresh remedies, or new powers for old ones, we cannot feel altogether hopeless, that some drug may yet be discovered which will accomplish the fulfilment of our hopes; but its virtues must stand the fierce test of universal experiment, before its claims are admitted.

---

#### PENSIONS TO IRISH POOR-LAW OFFICERS FOR ABOLITION OF OFFICE.

WE recently laid before our readers the proposed amalgamation of the Westport and Newport Unions, and the consequent impending abolition of all offices in con-



nection with the latter Union. We pointed out that, under the existing law, all such officers hold their appointments for life, or until the Local Government Board "deems them unfit," and that no power exists to remove them from office, or to withhold their salaries, or to grant them any pension for loss of office. We, therefore, expressed the opinion that such officers would continue to hold office, and must be paid, notwithstanding the amalgamation of the Unions. The Government has introduced the Bill for the purpose of dealing with this anomaly.

#### POOR-LAW UNIONS' OFFICERS (IRELAND).

A Bill for enabling Allowances to be made to the Officers of Poor-law Unions in Ireland on abolition of office.

Be it enacted by the Queen's Most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:

1. This Act may be cited for all purposes as the Union Officers (Ireland) Act, 1885.

2. (a) The Board of Guardians of any Union in Ireland may grant to any person retiring or removed from the service of the Union by reason of the abolition of his office, to whom a superannuation allowance might be granted under the Act of the Session of the 28th and 29th years of the reign of Her present Majesty, cap. 26, or any Act amending same, such annual allowance by way of compensation for loss of office as they might have granted to that person if he were retiring from his office by reason of permanent infirmity of mind or body.

Such allowances shall be granted in the same manner and subject to the same conditions, and shall be payable out of the same funds, as if it were a superannuation allowance granted in accordance with the provisions of the said Acts.

(b) In the case of the abolition of an office arising from the dissolution or alteration of a Union, the Board of Guardians of the Union in which the officer is employed may grant such annual allowance, subject to such conditions as aforesaid, at any meeting held during the month previous to the dissolution or alteration taking effect, provided that not less than six clear days' notice of such meeting shall have been given to each member of the Board instead of the notice prescribed by the said Acts.

The provisions of Section 2 of the Act of the Session 12th and 13th years of the reign of Her present Majesty, cap. 104, shall apply to any allowance granted under this section.

3. In case any person enjoying any superannuation allowance under this Act is appointed to be a Union officer in any Union, every such allowance shall cease to be paid so long as he continues to hold such appointment, if the annual amount of the profits of the office to which he is appointed are equal to those of the office formerly held by him, and in case they are not equal to those of his former office, then no more of such superannuation allowance shall be paid him than with the salary of his new appointment shall be equal to that of his former office.

It will be noted that under this Bill the guardians will be entirely at liberty to refuse to the officer whose functions are extinguished any pension or compensation whatever, and it is hardly necessary for us, in the light of past experiences, to express our apprehension that the majority of the Irish guardians will so refuse, and that thus the medical officers will be sent adrift without a shilling of compensation. The guardians will themselves be deprived of their offices by the amalgamation, and

they will have no inducement to do justice to the abolished officers and every inducement to save the rates, and we therefore regard this Bill as an insidious means of getting rid of the officers without trouble or expense. We therefore trust that an immediate and active effort will be made to obtain such modification of the Bill as will protect the interests of officers, or, failing such modifications, to oppose its passing by every possible means.

It is a monstrous proposition that when it suits the State to consolidate institutions for the purpose of saving money it should effect that object at the expense of the officers of such institutions, sacrificing them without scruple to suit a public purpose.

We may observe, further, that the Bill does not make any provision for including in the assessment of the salaries upon which the amount of pension is to be calculated, the public health salaries, the lunacy fees, or any other of the emoluments which are not at present within the scope of the Superannuation Acts, the consequence of which arrangement is that even if the guardians consent to grant an abolition allowance, no credit will be given for the emoluments under these headings, and the pension will be proportionately less in consequence.

## Notes on Current Topics.

### Hampstead Heath.

A most important and influential deputation waited on the Metropolitan Board of Works on Friday last, with the view to urge the desirability of acquiring about 270 acres of land adjoining Hampstead Heath, and adding it to the area already devoted to the recreation of the public. The deputation included Professor W. H. Flower, F.R.S., Baroness Burdett Coutts, Mr. Shaw Lefevre, Marquis of Lorne, Mr. E. Bond, &c. Mr. Shaw Lefevre acted as interpreter of the wishes of the deputation, and urged the proposed increase in the area of the ground of the Heath, the importance of which as a popular resort is shown by its crowded state on Bank holidays and other occasions. Its present dimension is but 220 acres, or only one-fourth the size of Wimbledon Common but one-third the area of Barnes Common. The sites it is proposed to purchase include the height known as Parliament Hill, at present the property of Lord Mansfield, and which commands extensive views of great beauty. It is much to be hoped that the opportunity now occurring of enlarging the area of so valuable a health resort as Hampstead Heath, and securing it as an ever-open space for the people, may be successful. Of course the cost of doing so must be considerable, the land in question being almost within the four-mile radius of Charing Cross, and consequently of great value for building purposes. This, however, ought not to be held a sufficient obstacle to acquiring the property on behalf of the public; for money so spent is a sound investment, the return for which will be found to consist in diminished death-rates and improved bills of health; and this too among the classes for whom it is most desirable to legis-

late in the direction of hygiene and sanitary improvements.

### Science Fellowships in Australia.

A MOST munificent gift has been made to the University of Sydney by a member of the Senate, the Hon. William Macleay, who has undertaken to found and permanently endow four Fellowships of £400 per annum each, to be attached to the Faculty of Natural Science in the University. Successful candidates for the Fellowships are required to have graduated B.A. in the Sydney University, and to be actively engaged in the study of natural science by research; they are debarred from holding any other considerable appointment, and each Fellow will be subject to annual re-appointment, this being considered necessary in order to prevent any abuse arising in connection with the endowment.

### Kettlewell Home.

ON Monday, July 13th, H.R.H. the Prince of Wales formally opened a new Convalescent Home for St. Bartholomew's Hospital patients at Swanley, in Kent. The building has been erected at the cost of Mr. C. T. Kettlewell, and is named the Kettlewell Home in memory of his brother. The land was given by an anonymous donor. It comprises fifteen acres. The Home is capable of accommodating forty-five male and fifteen female patients, and cost fifteen thousand pounds.

### Consultation Amenities.

THE case of gangrene of the hand which Drs. Russell and Molony, of Cashel, publish in our columns this day raises a controversy as to the treatment of such conditions which justifies our printing the communication, and leaving the question of amputation or no amputation, under the circumstances, to the judgment of our readers. Even if no surgical interest attached to the case, we feel that we ought not to deny Drs. Russell and Molony the opportunity of vindicating their professional skill, and defending themselves—by a proper method and through a proper professional channel—against a personal attack made upon them in a method and by a medium of publication which strikes us as very much the reverse of proper or even decent. Whatever the merits of Dr. Laffan's line of treatment may have been, we feel it our duty to express the opinion that no course of conduct which he could have adopted would have been more indecent or a greater outrage on professional propriety than his circulating amongst the non-medical public in his district a handbill in which the characters of his professional brethren are assailed. We are the more astonished that Dr. Laffan should have condescended to such a proceeding because he himself has been wonted to pose as the censor of professional morals, being the author of one of the Carmichael essays and the public exponent of various professional reforms, and we can conceive no other explanation of his conduct in this matter than a loss of temper and a lack of discretion. Dr. Laffan's handbill does not disclose any offence against him except a difference of opinion as to the propriety of amputation for the case in question, but—if he had been violently and unjustly

attacked—there were other means which he might have adopted for his vindication without discrediting his profession by resorting to handbills.

### International Medical Congress.

THE success of the next International Medical Congress is being seriously jeopardised by the continuance of disagreements among the different sections of the profession in America. The preliminary arrangements committee recently met in Chicago, and after making sundry alterations in the constitution of the Congress, including omission of the sections on dental and oral surgery, nervous diseases, obstetrics, &c., and having appointed chairmen of sections, it adjourned till May, 1886. A week later those members of the Congress who reside in Philadelphia met together, and decided that the changes made in the preliminary organisation and rules for the Congress had necessitated a meeting of the Philadelphia contingent, who there and then resolved that, in view of the injury likely to result from these changes, both to the American profession and to the Congress, their duty laid upon them the necessity of declining to hold any office whatsoever "in connection with the said Congress as now proposed to be organised." The importance of this incident may be gathered from the fact that the list of names attached to the resolution in question includes many who had already been appointed chairmen of sections by the Chicago committee, and among others the following:—Drs. David W. Yandell, Weir Mitchell, Samuel W. Gross, Da Costa, Hayes Agnew, Roberts Bartholow, Duhring, W. Goodell, Minis Hayes, Joseph Leidy, W. Osler Alfred Stillé, H. C. Wood, &c. The position and reputation of the well-known gentlemen included in this list are a sufficient proof of the importance of the split which has thus unfortunately arisen; and since, should the arrangements for the meeting be continued under the existing strained circumstances, nothing but disaster can ensue, it becomes an immediate question whether steps should not be taken for selecting another place than America as the scene of the next International Congress.

### Government and the Patent Medicine Stamp.

THE hopes of those who looked forward to legislation by the present Parliament directed to amending the abuses connected with the Patent Medicine Stamp Act, are doomed to disappointment. On Monday week Mr. Warton questioned the Government as to their intention of proceeding with the Poisons Bill, and was answered by Sir H. Holland, financial secretary to the Treasury, to the effect that the Bill would not be proceeded with this session. The Government, however, have decided on taking immediate steps to minimise the evil which, as we formerly pointed out, arises from the existence of the official stamp on patent medicine packages. This is almost universally looked on by the public as an endorsement of the value of the nostrum it protects; and it has again and again been urged that grave mischief is often produced in consequence. Henceforth this will be no longer possible, since the stamp will be printed across with the words "This stamp does not

imply a Government guarantee." A slight caution is necessary to prevent the employment of print so small as to hinder the object to be gained. The words should be bold and unmistakable, and extend right across the label.

#### Diequalification of Voters by Medical Relief.

We observe with satisfaction that a stormy career is in store for the Medical Relief Bill. Mr. Pell, an influential member of the Conservative party, has given notice of the following challenge on the subject. He will, on the second reading, move "That in the relief of destitute paupers by any poor rate this House declines to draw a distinction in favour of enfranchising those who obtain it in the form of medical treatment and those who are compelled to accept it in the form of bread." The Medical Relief Bill, which was issued last week, applies to the United Kingdom, and extends the scope of the clause relating to Ireland. The principal clause provides that where a person has, in any part of the United Kingdom, received for himself or for any member of his family any medical or surgical assistance or any medicine at the expense of any poor rate, such person shall not, by reason thereof, be deprived of any right to be registered or to vote either as a Parliamentary voter or as a voter at any municipal election, or as a burgess, or as a voter at any election to an office under the provisions of any statute. But nothing in the act shall apply to the election of any guardian of the poor, or of any member of any parochial board in Scotland, or of any other body acting in the distribution of relief to the poor from the poor rate. There is a retrospective clause practically bringing the Act into effect from the present moment.

#### French Views of English Morality.

It is curious to note with what avidity the French press has seized upon the doubtful "revelations" which have lately startled even placid John Bull out of his accustomed placidity. They unanimously accord to them a credence which they have long denied to any authorised or unauthorised version of the Vulgate, and proceed at once to sum up matters in a style and language which, while not wanting in energy, are notably deficient in good taste and common honesty. Such conduct might well be passed over with contempt were the offenders only such journalists as Rochefort and his coadjutors, but even *La France* out-herods Herod in this line. This paper, it is true, is no longer what it once was, since M. de Girardin left its *bureaux de rédaction* for a better world; nevertheless, we cannot but admire the tact and delicacy which briefly describes the members of our legislative bodies as *immondes pourceaux*, *ignobles drôles*, and so on with a string of epithets carefully if not judiciously selected. In fact, the conclusion is inevitable, the more one studies latter day French literature and journalism, that the reputation for politeness and urbanity which the French nation has always arrogated to itself is a palpable falsehood. The chivalrous politeness which prompts our Frenchman to doff his obsequious hat and to curb his ever too pliant back before the ladies whom he meets, is insufficient to protect the lady from his cynical allusions or open slander when her back is turned, or to

make him a safe custodian of her virtue if left in his charge. The joy with which they gloat over the recent revolting and sensational "disclosures" is not that of the many over a sinner who repents, but is the retaliation for the "respectability" which the English nation has possibly on insufficient grounds considered to be almost its exclusive property in face of the organised vice of the French capital. Whether the *Pall Mall* "facts" (clothed as they were in needlessly disgusting language) be true or false, the result may in the end be possibly beneficial, but in the meantime it is well to recognise that vice is of no particular nationality. Idleness and luxury everywhere tend to the blossoming of this baleful fruit, and that indifferently in all ranks of society.

#### The General Medical Council.

THE projected Autumn Session of the Council will not be held, as there is no Parliamentary work. We are at least glad that this determination has been arrived at, as a saving will thus be effected of some hundreds of pounds which would otherwise be wasted on the usual contest of tongues without exercising the least influence for good or evil on anything.

#### The British Medical Association.

THE Town Council of Brighton have invited the Association to meet there in 1886. The Council has decided not to admit ladies to the Annual Dinner.

#### Irish Poor-law Superannuation.

THE Mountbellew Guardians (Co. Galway) have unanimously refused to grant any superannuation whatever to Dr. Kerans, the medical officer of the Ahascragh Dispensary District. Dr. Kerans is 85 years of age, and served the guardians without complaint for 48 years. The chairman of the guardians stated that, if the pension were granted, it could not probably be enjoyed by Dr. Kerans for more than a few years, that it would amount to only a  $\frac{1}{2}$ d. in the £1 of taxation, that as half this amount would fall on the landlords the charge on the ratepayers would be only  $\frac{1}{4}$ d. in the £1; that this assessment on a farmer whose place was valued at £10 would amount to  $2\frac{1}{4}$ d. per annum, or about the price of an ounce of tobacco. Nevertheless a deputation from the ratepayers attended to overawe the Board, and succeeded in frightening the guardians so that the proposal for a pension got no seconder. This case follows fitly upon the case of Dr. Walker, of Bonmahon, reported by us the week before last, in which certain members of the dispensary committee wheedled a poor feeble old man, who had served them for near half a century, into resigning, not only his dispensary, but his other appointments unconnected with the Poor-law, promising him the pension if he would do so, and the moment they had succeeded in depriving him of his offices they went to the guardians and by their voice and influence induced them to refuse the pension. These are the sort of guardians to whose kindness, generosity, and sense of justice the Poor-law medical officers of Ireland are invited to entrust their future. These are the persons to whom the Government by its new Bill gives the power to remove Poor-law officers without fault and upon abolition of

office and authorises them to grant or refuse pensions just as they please.

#### Presentation to Dr. MacCabe, of Dublin.

THE occasion of the promotion of Dr. F. X. MacCabe from the position of Local Government Inspector for the Dublin District to that of Medical Adviser to the Irish Prisons Board was on Saturday last availed of by the Poor-law officers—medical and non-medical—of the County Dublin to testify their appreciation of Dr. MacCabe's services as Inspector, and their congratulations on his transfer to a more lucrative and less arduous office. Mr. O'Brien, one of the members of the Board, was present, and the officers were represented by Sir Charles Cameron, President of the Royal College of Surgeons, Dr. Chapman, Hon. Sec. of the Irish Medical Association, Dr. Davys, County Coroner, Dr. Usher (Dundrum), Dr. Neary (Howth), Mr. Cope, Clerk of Rathdown Union, and Messrs. Atkinson and Phelan, of the North and South Dublin Union. Dr. Jacob was also present. The presentation consisted in a valuable salver and a beautifully engrossed address, and it was presented by Sir Charles Cameron on behalf of the officers. Dr. MacCabe returned an appropriate reply, in which he referred with gratification to the friendly feeling which had always existed during the official relation between himself and the Poor-law officers.

We avail ourselves of the occasion to confirm from our own knowledge the warm expressions of approval used by the deputation in describing Dr. MacCabe's devotion to duty, and his happy power of combining the *suaviter in modo* with the *fortiter in re*. He has, in every office with which he has been associated, succeeded, with admirable tact, in maintaining discipline and his own dignity without bearing with unreasonable severity upon those whose work he was charged to supervise. We congratulate him on this additional testimony of esteem.

#### Fees for Inspecting Labourers' Dwellings.

THE Vice-Chairman of the Kanturk Board of Guardians has given notice to rescind the resolution giving to medical officers about one shilling for each house inspected and reported on under the Labourers' Dwellings Act, and to propose at the meeting to be held next Thursday that the doctors get no remuneration whatever. This mode of proceeding is quite consistent with previous acts of the same Board. It may be well to remember that this is a Board which the Local Government Board obliged to increase the salaries of the medical officers from £90 a year to £110. Again, the Kanturk Board refused to give any salary to their sanitary officers until the Local Government Board stepped in and fixed the sum at £20 per annum. It appears that the Local Government Board will have to interfere again on behalf of the doctors. The Kanturk Board are most generous with all officers except the doctors.

If the medical officers have been duly summoned to make the inspections they can—without any difficulty at all—recover a similar sum to that which the Youghal Guardians had to pay to Dr. Rogers and his colleagues.

AN Indian Good Service Pension has been conferred on Brigade-Surgeon J. Macdowell, of the Indian Medical Department.

THE latest cholera telegram from Spain gives the number of victims attacked last week at 11,000, and 4,970 deaths. The average number of fresh cases during the past three weeks has been 1,500 daily.

DR. PROTHEROE SMITH, the founder of the Hospital for Women, Soho, has, after 43 years of active work thereat, resigned the post of Senior Physician, and has been appointed Consulting Physician to the Hospital.

WE understand that the Guardians of Westport Union have taken every means to prevent the amalgamation of the Newport Union with theirs, and their representations to the Chief Secretary have been backed by a memorial from 1,500 of the ratepayers.

THE Mayor of Belfast, who has just received a baronetcy, now Sir Edward Harland, J.P., is a son of the late Dr. Wm. Harland, of Scarborough, thrice Mayor of that town, and nephew of Dr. Peirson, also of Scarborough, an occasional contributor to these columns.

### Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

THE REPRESENTATION OF THE UNIVERSITIES OF EDINBURGH AND ST. ANDREWS.—MR. ERICHSEN'S CANDIDATURE.—On Wednesday last Mr. Erichsen met the Universities' Liberal Association in Edinburgh, and delivered a brief address, in the course of which he described the arrangements which had been made in London to promote his candidature. At a meeting on the Saturday previous it had been moved by Dr. Robert Farquharson, M.P., and seconded by Dr. William S. Playfair, "That a London committee be formed, and that Sir Risdon Bennett, M.D., be chairman thereof." It had also been moved by Dr. Jas. G. Glover, and seconded by Dr. George Harley, "That the Committee consist of those now present, with power to add to their number." It had been moved by Dr. T. Lauder Brunton, "That the following gentlemen be a sub- or acting-committee, viz., Sir Jas. Risdon Bennett, Dr. George Harley, Dr. Farquharson, M.P., Dr. T. Lauder Brunton, and Mr. Meredith, surgeon; that the honorary secretaries be Dr. George Ogilvie, B.Sc., and Mr. Thomas Raleigh, barrister." Committees were also being formed in Manchester, Leeds, Liverpool, Newcastle, Bristol and Birmingham. Mr. Erichsen was received with great enthusiasm. At the close of the address, Mr. Aeneas J. S. Mackay, advocate (seconded by Prof. Chiene), moved, "That all those present form themselves into Mr. Erichsen's Edinburgh Committee (with power to add to their numbers), and undertake to do everything to secure his return to Parliament." It was further moved by Principal Tulloch, of St. Andrews, seconded by Professor Calderwood, of Edinburgh, that Professor Maclagan, M.D., of Edinburgh, and Prof. T. Spencer Baynes, of St. Andrews, be appointed joint chairmen of the General Committee.—On Thursday last, by invitation of Prof. Maclagan, M.D., Chairman of the Liberal Committee, a large and influential meeting assembled for the purpose of hearing an address

from Mr. Erichsen, F.R.S., who met with a very cordial reception. In the course of his address he explained how he came to stand before them. It was an honour that had been unsought, but one which, coming as it did, he had felt bound to accept. He felt deeply that a great responsibility was involved in following in the wake of such a distinguished and honoured man as their present representative. He wished them to know that he was a Liberal in politics, that he was so "in the fullest extent of the word, but not to its extreme extent." He was no party man, else he would not have sought to represent an academic constituency. He held strongly that an academic representative had far higher, nobler, and wider duties than the representative of an ordinary constituency. Passing to more special questions, he said that he stood before them as a medical man. He had long felt that the medical profession was inadequately and proportionately unfairly represented in Parliament. By this inadequate representation both the profession and the country suffered. Medical interests were injured and medical progress was hampered by *dilettante* and amateur legislation, while on social and hygienic questions involving medical skill and experience the public had not the benefit of the proper advice. He would only cite such questions as the general sanitary laws, those connected with quarantine, with the prevention and spread of infectious diseases, with compulsory vaccination, with the lunacy laws, with vivisection and the many knotty points in connection with the Contagious Diseases Acts. He then dealt at length with the subject of education. In regard to over-pressure, he believed that it existed, but not to so great an extent as had been alleged. He advocated greater attention to physical development. Turning to secondary schools and the Universities, he thought there was room for improvement. Certainly the Government would have to devise more liberal things for the Universities of Scotland. In conclusion, he referred to the subject of the disestablishment of the Scottish Church. He felt much inclined to follow the lead of Mr. Gladstone in this matter, and in the event of a responsible Liberal Government, guided by the will of the people of Scotland, taking action in the matter, he should feel it to be his duty to look with favour upon the action so taken by such a Government. At the close a unanimous vote of thanks was accorded to Mr. Erichsen for his address, on the motion of Prof. Laidlaw, Edinburgh, seconded by Prof. Knight, St. Andrews.

**CHAIR OF AGRICULTURE IN THE UNIVERSITY OF EDINBURGH.**—It seems doubtful whether the patrons of this chair can proceed to the appointment of a professor at present. The Treasury and the Highland and Agricultural Society, whose joint contributions towards the salary of the occupant amount to £300 annually, have both intimated that they intend to withhold this until full consideration has been given to a scheme for the further development of the teaching of agriculture.

**MIDDLE MEADOW WALK QUESTION.**—We read with pleasure that, by a majority of 23 to 11, the Edinburgh Town Council has rejected the proposal to open up the Middle Meadow Walk to carriage traffic. The Council is to be commended for this wise and courteous consideration of the interests of the Royal Infirmary and the University Medical Faculty, as well as for their far-seeing care of the burghers themselves.

**EDINBURGH UNIVERSITY.—MURCHISON MEMORIAL SCHOLARSHIP IN CLINICAL MEDICINE.**—The competition for this scholarship, open to competition annually among graduates of the Edinburgh and London Universities, has

just been held in Edinburgh. The first place has been gained by Joseph Griffiths, University of Edinburgh; *proxime accessit*, S. Plowman, St. Thomas's Hospital, London. The next examination will be held in London in 1886.

**UDDINGTON.—DEATH OF A CHILD FROM AN OVERDOSE OF LAUDANUM.**—A baby five weeks old died at Uddington on Tuesday, the 14th inst., from the effects, in the opinion of Dr. Crawford, of an overdose of laudanum, which the father, a stonemason, administered the day previously to relieve the child while suffering from "cramp" in the stomach. He is alleged to have given it four drops of the drug. This again shows the extreme danger of administering opiates to children. We recently heard a medical man state that he knew of a case of a child in which *three grains of muriate of morphia* (!) produced no bad results. We cannot believe that what was assumed to have been morphia was anything of the kind.

#### THE FORTHCOMING MEETING OF THE BRITISH MEDICAL ASSOCIATION AT CARDIFF.

It is thirty-two years since the British Medical Association met in South Wales. Cardiff in those days was but a small place, its population in 1851 being under 19,000; whilst, in this present year of grace, it is estimated as upwards of 100,000! Cardiff owes its present important position as one of the chief export towns in the Kingdom, in the first instance, to the enterprise of the late Lord Bute, and the energy of his advisers and trustees. For the amount of shipping cleared, it ranks as the third port in the United Kingdom. Its docks rank amongst the finest to be seen anywhere; and when the new dock, now in process of construction, and which will accommodate some of the largest steamers afloat, is completed, there will be an area of many acres covered by docks. The Penarth Dock, a short distance off, is also connected with the Port of Cardiff. The new Barry Dock, seven miles away, now being constructed, will occupy an area of forty acres.

In the centre of the town is Cardiff Castle, one of the residences of the Marquess of Bute. This Castle is being nobly restored by its owner; it and the Castle grounds will be thrown open to members of the Association. A short distance away is the ancient city of Llandaff, which, with its beautifully restored cathedral, presents many sources of interest and attraction to lovers of olden times.

At the annual gathering, which takes place next week, the post of President will be occupied by Dr. Edwards, senior physician to the Glamorgan Infirmary. There will be three addresses: one in Therapeutics, by Dr. Roberts, of Owens College; one in Surgery, by Mr. Marshall, lately Professor of Surgery in University College, London; and one in Public Medicine, by Mr. Dyke, Medical Officer of Health for Merthyr Tydvil.

The Section of Medicine will be presided over by Dr. Samuel Wilks. In this Section, there will be discussions on the Clinical Aspect of Glycosuria; and on the Treatment of Acute Rheumatism. That of Surgery will be presided over by Professor Bennett, President of the Royal College of Surgeons in Ireland. In this section there will be discussions (1) on the subject of Operative Interference in Intestinal Obstruction; and (2) on Bladder Tumours. In the Obstetric Medicine section, Dr. Gervis, of London, will be President. The subjects for special discussion are (1) the Third Stage of Labour; and (2) constitutional and topical treatment in certain forms of Uterine Diseases, introduced by Dr. Playfair.

The section of Public Medicine will be presided over by Mr. Davies, and the subjects proposed for discussion are four, namely, (1) Cholera; (2) the Dry Earth System; (3) Summer Diarrhoea in Children; (4) Legal Impediments to sanitary work and aims.

In the section of Psychology, Dr. Yellowless, of Glasgow, will preside. The subjects selected for discussion are: Treatment of Maniacal Excitement; Lunacy Legislation; Marriages of Consanguinity in relation to unsoundness of mind; Suicidal Insanity.

In the section of Ophthalmology and Otolaryngology, the post of President will be occupied by Mr. Henry Power, of London.

Pharmacology and Therapeutics will be presided over by Dr. T. Fraser, of Edinburgh. In this section the following subjects are proposed for special discussion: Anæsthesia, local and general; Diuretics; the Digitalis Group; the Duration and Action of Drugs, as shown by the sphygmograph, on Tensor Excitants and Depressants; Hypodermic Medication; Demonstrations.

The High Sheriff gives a garden-party on Wednesday afternoon, and the Windsor gardens at Penarth will be thrown open to members and their lady friends on Friday afternoon, when music and refreshments will be kindly provided by Lord Windsor. Besides the public dinner on Thursday, July 30th, to which it is proposed to admit ladies, there will be the soirée of the President and Reception Committee on the previous day, and the reception by the Mayor of Cardiff on the Friday, one or both of which entertainments will conclude with a ball. The Bute Docks, Tharsis Copper Works, Ely Paper Mills (where the paper is made from Esparto grass), Flour and Biscuit Mills, are some of the local industries which will be open to the inspection of members.

The Eighth Annual Meeting of the Irish Graduates' Association will be held in the Mayor's Court, Town Hall, at half past twelve, and not at five p.m. as in previous years. The associates will subsequently dine at 6.30, with Dr. Macnaughton Jones, the newly-elected president, in the chair. Full particulars will be found in our advertising columns.

There will be excursions to (1) Tintern Abbey and Raglan Castle; (2) Glastonbury Abbey and Wells Cathedral; (3) Trip by the Taff Vale Railway to Dowlais Iron Works, and thence to Caerphilly Castle, where refreshments will be provided by the kindness of Lord Bute; (4) Symonds Yat and Speech House; (5) Severn Tunnel, by invitation of Mr. T. A. Walker.

## Correspondence.

### THE QUALIFICATIONS OF HOSPITALS TO ISSUE CERTIFICATES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—You will oblige by giving a reply to the following queries:—

1. Can any of the licensing bodies refuse to accept the certificate of an hospital presented by a student seeking their diplomas "because that, during the session for which the certificate is dated the hospital authorities reduced the daily average of inmate patients to be not more than 49" (this number being far below the number the licensing bodies require by their curriculum the hospital to support).

2. Could the student make the hospital authorities recoup him for the various losses incurred (pecuniary, &c.) by the refusal of the certificate?

3. Which course would be the more "infra dig." for a Fellow of the licensing body to adopt? he being fully aware of the hospital rule: 1st. To inform the college and let it take whatever action its council might decide upon, or 2ndly, to silently allow the certificate of the hospital to pass muster, though, to his certain knowledge, there were not sufficient cases admitted either to satisfy the curriculum of his college, or give the student proper clinical instruction?

I am, &c.,

JOHN KING IRWIN.

July 11th, 1885.

[1. Those licensing bodies whose bye-laws or regulations specify a minimum number of beds as the qualification of an hospital to issue certificates, not only may, but must, refuse the certificates if it is brought officially to their knowledge

that the minimum qualifying number of beds are not maintained. We believe that in most licensing bodies such bye laws are in operation.

2. The hospital authorities have, by accepting payment of the fees, contracted with the student to give him the requisite certificate if his attendance be sufficient, and we believe that they will be liable for non-fulfilment of their contract if their certificates were refused recognition, and that, consequently, they would be open to a suit for damages unless they could show that the student, when he paid his money, knew that the certificate might not be accepted.

3. The course which a Fellow of the licensing body should adopt under the circumstances would depend very much upon whether it was his official duty to report the matter to the authorities. If he had no official relation to the licensing body, we do not think that his Fellowship would oblige him to interfere in the matter.—ED.]

### ON SEXUAL DEAFNESS AND DEFECTIVE SIGHT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR

SIR,—I was astonished to read in your issue for July 8th the statement of "An Obstetrician" that there is a growing opinion that under the guise of gynaecology much *demoralising* and unprofessional conduct is carried on, since I thought otherwise, and that obstetricians and gynaecologists had begun to take a foremost position in the profession. I am a specialist—a gynaecologist—but I don't "spay" nor practise os-splitting, though I have no small practice, and have had no small experience. The paragraph in your correspondent's letter to which I wish particularly to direct attention is the following:—"Everyone has heard of the case of an unfortunate lady who in one of our large Scotch cities slipped by accident into the house of a gynaecologist instead of that of his neighbour the aurist, and was there treated for deafness for six months *through a vaginal speculum*." Surely the writer, if an obstetrician and a gynaecologist, would not join in the laugh at the recital of such a story—a story true as regards the cure which might be effected, true as regards successful treatment in the way the writer despises, if not true as to the occurrence of the accident.

Since the days of Marshall Hall we have become accustomed to the study of reflex action and reflex irritability and irritation. The admirable papers by Dr. Routh "On the Constitutional Treatment of the Uterus and its Appendages," lately published in your pages, vividly portrayed some phases of this reflex action—and what obstetrician, what gynaecologist, is unfamiliar with the Proteans of these reflexes? Toothache in one or many teeth; sore-throat as a sexual reflex; eye affections of various kinds—I will not here stay to enumerate them—and defects of sight from utero-ovarian irritation. Every honest-minded and well-educated oculist and aurist must be familiar with such cases, almost as familiar, I should say, as his equally honest and well-educated brother in the profession—the obstetrician or gynaecologist. I could quote many cases occurring in my own practice corroborative of my statements. I will name one. Mrs. Ch— came to me with utero-ovarian irritation. She complained, likewise, that her sight had been decidedly growing more and more defective—that she was becoming more and more near-sighted. Without telling me she went to one of our famous oculists. He examined her eyes, asked under whose care she was, and for what. She told him, and his answer was, "You had better continue under his treatment; he can do more for you than I could." She continued the local utero-ovarian treatment, was quite cured, and the sight was restored also. The cases of deafness are equally well marked; and absurd as it evidently appears to be in the eyes of your correspondent, nevertheless it is a fact that "deafness" may best be "treated through the vaginal speculum," *i.e.*, by attending to the sexual organs, both through the vaginal speculum and without it in other ways. Here is the last case in point which has occurred in my practice:—Mrs. K. came to me complaining of being almost "stone deaf." I had to put my lips quite close to her ears and shout loudly before she could at all make out any of my words, so deaf was she. For years she had not entered a place of worship, and had had to withdraw from society, because of her infirmity. There was



also great general nervousness, such as we find existing in such sexual cases. I examined the ears, but found nothing wrong. I then asked her gynaecologic questions. Her answers led me at once to infer sexual deafness was what was present. I found the uterus tender, enlarged, engorged, and severe retroflexion existing. Positively I treated her deafness through, not the ear speculum, but the vaginal, by scarifying and punctating, &c. This done, I reduced the displacement, and placed a suitable pessary. Her deafness was soon better, and now she is able, as she and my class of pupils can testify, to hear me from the opposite end of a medium-sized room (consulting-room of our hospital) when I speak to her in my ordinary voice. So much for treating deafness through the vaginal speculum and per vaginam.

I exhibited this patient to my class of ladies the week before your correspondent's letter appeared, and she is to the front still to bear me out. I shall be happy to show her to any scientific inquirer. Other cases I could likewise adduce. Indeed, I have often in my lectures pointed out that what is throat deafness and nervous deafness is really in many instances but sexual deafness, that is, deafness proceeding altogether from disturbed conditions of the sexual system. Persistent and repeated sore-throats in young girls should at once cause the medical attendant to make inquiries as to the working of the sexual organs. Almost invariably he will find in them the cause of the throat affection, and often the concomitant "throat deafness" which in many instances may be present; and I have long been in the habit of teaching that these cases are only relieved permanently, or cured, by the girls getting married and becoming mothers; and "becoming mothers" I always add, for in the majority of cases marriage will not cure, though child-bearing will in most cases. It is true that advancing years, if they bring quiescence to the sexual organs, will, without marriage having been contracted, and without child-bearing having taken place, bring in their train a cessation to the throat troubles—the results of the sexual reflex irritation and disturbance. But often the deafness will be permanent, simply because the remedy has not been adopted in time, and what was once but a functional disarrangement has been allowed to pass into organic change, and what was before only a symptom has been permitted to become a veritable diseased state of the auditory apparatus, permanent and irremediable deafness being the result.

Yours, &c.,

G. DE G. GRIFFITH.

34 St. George's Square,  
London, S.W.

Literature.

TREATMENT OF LATERAL SPINAL CURVATURE. (a)

THE perusal of this work will prove of great advantage to those interested in the special subject of lateral spinal curvature. The author decrys in the strongest manner the application of many forms of mechanical treatment, save the rational treatment of lateral curvature known as the Roth treatment. At page 116 the author states: "The following are the leading points of my treatment, which has three parts, the preparatory, the curative, and the final. I claim for it priority and originality because it differs from any previous treatment. The word essay on the title-page of this little book will show that I did not intend to write an exhaustive treatise, but only some practical suggestions for those who wish to know something of the rational treatment of lateral curvature, and how to pursue this study." The author then goes on to state that the greatest attention is to be paid to the general state of health and strength. All suitable hygienic medicines and surgical means are to be used for the improvement and cure of any constitutional complaint or weakness. The causes which have produced or continue to keep up or to increase the curvature are as far as possible to be removed. Special attention is to be paid to any articles of dress interfering in the slightest degree with the functions of respiration, circulation, and digestion, or with the free movement of

(a) "An Essay on the Prevention and Rational Treatment of Lateral Spinal Curvature." With numerous Illustrations. By Matthias Roth, M.D. London: Baillière, Tindall, and Cox. 1885.

any part of the body. All positions preventing deep breathing, favouring and increasing the abnormal form of the neck, chest, shoulders, and spine, as well as stooping of the head, must be avoided. The final treatment consists in the instruction of the patient in such active movements as will contribute not only to retain the lately acquired improvement, but also enable him to make further progress in health, strength, and normal position. In conclusion, we confidently recommend the work, feeling sure that it will prove a valuable addition to the literature of this special subject.

THE ELEMENTS OF PHYSIOLOGICAL PHYSICS. (a)

THE work before us deals with that branch of science which comprises the application of physical and chemical principles, and laws giving an outline of the elementary facts, principles, and methods of physics and their application in physiology, the modern development of which has been largely due to the application of this science and physical law. The author states that in teaching this subject in the University of Glasgow, the want of a small text-book, containing the facts and principles of physics together with their physiological applications was felt. To meet this want the author states he was induced to give a series of weekly demonstrations to the students attending the classes during the winter months, and one of the results of that series is the text-book before us. The subject is divided by the author into eight parts containing forty-three chapters. The first part deals with electricity and magnetism and their application in physiology and medicine, then follow, in order: The graphic method, fluids at rest and in motion, the mechanics of the circulation, pneumatics, optics, sound, heat, and lastly dynamics. The book is carefully written and illustrated by over two hundred well executed woodcuts, while ample notice has been given to each subject, so much so, that we congratulate the publishers and the author on the creditable result of their labours.

New Inventions and Preparations.

NEW SOUND DEADENER.

DR. J. WARD COUSINS, Senior Surgeon to the Royal Portsmouth Hospital, sends us the following particulars of a little instrument devised by him, which consists of an elastic air cushion made in several sizes, as represented in



the engraving, to suit the varying capacity of different ears. We have not seen the instrument, and can therefore give no opinion from personal knowledge, but Dr. Cousins says that "as a sound deadener it powerfully modifies and reduces the intensity of sonorous vibrations, but it does not altogether suspend the sense of hearing. It can be instantly introduced into the aural orifice, and the deadening power can be regulated by the degree of firmness with which it is put in. It has proved an excellent ear protector for artisans and other persons exposed to the injurious effects of sound. It is also an excellent ear protector for swimmers and divers, and for all who suffer from aural disturbance after bathing. It forms a shield which effectually prevents the entrance of water into the ear, and, when used for this

(a) "The Elements of Physiological Physics." By J. McGregor-Robertson, M.A., M.B., O.M., Muirhead Demonstrator of Physiology and Assistant to the Professor of Physiology in the University of Glasgow. London: Cassell & Company, Limited. 1894.



purpose, it has proved invaluable to many patients labouring under aural delicacy and chronic disease. It has also been worn with great comfort by many suffering from abnormal aural sensibility associated with general nervous depression and debility; and by railway travellers and other persons unable to sleep in consequence of the disturbance and confusion produced by continual noise. It can be used as an ear protector during exposure to the blast of explosives, or severe cold or wind, and it forms an elegant substitute for the old-fashioned and unsightly plug of cotton-wool."

The Sound Deadener is very neatly made in flesh-coloured vulcanite by Messrs. Maw, Son, & Thompson, and I am much indebted to Mr. J. Banks of that firm for the care he has bestowed upon its manufacture.

#### IMPROVED HYPODERMIC POCKET CASE.

MESSRS BURROUGHS, WELLCOME, & Co. have introduced a most useful improvement in the shape of a compact and handy hypodermic pocket case, the value of which to physicians it would not be easy to over-estimate. The case



contains, in addition to the usual syringe and two needles, a dozen glass tubes, each holding a number of tableoids of drugs in doses ready for immediate employment, and needing only to be dissolved ere being used. The manufacturers have prepared a long list of agents in this form, any selection from which may be carried in the case, which also contains a small glass pestle and mortar for assisting the more complete and speedy solution of the tableoids. Its dimensions are no more than  $3\frac{1}{2}$  by  $2\frac{1}{2}$  inches, and its weight is almost inappreciable, so that it is easily carried in the waistcoat pocket, and for general use by practitioners there is nothing which in any way approaches it for convenience or utility.

#### SUMMER DRINKS.

THE advent of seasonable weather during the summer months is always heralded by unusual activity among manufacturers of beverages specially designed to satisfy thirst without producing the ill effects attending indulgence in alcoholic compounds. Many of the new drinks—a constant succession of which are offered to the public in this connection—have met with considerable favour. By some this has been maintained for a time only—"Zoedone," to wit—whilst others have increased their deservedly high reputation, and become standard beverages of the non-alcoholic class, highest among which still stands the ginger champagne made by Mr. Hay, of Hull, the success of which has induced that manufacturer to introduce other aerated drinks, some of which are now before us, under the style of lemon and orange champagne, orange quinine tonic, and tonic ale, all of which we find are made with that care and strict regard to purity of ingredients which has caused the name of Hay to stand so high in the list of manufacturers. These beverages are of the same sparkling character and purity of flavour noticeable in his previous ventures, whilst the usual medicinal dose of quinine has been embodied in the third on the list in such a way as to cover

the bitter principle to a certain extent, and it affords us much pleasure to offer a word of encouragement on their introduction.

"Lemon Squash" in bottles (each containing half a pint) is another novelty in summer drinks, and is produced by Messrs. Westmacott & Son, of Manchester. It possesses all the properties of a freshly-prepared "Squash," now so well known at public gatherings, and is a most successful attempt to bring the beverage within the reach of all at any time, and without the inconveniences attending its special preparation each time it is required.

#### Obituary.

##### JONATHAN ELMES, M.D., LIMERICK.

WE record to-day with regret the death of one of the best known of the public men of Limerick, Dr. Elmes, the favourite of the poor, the humane and indefatigable, who has just paid the debt which all mortals must discharge one day or other. In his tax cart with bells he went about every day on his visits, and the familiar figure was not missed until within the last few days, when it was announced that he had had an attack of paralysis. The doctor had to give up, and after a short illness he died at his residence, Thomas Street, deeply and sincerely regretted by every one, particularly by the poor, to whom he was constantly bountiful. The deceased was brother of the late Rev. Thomas Elmes, Rector of Killeedy, and of the late Rev. John Elmes, Rector of St. John's; and was distinguished apart from his professional services, for his love of books, and devotion to literature. He was a gentleman of peculiar manners and habits, but in all respects most courteous and considerate, and while he took no part in politics, his heart beat warmly for the interests of his country.

#### Medical News.

**King and Queen's College of Physicians.**—At the July examinations the following candidates, having passed the necessary examinations, received the Licences in Medicine and Midwifery of this College:—

**MEDICINE.**—Robert Hugh Arthur, Leonard Philip Banks, Louis Albert Frederick Bate, Alfred George Beale, Benjamin Blakemore, Edward Camall, William George Connor, Francis H. Daunt, Julius Barry Delany, John Empson, Henry James Flanagan, James Edward Grant, Michael St. Lawrence Harford, Thomas Walmsley Heywood, David Humphreys, Charles Granville Jackson, James P. James, Charles Trickey Jones, James G. Laing, John Murray Maclean, Timothy Aloysius Mulcahy, William James Neale, Robert Carson Nicholls, Robert Richards, William John Russell, Francis Howard Sinclair, Samuel Henry Steele, Alexander Stewart, David D. Tate, Richard Henry Verker, John Whyte, John Hall Woods.

**MIDWIFERY.**—Robert H. Arthur, Alfred George Beale, Benjamin Blakemore Edward Camall, William George Connor, Francis H. Daunt, Julius Barry Delaney, Charles Cochrane Dickson, Henry James Flanagan, Michael St. L. Harford, Thomas Walmsley Heywood, David Humphreys, James Gowans Laing, John Murray Maclean, Timothy Mulcahy, William James Neale, William J. Russell, Francis Howard Sinclair, Norman Smyth, Alexander Stewart, John Whyte, John Hall Woods.

The undermentioned were admitted Members after the necessary examinations:—

Charles Edward Fitzgerald. | William Cox Neville.

**An Important Sanitary Point.**—A case of considerable importance came before the Assize Court at Leicester a few days since in connection with the emanations of sulphuretted hydrogen evolved during the process of manufacturing sulphate of ammonia from gas liquor. The plaintiff was Mr. Donisthorpe, a large woollen manufacturer, whose works adjoin those of the defendant company. The action was brought to put a stop to the nuisance which resulted when the wind blew in a certain direction, and which caused, according to the plaintiff, a considerable amount of sickness among his workpeople. In view of the conflicting opinions of the local medical men, Dr. Gubb, of the French Hospital, London, was called upon to visit and report upon the presence and effects of the gas in the neighbourhood of the works. In the end, as the defendants claimed to have introduced such improvements into their machinery as to do away with the nuisance complained of, the judge ordered the matter to stand over for awhile, the works to be closed

should the emanations recur. The question as to the possibility of putting a stop to the discharge of poisonous gases into the air, even when the local authorities (who, as proprietors of the gas-works, are interested in disposing of the gas liquor) decline to interfere, was thus peremptorily settled, and the sooner the public are made aware of their rights in this respect the better will it be in the interest of public salubrity.

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

—At the quarterly court of the Directors, which was held on Wednesday, July 8th, the President, Sir James Paget, in the chair, a sum of £1,437 was voted for distribution among sixty-six widows, ten orphans, and three orphans on the Copeland fund. The expenses of the quarter were £39 4s. The Treasurer informed the meeting that the grants already made this year exceeded by £308 those of 1884. Fresh applications for relief were received from two widows, and grants were made to them. No new members were elected; the deaths of three were reported, the resignation of another accepted, and four ceased to be members. The Directors fear that, owing to the increased demand on the funds, it may not be possible this year to give the usual present at Christmas, unless, by gifts and accession of new members, the sum necessary—between four and five hundred pounds—be made up.

#### Edinburgh University.—GRADUATION IN MEDICINE.—

The final examinations for graduation in Medicine have now finished. The general results have been most satisfactory. In addition to the names we have already published, the following gentlemen are gazetted as having passed at the latest sittings of the Examining Board, those marked with an asterisk having passed with distinction:—John W. Astles, Robert Newton Bell, Charles Norman Bensley, Charnchandra Bose, Alexander Brewster, Matthew Bruce, Robert Napier Buist, Robert Francis Burt, Stephen Frazer Clark, Arthur James Cross, Dina Nath Prithu Datta, Alexander Davidson, Joseph William Dawes, Robert Gordon, James Ashton Guthrie, Francis Kramer, M.A.; William Maxwell Little, Thomas Arthur Leishman, William George M'Phee, Charles J. Russell Maclean, Robert Sydney Marsden, D.Sc.; Robert Thornton Meadows, David Macbeth Moir, M.A.; John Kemp Murray, Alexander Paterson, Hugh Hampden Priddle, James Hogarth Pringle, Edward Thomas Pritchard, Selwyn Hall Puckle, M.A.; Alwyn Raimes, Charles Alan Renny, Francois Gideon Retief, John Theodore Richards, B.Sc.; John Brooke Ridley, George Matthew Robertson, Thomas Henry Robinson, \*Arthur MacLeod Ross, William Leighton Ross, Gerard Affleck Scott, William Edward Sawers Scott, Harold Scurfield, Charles F. D. Shaw, John Simpson, Ernest William Skinner, George Smith, Alexander Henry Smith, Walter Charles Spiller, George Laird Somerville, M.A.; James Stewart, Robert Stewart, M.A.; \*Harold Jalland Stiles, Robert Stirling, M.A.; David Sturrock, John Frederick Sturrock, John Sykes, William Symington, William Evans Thomas, John Tatham Thompson, Henry Thomas Tomlinson, Alfred Turner, \*Joseph Charles S. Vaughan, Simon Thomson Vine, James Robertson Wallace, George de Bourbonloun Watson, Alfred Bell Whitton, Sydney Taylor Williamson, George Edward Cartwright Wood. The second professional examination in medicine has now commenced, the written part being held on Friday and Saturday last. The orals are in progress.

**The Infectiousness of Small-pox.**—The *Times* newspaper publishes the following extraordinary piece of intelligence: "Mr. John Lotan, rural sanitary inspector of Oundle, Northamptonshire, has just died of small-pox contracted in pursuit of the duties of his office. It seems that a woman died in one of the parishes of Mr. Lotan's union, and it was rumoured that she had died of small-pox. In consequence, neither undertakers nor bearers could be obtained to bury the body, and the duty therefore devolved upon Mr. Lotan, Dr. Tomlinson, the medical officer of the union, and four assistants. A coffin was obtained, but as the undertakers would not approach the body to measure it, the coffin was made from guess measurement. This was after the body had been lying three days in the house. It was then found that the coffin was too small, and difficulty was experienced in making it serve its purpose. A few days afterwards symptoms of the disease were developed by all who assisted in the burial, except the doctor. As stated, the sanitary inspector, who was highly esteemed, died, and was buried within a few hours, the interment taking place at midnight. The four

assistants are still far from being out of danger. Special meetings of the sanitary authority have been held, and precautions have been taken to prevent the spread of the disease. The inhabitants of the infected places have been advised by the authorities to be revaccinated, and the advice has been followed by a large number."

**The Mortality of Foreign Cities.**—The annual death-rates per 1,000 in the principal foreign cities, according to the last weekly returns communicated to the Registrar-General, are as follow:—Calcutta 22, Bombay 27, Madras 31, Paris 19, Geneva 16, Brussels 20, Amsterdam 19, Rotterdam 14, The Hague 16, Copenhagen 19, Christiania 22, St. Petersburg 25, Berlin 30, Hamburg 24, Dresden 25, Breslau 34, Munich 27, Vienna 31, Prague 34, Buda-Pesth 34, Rome 23, Turin 21, Venice 22, Alexandria 37, New York 22, Brooklyn 19, Philadelphia 19, and Baltimore 18.

**Vital Statistics.**—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 18·3 per 1,000 of their population, and were in—Birkenhead 21, Birmingham 16, Blackburn 18, Bolton 13, Bradford 15, Brighton 15, Bristol 15, Cardiff 22, Derby 12, Dublin 22, Edinburgh 15, Glasgow 20, Halifax 13, Huddersfield 16, Hull 15, Leeds 15, Leicester 16, Liverpool 21, London 18, Manchester 25, Newcastle-on-Tyne 24, Norwich 21, Nottingham 15, Oldham 17, Plymouth 24, Portsmouth 16, Preston 18, Salford 21, Sheffield 18, Sunderland 21, Wolverhampton 16. The highest annual death-rates from diseases of the zymotic class in these towns were—From measles, 2·2 in Manchester, and 3·3 in Salford; from whooping-cough, 1·4 in Manchester and in Plymouth, and 3·2 in Blackburn; from "fever," 1·1 in Norwich, and 1·2 in Portsmouth; and from diarrhoea, 3·8 in Leicester. Small-pox caused 25 deaths in London and its outer ring of suburban districts, and but 3 throughout the other large towns.

## Notices to Correspondents.

✉ 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.

**READING CASES.**—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

**LOCAL REPORTS AND NEWS.**—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

### WATERPROOF GARMENTS FOR DOCTORS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I would recommend your correspondent "Myosotis" to ask his tailor to procure the requisite quantity of a light tweed—light in texture and colour, and first having it made waterproof (but not airproof), to cut it into the form of a poucho (a loose cloak worn by the Indians in South America), which, when the wearer stands erect, should fall well over his feet and cover them. With the addition of a pair of waterproof leggings, the protection to the entire body from rain would be complete. The best processes for waterproofing are those by Potter and Cooley. By the first, let the cloth, wrong side uppermost, be covered with a solution of isinglass, alum, and soap, and when dry, let it be brushed against the grain, and then gone over with a brush wetted in clean water. Cooley's process consists in spreading the cloth on a smooth surface, wrong side up, and rubbing it over with pure beeswax (free from grease) until an even but thin coating is obtained. A hot iron should then be passed over the cloth, the latter being afterwards brushed whilst still warm. When in medical charge of Nynee Tal in the Himalayas, I found nothing so comprehensively protective against the drenching downpours in going my rounds on horseback during the rainy season as a large closely-woven blanket. These blankets are sold in the Hill bazaars, made into such a covering as that which I suggest. Mine was all in one piece without any opening except one for the head to pass through. I have always found macintoshes and the ordinary waterproof coats to be worse than useless. There is one objection of which by some might be considered to outweigh all the advantages of this kind of cloak—it rather makes one look like an undertaker!

Faithfully yours,

CHARLES E. FRANCIS (Surgeon-General).

Clapham Common, S.W., July 17, 1885.

MR. A. HODGES (Ryde).—We can make no promises in the direction mentioned.

DR. JORDAN.—The enclosures have been duly forwarded to the "Father of a Family," whose letter appeared in our last issue.

MR. STARTIN.—We hope to send you proof during the next few days. The delay is entirely due to increased pressure on our space on the part of an extended constituency.

C. E. F. (Clapham).—Happy to receive it at your leisure. Kindly keep it as short as possible, as we have still many papers awaiting space.

**SUPERANNUATION OF POOR-LAW OFFICERS.**  
To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR.—Will you please inform me (1) what are the necessary formalities to be gone through in the case of a dispensary medical officer of twenty years' standing who is about applying, or has actually applied, for a superannuation allowance, both with Dispensary Committee and guardians? (2) If it is necessary to have resigned before superannuation be granted? (3) If the majority of guardians grant it, is it then safe to resign? (4) Are the emoluments to be taken into account, or nett salary alone? (5) Off whom is the superannuation to be levied? Do the ratepayers and landed proprietors pay all? Is the entire amount to be levied on the dispensary district or union at large?

Yours faithfully,

SUPERANNUATION.

[1 and 2. Your resignation is to be addressed to the hon. sec. of your Dispensary Committee, but we strongly recommend you on no account to hand it in until the moment when the question of pension is being decided by the guardians. The regulation says that notice of consideration of the application must be given to the guardians a month before it is considered, and it has, heretofore, been usual to hand in the resignation at the time when the month's notice is given. This, however, it is not necessary to do, and it is most dangerous, because an interval of a month is afforded for agitation to those who are hostile; and, moreover, many guardians will vote for a pension for the simple purpose of getting rid of the officer who would certainly vote against it if he were already got rid of by resignation. We therefore advise you to write a letter to the hon. sec. stating your desire to resign if you get superannuation; to have that letter forwarded to the guardians, and a motion to grant the pension founded on it; to withhold the resignation until the hour of the guardians' meeting, and entrust it then to a friend to be handed in before the vote is taken if he thinks the vote is safe and not otherwise. The resignation must be officially declared before the motion is put from the chair. We have known numerous cases—e.g., those of Dr. Walker, of Bonmahon, and Dr. Alcock, of Kilmallock—in which the pension was considered perfectly safe, but it was lost because these precautions were omitted. 3. If a substantial majority votes for it, it is safe, but if a motion is given to rescind, it is probable that the Local Government Board will withhold its approval of the grant for a time in order to give the hostile guardians the chance of cheating the doctor. 4. Nothing is taken into calculation towards pension except the Poor-law salaries and vaccination and registration fees. 5. The pension is chargeable upon the same fund as the salaries.—ED.]

MR. ANSTIE.—Hardly suitable in its present form; but with a little alteration and addition it might easily be made so. The clinical details should be more elaborated.

W. M. C.—We cannot promise to accede to your request until we have had an opportunity of judging to what extent the subject has been correctly treated.

MR. DOWNING.—You cannot do other than offer an apology. You are most certainly in the wrong.

**COCAINE.**

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR.—I see many articles about Cocaine as a good remedy for *Hay fever* painted inside nostrils, 10-per cent. solution. I have found it as useful in many cases of pure spasmodic asthma and neuralgia, and can speak strongly on the subject, as it has done me personally much good.

I am, Sir, yours, &c.,

T. J. GELSTON, M.D., &c., &c.

14 George St., Limerick, July 11, 1886.

DRS. MILES AND WELDON.—See reply to Dr. Jordan. The letters have been forwarded.

MR. WEBSTER.—The result was doubtless due to the employment of impure glycerine. You cannot be too particular for experimental purposes. The only reliable preparation is Price's glycerine. The difficulty experienced in getting this article at the shops is on account of its higher price. If you repeat the experiment with this, we have not the slightest doubt as to a successful issue.

**VISITING IN POLICE CASES.**

A. D. says: I attended on a visiting ticket a prisoner in the police barracks one night recently and also in the morning. Can I obtain payment for doing so from the constabulary authorities? Is the ticket a legal one?

[If the ticket has been granted on behalf of a person who is not a fit recipient of medical relief you can recover the amount of fees from the issuer. But you must attend, and cannot claim any fee from the police. If no ticket had been issued it would be different.—ED.]

W. B. (Preston).—You should publish a statement of the facts, and then be guided by the opinions expressed by those who fairly consider them. We cannot advise you to follow the course of action you have suggested. It would be undignified to do so.

CAUSTIC.—Forward the prescription.

DR. BLAND.—The operation is not a favour one with surgeons in

the south, although there is a good deal to be said in its defence. The chief danger involved in its performance is that associated with opening into the knee-joint; and this is avoided by adopting the plan of subcutaneous division of the femur above the condyles. We are unable to give the reference you require.

**Vacancies.**

Birmingham, Parish of.—Three Temporary District Medical Officers. Salary, £400 each. Applications to the Clerk to the Guardians, not later than July 23.

Clonmel District Lunatic Asylum.—Assistant to Resident Medical Superintendent. Salary, £150, with apartments, &c. Election August 10. (See advt.)

Iale of Man General Hospital and Dispensary.—Resident House Surgeon. Salary, £100, with gas, coal, &c. Applications, with testimonials, to the Hon. Sec., not later than August 10.

Mason Science College, Birmingham.—Demonstrator in Physiological Department. Applications on or before August 20.

Netherfield Institution for Infectious Diseases, Liverpool.—Resident Medical Officer. Salary, £80 per annum, with board, &c. Applications, with testimonials, to the Secretary, on or before Aug. 1.

Owens College, Manchester.—Demonstratorship in Anatomy. Salary, £125 per annum. Applications to the Registrar, on or before July 23.

Ramsgate and St. Lawrence Royal Dispensary and Seaman's Infirmary.—Resident Medical Officer. Salary, £120 per year, with furnished apartments, &c. Applications, with testimonials, to the Secretary of the Dispensary, on or before August 1.

Royal College of Surgeons of England.—Examinership in Dental Surgery. Applications to the Secretary, before July 30. (See advt.)

Royal Infirmary, Ryde, Isle of Wight.—House Surgeon and Secretary. Salary, £50, with board, &c. Applications, with testimonials, to the House Surgeon and Secretary, not later than July 23.

St. Thomas's Hospital Medical School.—Demonstrator of Physiology and Practical Physiology. Applications to Mr. G. Rendle, at the Hospital.

Taunton Union, Churchstanton District.—Medical Officer. Salary, £55 per annum. Applications, with testimonials, to the Clerk, by August 1.

York County Hospital.—Resident House Surgeon. Salary, £100 a year, with board and lodging. Applications, with testimonials, to the Secretary, on or before July 25.

**Appointments.**

BARROW, F., M.R.C.S., L.S.A. Lond., Medical Officer for the Rothbury District of the Rothbury Union.

BARTON, G. H., M.R.C.S., L.R.C.P. Ed., Medical Officer for the Market Rasen District of the Caistor Union.

CHADWICK, G. F., L.R.C.P., L.R.C.S. Ed., Medical Officer for the Codford District of the Warminster Union.

CURTIS, D. T., M.D. Brux., M.R.C.S., L.S.A. Lond., Honorary Surgeon to the Bradford Infirmary.

GARDNER, T. F., M.R.C.S., L.R.C.P. Lond., Honorary Surgeon to the Bournemouth Cottage Hospital.

HENDERSON, C. M.D., C.M. Aber., L.R.C.P., L.R.C.S. Ed., Resident Surgeon to the Bathurst Hospital, New South Wales.

LUMLEY, B., M.R.C.S., Medical Officer of Health for the Northallerton Urban and Rural Sanitary District.

MARSHALL, W. J., M.D. Ed., Certifying Surgeon for the Greenock District under the Factories Act.

MAWBY, W. G., L.R.C.P., L.R.C.S. Ed., Medical Officer for the Blisworth District of the Towcester Union.

O'CALLAGHAN, R. T. A., L.R.C.S.I., L.A.H. Dub., Surgeon to the County Infirmary, Carlow.

O'SHAUGHNESSY, T. H., M.D., M.Ch.B.U.I., Assistant Resident Medical Superintendent to District Asylum, Ballinasloe.

POLLARD, R., M.B., M.R.C.S., House Surgeon to the Burton-on-Trent Infirmary.

ROYLS, J. F. S., M.B., C.M. Aber., Medical Officer for the Polesworth District of the Atherton Union.

**Births.**

DARLING.—July 10, at Lurgan, the wife of J. Singleton Darling, M.R., of a son.

LESLIE-JONES.—July 10, at Limefield House, Cheetham, Manchester, the wife of H. Leslie-Jones, M.D., F.R.C.S.L., of a daughter.

SCOTT.—July 17, at Shirley Lodge, Southampton, the wife of R. E. Scott (Surgeon-Major A.M.D.), of a son.

**Marriages.**

SADLER-HARVEY.—July 14, at St. John the Evangelist's, London, W.C., Michael Ernest, son of Michael Thomas Sadler, M.D., of Barnsley, Yorkshire, to Mary, daughter of Charles Harvey, of Barnsley.

SANDERS-BARTLETT.—July 18, at Holy Trinity, Cloudealey Square, London, Chas. Sanders, M.B. Lond., M.R.C.S., of Cheshunt, to Mary, eldest daughter of W. Bartlett, of Guildford.

WALSH-HOWLETT.—July 16, at the University Church, Dublin, Michael Walsh, L.R.C.S.I., L.R.Q.C.P.I., of New Ross, to Mary Aloysia, only daughter of William Howlett, New Ross.

**Deaths.**

ELMES.—July 17, at Limerick, Jonathan Elmes, M.D.

ENGLHEMART.—May 28, at New Calabar, Africa, drowned while crossing the river, Stephen P. Englehart, M.D. Ed., M.R.C.S., aged 54.

SMYTH.—July 10, at Suggden Road, Lavender Hill, Clapham, S.W., John Edward Smyth, M.D. F.R.C.S., aged 67.

WILKIN.—July 2, at Leinster Road, Co. Dublin, Thos. Hy. Wilkin, late Surgeon-Major 4th Battalion Durham Light Infantry, aged 83.

# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 29, 1885.

CONTENTS.		PAGE	PAGE
<b>ORIGINAL COMMUNICATIONS.</b>		<b>TRANSACTIONS OF SOCIETIES.</b>	The Intercollegiate Doctorate .....
On Syphilis of the Brain. By Julius Althaus, M.D., M.R.C.P., Lond., Senior Physician to the Hospital for Epilepsy and Paralysis, Regent's Park, London .....	91	<b>ACADEMY OF MEDICINE IN IRELAND—</b>	Hospital Sunday Fund .....
Notes on Classification of Eruptions of the Skin after Willan. By James Startin, Honorary Surgeon and Lecturer to St. John's Hospital for Skin Diseases, London; a Vice-President and Honorary Secretary to the Willan Society .....	93	Relative Disease and Death-Rate in Town and Country .....	Death of General Grant .....
History of the Progress of Laryngology from the Earliest Times to the Present. By Gordon Holmes, M.D., Physician to the Municipal Throat and Ear Infirmary, London; Consulting Physician to the Sheffield Ear and Throat Hospital .....	95	The Compulsory Notification of Infectious Diseases by Medical Men .....	The International Congress .....
<b>CLINICAL RECORDS.</b>		<b>MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH</b>	Fees on Dispensary Tickets in Ireland .....
Case of Stricture of the Male Urethra in which Cocaine was used with Success. Under the care of Dr. G. de Gorrequer Griffith, Physician to the Hospital for Sick Women and Children, Pimlico ..	98	A Case of Laparotomy .....	The Political Influence of the British Medical Association .....
		Foreign Body in Bronchus .....	Universities' Bill (Scotland) .....
		New Material for making Anatomical Casts .....	Dr. Elmes, of Limerick .....
		<b>DEPARTMENT OF LUNACY.</b>	The Meeting of the British Association for the Advancement of Science .....
		Lunacy Legislation .....	The Conway Guardians and their Medical Officer .....
		Insanity in California .....	Tentes Abri .....
		The Medico-Psychological Association ..	The Social Science Association .....
		<b>FRANCE.</b>	The English Conjoint Scheme Board ..
		Rupture of the Urethra, &c. ....	The Conjoint Examination Scheme for Ireland .....
		<b>LEADING ARTICLES.</b>	
		THE DIAGNOSTIC VALUE OF DELIRIUM ..	<b>SCOTLAND.</b>
		THE RELEASE OF DR. BRADLEY, OF BRIMINGTON .....	School of Medicine, Edinburgh.—Petition for a Charter, &c. ....
		DISQUALIFICATION BY MEDICAL RELIEF ..	Correspondence .....
		<b>NOTES ON CURRENT TOPICS.</b>	BRIFV NOTES FROM OUR EXCHANGES ..
		Faecal Fistula after Ovariectomy .....	LITERARY NOTES AND GOSSIP .....
			Medical News .....
			NOTICES TO CORRESPONDENTS .....

## Original Communications.

### ON SYPHILIS OF THE BRAIN. (a)

By JULIUS ALTHAUS, M.D., M.R.C.P. Lond.,  
Senior Physician to the Hospital for Epilepsy and Paralysis,  
Regent's Park, London.

A CLERK, *set*, 28, single, was admitted into the hospital under my care on November 28th, 1884, with the following history:—He comes from a healthy family, but had for years past committed excesses in drinking, smoking, and sexual indulgence; had had gonorrhoea half a dozen times, and syphilis about four years ago, *viz.*, a hard chancre followed by specific eruptions on the skin, which lasted for two or three months. After that he was apparently quite well until about twelve months ago, when he noticed that his left eyelid began to droop, and he had a difficulty in seeing with the left eye. At that time he was in Australia. Six months ago he returned to England, and after having been on board ship on his homeward voyage for about a fortnight, had one day, while sitting on deck, a stroke of paralysis which affected the right arm and leg. He lost neither his consciousness nor his language, but experienced a feeling of faintness, and then felt the paralysis gradually come on; there was no incontinence of the excreta, no affection of the face or tongue, no headache or sickness, and the paralysis had remained exactly the same ever since.

When I first examined the patient the most striking symptom appeared to be ptosis of the left eyelid and immobility of the corresponding eyeball. There was, in fact, *external as well as internal ophthalmoplegia*, owing to paralysis of the third, fourth and sixth nerves. This paralysis was complete in the superior and inferior recti, and the inferior oblique muscles; and incomplete in the levator palpebrae superioris, the internal and external recti, and the superior oblique. There was also paralysis of accommodation, and of the sphincter and dilator of the iris; the pupil was large, of ovoid shape,

(a) Read before the Medical Society of London.

insensitive to light, and only slightly influenced by eserine and atropine. Dr. Laidlaw Purves reported the ophthalmoscopic appearances of the fundus of the eye to be normal, the tension of the eye likewise normal, not bulging, not tender to pressure, vision 15-cc, colour vision fair. The right eye and eyelid appeared quite normal, and there was no disease in the other cranial nerves.

The patient's speech was slow, but he had never had any difficulty in articulation, expressed himself fairly well, and gave a tolerably clear account of the history of his illness. His intellect, however, seemed somewhat sluggish; there was a degree of hebetude; he appeared indifferent to his condition, did not complain at all, and showed great apathy altogether.

The right arm was in a state of paresis. The patient had considerable difficulty in moving it, yet succeeded in executing the various movements which I requested him to make, with the only exception of raising the wrist, which was impossible. He could not write, and had difficulty in feeding and dressing himself. The habitual position of the arm, hand, and fingers, was not that of late rigidity of the muscles, with which we are familiar in cases of ordinary permanent hemiplegia; yet on making passive movements a perceptible degree of resistance was encountered, showing some degree of rigidity. The patient squeezed the dynamometer to 20° with the right, and 70° with the left hand, showing loss of power of about 80° in the palsied arm, since in health the right hand is on the average about 80° stronger than the left, while here it was 50° weaker. The faradic and galvanic excitability of the suffering nerves and muscles was unusually brisk. There was no anaesthesia, nor any marked vasomotor or nutritive changes in the suffering extremity. A very striking symptom, however, was an enormous exaggeration of all the deep reflexes of the whole upper extremity. The slightest tap with the percussion hammer or the finger, not only on the points of predilection, such as the tendon of the biceps, the styloid process of the radius, &c., but on any other part of the arm and hand, caused the most extensive responses, the whole limb becoming violently agitated. Percussion of the left arm showed no such appearances.



The right leg was likewise in a state of paresis. The patient could walk slowly without assistance, but had great difficulty in lifting the foot from the ground, and was apt to scrape his boot against it; he walked on tiptoe; there was no absolute paralysis of muscles, but loss of power in all, and some rigidity in the hamstring muscles and those of the calf. Normal galvanic and faradic responses were easily obtained; there was no wasting and no anaesthesia. The most striking symptom in the leg, again, was the same enormous exaggeration of the deep reflexes which I have already mentioned as found in the arm. A strong ankle clonus could be easily excited, and the slightest percussion of any point of the lower extremity, more particularly the ligamentum patellae, the whole of the tibia, and the belly of the rectus femoris, threw the extremity into violent agitation.

The functions of the body were normal. The urine had a sp. gr. of 1022, and contained no excess of phosphates, no sugar, nor albumen. The patient was ordered iodide of potassium and inunction with oleate of mercury. This treatment was carried out with some interruptions, owing to affection of the gums and the mouth, which became somewhat rapidly established, until the patient left the hospital, two months after admission. There was, however, no amendment in the symptoms, except that the excessive violence of the deep reflexes had somewhat abated.

This case is interesting in several respects. In the first instance, the evolution of the symptoms of the patient's illness pointed so plainly to syphilitic brain-disease that the diagnosis could have been made without any inquiry about a previous specific sore or secondary symptoms. The man had had a stroke of hemiplegia at the age of 28, without any other systemic affection which could account for it; and it may be laid down as a general rule that if hemiplegia occurs in a patient between twenty and forty years of age who has no heart disease, diabetes, tabes, kidney disease, alcoholism, &c., and where there has been no preceding acute illness, such as pneumonia, &c., there is the strongest presumption that the affection is venereal. Another characteristic sign was that there had been no apoplexy at the time the stroke took place; for while the ordinary attack of hemiplegia from cerebral hæmorrhage, or from embolism of the Sylvian artery, is habitually accompanied by apoplexy, the syphilitic patient, when struck by hemiplegia, does not generally lose his consciousness nor pass the excreta under him, but habitually assists, fully conscious, at the invasion of the paralysis. Then, again, the palsy had been incomplete from the beginning, and had remained so throughout its further progress. This incomplete character of the paralysis is another peculiar feature of syphilitic hemiplegia; for while in ordinary hemiplegia there is complete loss of motor power, at least for the first few days or weeks of the illness, this is exceptional in the syphilitic variety, which is generally paresis rather than paralysis.

The present case is somewhat exceptional in not having been preceded by that peculiar form of headache which is so frequent a symptom of brain-syphilis; nor did it appear that any other premonitory signs, such as epileptiform convulsions, numbness and "pins and needles" in the limbs, vertigo, &c., had occurred. It remained uncertain whether the mental dulness and apathy which was now present had come on previous to or after the attack.

On the other hand, the complication of hemiplegia of one side of the body with ophthalmoplegia in the other side is most significant for syphilis. In the ordinary form of hemiplegia the only cranial nerves which are affected are the portio dura and the hypoglossus of the same side. In syphilitic hemiplegia, on the contrary, we frequently meet with palsies of the nerves of the eyes, more especially the third, but also the fourth and the sixth, either partial or complete. Such palsies, indeed, were long ago by Ricord called the signature of syphilis on the eye of the patient.

The last peculiar symptom which was present in this

case was the enormous increase of tendon reflexes in the palsied limbs, and which was quite out of proportion to the degree of the paralysis as well as of the muscular rigidity. Fournier, (a) in his able work on syphilis of the brain, has stated that there is not a single pathognomonic symptom whereby we can distinguish idiopathic from syphilitic hemiplegia, and that we must for our diagnosis rely upon the peculiar grouping and development of nerve-symptoms which occurs in constitutional syphilis; on the presence of equivalent signs in other organs, such as the skin, the testicles, the bones; as well as on the fact that syphilitic hemiplegia occurs not so much in the aged as in persons in the prime of life. Fournier does not say anything about the behaviour of the tendon reflexes in syphilitic hemiplegia, but goes on to state that the diagnosis can only be rendered certain by the results of specific treatment, as the latter may cure syphilitic hemiplegia, while mercury and iodide of potassium remain ineffectual in ordinary hemiplegia.

Now I have for some time past been of opinion that an excessive exaggeration of the deep reflexes in the palsied limbs in hemiplegia, points to a syphilitic origin of the affection. In 1882, I exhibited at the Clinical Society (b) a patient in whom this symptom was so highly characteristic that it attracted my special attention. The deep reflexes were so much increased in the paralysed leg that it shook fearfully on the least provocation, such as a sudden noise, opening the door, introducing the catheter, sneezing, coughing, &c. Percussion of the patellar ligament, of the tibia, and in fact of almost any point of the limb, induced violent so-called spinal epilepsy, which lasted for a considerable time, and was very greatly in excess of what is seen in ordinary hemiplegia. I have since then noticed this symptom in a number of other cases of syphilitic hemiplegia; and although I do not as yet feel justified in stating that it is absolutely distinctive of the syphilitic variety of hemiplegia, yet when present it raises *primâ facie* a strong presumption of it; and it may eventually be found that *excessive exaggeration of the deep reflexes*, more particularly when out of proportion to the degree of paralysis and muscular rigidity which may exist, is a *truly pathognomonic symptom of syphilitic hemiplegia*.

What was the nature and seat of the pathological lesion in the present case? The principal pathological change produced by syphilis consists of undue proliferation of cells; and this leads eventually either to the formation of gumma, or to sclerosis.

Gumma occurs chiefly at the base of the brain, where it tends to compress the nervous matter in its neighbourhood, as well as the blood vessels nourishing the same. Now the paralysis of the three cranial nerves which I have just mentioned point clearly to disease in the middle fossa of the base of the brain, and Nettleship (c) has lately recorded a case in which a spindle-celled sarcoma occupying the region of the right cavernous sinus, and also filling the sella turcica, has caused total external and internal ophthalmoplegia by compressing these nerves, and thus reducing their substance. There are, however, numerous other theories regarding the localisation of ophthalmoplegia to which I must briefly allude. Thus, Hutchinson, who was the first to describe internal ophthalmoplegia, located it in the lenticular or ciliary ganglion; while Hulke afterwards supposed it to be caused by disease of the intra-ocular ganglionic plexuses, which are in immediate relation with the ciliary muscle and the iris. There is, however, not the slightest physiological or pathological foundation for either of these theories; and Gowers and Allen Sturge have, with much better reason, sought the lesion more centrally, viz., in the posterior portion of the third ventricle and the floor of the aqueduct of Sylvius. This latter theory is supported by the physiological researches of Hansen

(a) La Syphilis du Cerveau. Paris, 1879. P. 461.

(b) Transactions of the Clinical Society of London. Vol. xv., p. 203.

(c) Transactions of the Ophthalmological Society of the United Kingdom, 1881. Vol. I., p. 166.

and Voelcker, who have discovered in the locality just named a motor centre for the external, as well as the internal, muscles of the eye, with minute differentiations for the innervation of the iris, the ciliary muscle, the rectus internus, and the other muscles of the eye. Thus far this discovery only holds good for the dog, but there is also some pathological evidence showing that this special motor area for the eye exists in man likewise. Kahler and Pick have reported two cases in which they found sclerosis of certain portions of this area, and to which during life had corresponded ophthalmoplegia; and Gowers has seen a case where external ophthalmoplegia was owing to degeneration of the nerve nuclei beneath the aqueduct of Sylvius, and in the floor of the fourth ventricle. I am, however, not inclined to think that this centre was affected in the present case, as it is a centre acting bi-laterally, and the ophthalmoplegia existed here only in the left eye. I am therefore of opinion that there was a gumma at the base of the brain, near the inner surface of the crus cerebri, and close to the anterior surface of the pons varolii, which by compression had caused wasting of the three nerves mentioned.

What was then the lesion causing the hemiplegia of the right side? Hemiplegia may be caused by disease at any point of the motor tract in the brain, between the central convolutions of the cortex and the medulla oblongata. The most frequent seat of the affection is in the basal ganglia and the white internal capsule; but I think that by assuming only a slight extension of the morbid process at the base of the brain, which I have just shown to have caused the ophthalmoplegia, the subsequent occurrence of hemiplegia in the present case can be easily accounted for. The crus cerebri, which is close to the paralysed cranial nerves, contains the motor tracts known as the crossed pyramidal strands in their course from the central convolutions to the spinal cord; and a further growth of the gummatous tumour which had already compressed the three nerves of the eye, would also compress the crus, and thereby cause softening of it, thus producing hemiplegia. This opinion is greatly strengthened by the fact that the paralysis in the present was, what is generally called, an *alternate* one; that is, the paralysis of the ocular muscles occurred on the opposite side of that of the extremities. Such alternate paralysis only occurs in disease of the crus, just as alternate paralysis of the portio dura and the extremities occurs only in disease of the pons varolii. The gumma must therefore in the present case be situated at the left side, that is, on the same side as the paralysis of the ocular muscles, and on the side opposite to the paralysis of the limbs.

The influence of treatment is sometimes exceedingly gratifying in syphilitic nervous affections, while in other instances is just the reverse. There is a general impression that the prognosis in specific lesions is better than in ordinary idiopathic disease, but this is only partially true, for many patients suffering from syphilitic cerebral affections, even if energetically treated on a specific plan, do not recover. This is explained by the circumstance that we have in cerebral syphilis to do not only with specific lesions, but also with secondary consequences of such, and these latter cannot be expected to yield to anti-syphilitic treatment. No doubt a gumma in the brain may be absorbed, and thickening of the membranes reduced, but where a gumma has already caused wasting of cranial nerves, and softening of cerebral tissue, that is, secondary and non-specific lesions, no amount of mercury and iodide of potassium can restore nerve-cells and fibres which have once perished. It is, therefore, only possible to cure such patients where the primary specific lesions have not as yet conduced to secondary ordinary lesions. The lesson which we have to learn from this should, therefore, be to subject patients, as soon as they show the slightest symptom of syphilitic brain disease, to an energetic specific treatment, so as to disperse the primary specific lesions, and to prevent as

far as possible the occurrence of secondary ordinary lesions, against which latter our remedies are known to be powerless. What occurs in syphilis of the brain thus affords a most striking illustration of the truth of the old Hippocratic maxim, 'ὁ θεὸς κείνος ὁ εὖς, the opportunity is fleeting! Let us, therefore, always endeavour to make use of it before it is too late.

## NOTES ON A CLASSIFICATION OF ERUPTIONS OF THE SKIN AFTER WILLAN. (a)

By JAMES STARTIN,

Honorary Surgeon and Lecturer to St. John's Hospital for Skin Diseases, London; a Vice-President and Honorary Secretary of the Willan Society.

GENTLEMEN,—Whilst our Society is still in its infancy, it occurred to me that a brief consideration of the nomenclature of skin diseases might not be without interest at the present time. The subject, I admit, is one which presents many difficulties and *has* done in the past, and teachers of dermatology in various countries have attempted to solve them, but, more or less, in vain, and often their efforts have ended in hopeless confusion. I know some teachers, professing to be practical men, look with contempt upon all nosological disquisitions, and deem such discussions idle, not conducive to the improvement of medical science. I am inclined to look upon this as a mistaken view of the subject, arising perhaps from indolence or want of precision in the use of language. It is not thus that science is extended. The advantages of a careful and definite nomenclature are—1st, An accurate investigation of phenomena; 2nd, Facilitation of the means of discrimination; for from a deficiency of terms we are prone to think or observe indistinctly. But, above all, a definite classification affords us with the means of imparting with precision, the information which we acquire. At the Dermatological Section held during the International Medical Congress in England, in 1881, so important was this subject considered that a committee of eminent dermatologists of England, France, Germany, and America was formed to prepare a classification for a future meeting. Nothing seems to have come of it at present. In introducing to your notice the present system of classification, I do not offer it as presenting much novelty, or of views peculiar to myself. It is formed upon the principles brought to light by Willan, and taught to me by my much-respected uncle, James Startin, some years ago. But, principally, it is founded upon clinical and pathological signs or manifestations occurring predominant in each eruption. We must all admit the service rendered to dermatology by Plenck in the early times, and Willan and Bateman and others in the French school, who rescued nomenclature out of chaos. This was carried out by a system of classification in eight groups, which were as follows:—

### WILLAN'S CLASSIFICATION.

- |                 |               |
|-----------------|---------------|
| 1. Bullæ.       | 5. Pustulæ.   |
| 2. Exanthemata. | 6. Squamæ.    |
| 3. Maculæ.      | 7. Tuberculæ. |
| 4. Papulæ.      | 8. Vesiculæ.  |

But as we find the study of dermatology advances, so we must increase our class. For instance, scabies and variola were classed under one head. Pustular lupus and acne under tubercular. In the present state of dermatological science, it must be admitted that all systems are more or less imperfect, but we are much indebted to the late Sir Erasmus Wilson, the late Dr. Tilbury Fox, and Professor Hebra—Kaposi and Duhring in the present, for much valuable work, and much clearer light has been thrown upon them.

The classification I now propose to put before you is as follows:—



- |  |  |
|--|--|
| 1. Cachectic Eruptions.                | 11. Sebaceous Eruptions.                       |
| 2. Chromatic (Colour), ditto.          | 12. Simulated, do.                             |
| 3. Erythematous, do.                   | 13. Squamous, do.                              |
| 4. Hæmorrhagic, do.                    | 14. Structural, do.                            |
| 5. Medicinal, do.                      | 15. Syphilitic, do.                            |
| 6. Neuralgic, do.                      | 16. Tubercular, do.                            |
| 7. New Growths (Neoplas-<br>mata), do. | 17. Ulcerous, do.                              |
| 8. Parasitic } 1. Animal.              | 18. Vesicular, do.                             |
| } 2. Vegetable.                        | 19. Diseases of the Hair and<br>}       Nails. |
| 9. Papular Eruptions.                  | 20. Diseases of the Sweat<br>}       Glands.   |
| 10. Pustular, do.                      |  |

In preparing this classification, I have taken suggestions of Willan, Startin, Wilson, Kaposi, Duhring, and others, the main principles of which have already stood the test of some half century's work, clinical and microscopical.

**CLASS I.—Cachectic Eruptions.**—Showing some general constitutional cachexy or idiosyncrasy, congenital, super-vening, or acquired:—1. Cancerous affections of the skin, melanotic, carcinoma, epithelioma. 2. Cachectic ecthyma. 3. Elephantiasis græcorum; or true leprosy. 4. Fram-bœsia or yaws. 5. Scorbutic eruptions or sourry. 6. Strumous eruptions, scrofuloderma. 7. Lupus, L. Ery-thematous, and L. Vulgaris. 8. Rodent ulcer. 9. Sarcoma.

**CLASS II.—Chromatic or Pigmentary Eruptions.**—Showing changes of colour for the most part symptomatic of some constitutional vice or cachexy:—1. Achromia or spotted skin. 2. Albinismus or white skin. 3. Canities. 4. Cancer stain. 5. (C)loasma, discoloured skin. 6. Crimson stain. 7. Cyanoderma, blue skin. 8. Ephelis, sun-brown. 9. Lentigo, freckles. 10. Leucoderma, white skin. 11. Lepra alphoides. 12. Macula hepatica. 13. Melanoderma, black skin. 14. Morbus Adisonii. 15. Nitrate of silver stain. 16. Pigmentary moles. 17. Syphilis stain. 18. Zanthochoia icterus, yellow stain. 19. Pityriasis nigricans. 20. Nævus pigmentosus.

**CLASS III.—Erythematous.**—Showing heat, redness, tension, swelling, sometimes lymphoid inflammation, superficial, circumscribed, or diffused:—1. Acrodynia or epidemic erythema. 1. Anthrax or carbuncle. 3. Bucœmia tropica. 4. Erythema. 5. Erysipelas. 6. Furunculus or boil. 7. Hyperæmia folliculitis. 8. Inter-trigo. 9. Chilblain. 10. Frost bite. 11. Pallagra or Italian leprosy. IIIa. *Exanthemata*.—12. Urticariæ or nettle rash. 13. Burns and scalds. 14. Roseola (in-fectious). 15. Rubeola, measles (infectious). 16. Scar-latina (infectious). 17. Insect stings.

**CLASS IV.—Hæmorrhagic.**—Hæmorrhagic affections showing patches of hæmorrhage varying in size, under the epidermis, local or general:—1. Purpura, simplex, rheu-matica or peliosis rheumatica, hæmorrhagica. 2. Hæma-tidrosis or bloody sweat.

**CLASS V.—Medicinal Rashes.**—Showing eruptions by the administration of certain drugs:—1. Arsenic rash. 2. Arnica rash. 3. Bromide rash. 4. Belladonna rash. 5. Copaiba rash. 7. Croton oil rash. 8. Hyocyamus rash. 9. Iodine rash. 10. Iodide of potassium rash. 11. Iodoform rash. 12. Iodide of starch rash. 13. Quinine rash. 14. Sulphur rash. 15. Chrysophanic acid rash. 16. Tar rash and others. 17. Rashes produced by dyes.

**CLASS VI.—Neuralgic.**—Showing neuralgia with in-creased, vitiated, or diminished cutaneous sensibility, with or without eruptions or ulcerations:—1. Alopecia areata or circumscripta. 2. Hysterical anæsthesia and hyperæsthesia. 3. Neuralgic erythema. 4. Prurigo senilis. 5. Pruritus. 6. Herpes zoster. 7. Neurotic exoriation.

**CLASS VII.—New Growths. Neoplasmata.**—Showing growths upon the surface of the skin, in the blood vessels, connective tissue, lymphatics, and nerves:—I. Connective tissue: i. Moluscum fibrosum; ii. Keloid; iii. Zan-thelasma. II. Blood-vessels: i. Angioma; ii. Nævus vasculosus. III. Lymphatics: i. Lymphangioma; ii. Lym-phadenoma. IV. Nerves: Neuroma. V. Granulation tissue: Rhinoscleroma.

**CLASS VIII.—Parasitic.**—Showing animal and vegetable life, visible and microscopic, giving rise to various cutaneous manifestations, mostly contagious.

**Animal.**—I. *Dermatozoa*: Parasites which dwell in the substance of the skin. 1. Acne (see papular eruptions). 2. Guinea-worm disease. 3. Harvest insect rash. 4. Scabies. II. *Entozoa*: Parasites that live on the surface of the skin. 1. *Morbus pedicularis*: Pediculis capitis, or head louse, P. corporis, or body louse, P. pubis, or crab louse. 2. Pulex irritans, or flea. 3. Cimex lectuarius, or bug. 4. Pulex pipiens, or gnat. 5. *Æstrus*, or bot. 6. Pulex penetrans, or sand flea.

**Vegetable.**—1. Aphophyta, or thrush. 2. Alopecia, parasitica. 3. Phytiform disease (or ringworm) of scalp. Phytiform do. (or ringworm) of body. 4. Phyti-form disease of scalp, called favus. 5. Phytiform disease of beard, called sycosis. 6. Phytiform disease of body, called Pityriasis versicolor. 7. Tropical ringworm. 8. Phytiform disease of eyelids, called Tinea Tarsi. 9. *Mycosis*: ears, anus, vagina, and nipples. 10. *Mycoderma*, or fungus foot of India. 11. Onycho-phytosis, phytiform disease of the nails.

**CLASS IX.—Papular.**—Showing red points, or papules more or less mixed, disseminated or confluent. 1. Acne, Simplex, punctata. 2. Hyperæmia cutis, or cutis anserina. 3. Lichen and its varieties. 4. Pityriasis pilaris. 5. Strophulus.

**CLASS X.—Pustular.**—Showing pustules, blebs, or blisters containing matter or pus, sometimes bloody, with or without an inflamed cutaneous surface or base, isolated or confluent. 1. Ecthyma. 2. Impetigo. 3. Impetiginous eczema. 4. Rupia. 5. Sycosis. 6. Variola. 7. Varicella. 8. Vaccinia.

**CLASS XI.—Sebaceous.**—Showing an unctuous secretion from the sebaceous follicles, exuding, or expressed by pressure, adherent or non-adherent to the skin. Due to faulty secretion or excretion of sebaceous matter. 1. Acne sebacea: Comedones albidæ or seborrhœa. 2. Asteodes. 3. Chomasteodes. 4. Hordeolum, or sty. 5. Moluscum contagiosum, or acne moluscum. 6. Sebaceous tumours. 7. Zeroderma, Ichthiosis.

**CLASS XII.—Simulated.**—Instances in which various eruptions have been self inflicted by using some irritating substance on the skin; or by rubbing or scratching the skin. 1. Alopecia. 2. Discolourations. 3. Eczema. 4. Erythema. 5. Pemphigus. 6. Ulcerations.

**CLASS XIII.—Squamous.**—Showing scales, loose or attached to the skin, with or without an inflamed base, often in form more or less circinate, accompanied with irritation generally. 1. Eczema siccum. 2. Ichthiosis. 3. Pityriasis and its varieties. 3. Psoriasis or Lepra. 4. Dermatitis exfoliativa.

**CLASS XIV.—Structural.**—Showing changes, or new growths in the skin. 1. Cicatrices. 2. Corns or clavi. 3. Fibroma. 4. Keloid. 5. Morphœa. 6. Nævi. 7. Moles. 8. Scleroderma. 9. Verrucoe or warts—i. Vulgaris; ii. Seniles; iii. Acuminata. 10. Tylosis or cal-liosities. 11. Horns. 12. Nævus pilosus. 13. Elephan-tiasis arabum.

**CLASS XV.—Syphilitic.**—Showing eruptions due to a specific poison either hereditary or acquired. 1. Syphi-litic acne. 2. Syphilitic alopecia. 3. Syphilitic ecthyma. 4. Syphilitic herpes. 5. Syphilitic lichen. 6. Syphilitic macula. 7. Syphilitic onychia. 8. Syphilitic pem-phigus. 9. Syphilitic psoriasis, palmaris and plan-taris. 10. Syphilitic roseola. 11. Syphilitic squamous eruptions. 12. Syphilitic tubercula eruptions. 13. Syphi-litic ulceration and gummata. 14. Syphilitic vesicular eruptions.

**CLASS XVI.—Tubercular.**—Showing red, raised and inflamed tubercles and swellings, sometimes single, and sometimes confluent, occasionally suppurating or ulcera-ting. 1. Lupus cum hypertrophy (see cachectic erup-tions). 2. Moluscum (see new growths). 3. Sycosis indurata (see pustular eruptions). 4. Tubercular syphilis (see syphilitic eruptions). 5. Tubercular (cro-

fula (see cachectic eruptions). 6. Urticaria tuberosa (see erythematous eruptions).

CLASS XVII.—*Ulcerous*.—Showing a solution of continuity with or without sloughing and an inflamed base, often attended with varix on the lower extremities (see erythematous). 1. Anthrax ulcer. 2. Erythematous ulcer. 3. Ecthymatous ulcer. 4. Impetiginous ulcer. 5. Lupoid ulcer. 6. Parasitic ulcer. 7. Rodent ulcer. 8. Syphilitic ulcer. 9. Scrofulous ulcer. 10. Rupial ulcer (see cachectic eruptions). 11. Varicose ulcer. 12. Simple ulcer. 13. Fissures.

CLASS XVIII.—*Vesicular*.—Showing vesicles, blisters, blebs or bullæ, containing a sero-purulent or serous fluid, with lymphoid encrustation, and a phlegmonous base, sometimes causing excoriations. 1. Ampullæ. 2. Eczema. 3. Herpes. 4. Miliaria. 5. Pemphigus, vulgaris, foliacius, cheiro-phomox. 6. Sudamina. 7. Scalds. 8. Hydroa, and its varieties.

CLASS XIX.—*Diseases of the Hair and Nails*.—Showing certain conditions of the hair, and nails of an unhealthy state, baldness, roughness, ringed hair.

*Hair*.—1. Alopecia. 2. Ringworm, or phytosis. 3. Hirsuteæ. 4. Nævus pilosus. 5. Trichoeis nodosa. 6. Plica polonica. 7. Parasitic sycosis of beard (see Parasitic Eruptions). 8. Parasitic affection of eyelids (see Parasitic Eruptions). 9. Splitting of the hair and abnormalities.

*Nails*.—1. Onychia.

CLASS XX.—*Diseases of the Sweat Glands*.—Showing increased activity, and sometimes inflammation of the sweat glands, with or without pigment. I. *Quantity*.—1. Hyperidrosis. 2. Anidrosis. II. *Quality*.—Bromidrosis, Chromidrosis. III. *Retention*.—Drysidrosis, Sudamina.

This system of classification I therefore offer you for your consideration and criticism. I have followed as nearly as possible those prominent symptoms in each class and variety as we generally see them before us. It will be seen that I divide them into twenty classes, as few as I deemed necessary in so vast a subject, and these again into their varieties or subdivisions.

I have made separate classes of the syphilitic, parasitic, diseases of the hair, and diseases of the sweat glands, as I considered them severally of sufficient importance to do so.

The neuralgic class or tophic disturbance of nerve influence, is important, for as yet we do not know how many eruptions are due to nerve disturbances. I believe myself we are coming to a time when we shall include many more eruptions in this class than here stated, such for instance as erythema, urticaria, prurigo, some forms of eczema.

On the class of parasitic eruptions I have bestowed much care and study, and have enumerated all those known in this country. Why the term ringworm or tinea, is still adhered to in the new nomenclature I cannot conceive, both are misnomers, the vegetable parasitic growths are essentially phytiform in character. I have added a class also, simulated eruptions, as we sometimes have these cases brought under our notice, and it is important at once to recognise them, and so prevent deception. Medicinal rashes also claim our attention occasionally and should be known, as they are often liable to puzzle and trouble the practitioner in his diagnosis and treatment of eruptions.

Diseases of the hair are now claiming much of our attention as dermatologists, Trichorexis nodosa, and other newly noticed diseases of the hair. I have much studied of late the varieties and special characteristics of many nutritive diseases of the hair.

In concluding this short paper, I cannot close my remarks without referring to the habit dermatologists are falling into, in calling a compound eruption, viz., Lupus psoriasis, acniform lupus. I cannot help thinking that this will lead to much confusion. Why not name a disease that has the two prominent characteristics, Lupoid psoriasis; psoriasis-like lupus.

I have endeavoured to use English language in this classification as much as possible, but in the varieties I deem it best, to hold the long known and familiar names, mostly Latin, so that there may be no further confusion added to our already extensive glossary.

17 Sackville Street, W.

## HISTORY OF THE PROGRESS OF LARYNGOLOGY FROM THE EARLIEST TIMES TO THE PRESENT.

By GORDON HOLMES, M.D.,

Physician to the Municipal Throat and Ear Infirmary, London; Consulting Physician to the Sheffield Ear and Throat Hospital.

Il importe beaucoup de connaître l'histoire de la science à laquelle on s'attache.—Boerhaave.

### EPOCH I.—THE PRE-LARYNGOSCOPIC AGE.

(Continued from page 74.)

THIRD PERIOD.—*From the Death of Galen to the Death of Actuarius*.—About 200 A.D. to 1350 A.D.

THIS period might almost be passed over without any notice as far as the literal title of our subject is concerned, for, in a detailed account of laryngology, as well as of science generally, we should have to describe a movement of retrogression rather than of progress. During one or two hundred years medical science was maintained, if not positively advanced by the writings of Antyllus, but in the fifth and sixth centuries we discover no higher efforts than the compilations or collections of excerpts by Oribasius and Etius. Yet a century later on Paul of Ægina and Theophilus produced thoughtful and studied treatises, showing themselves at least to be well versed in the work of their most eminent predecessors. With these writers the flame of Grecian science expired, not to be relit after six hundred years by the unsupported efforts of John the Actuary at Constantinople.

Whilst, however, the most unproductive period reigned in Europe, the power and civilisation of the Arabians rose to the highest, and in this quarter science was vigorously supported and even extended from some of its old frontiers from the ninth to the twelfth centuries. Thus, the realm of Islam from the Tigris to the Ebro was illumined by the writings of Rhazes, surnamed the Magus, from his marvellous erudition, of Haly Abbas, of the prince physicians and philosophers, Avicenna and Avenzoar, of Averroes, of the observant surgeon Albucasis, and others. (1) Of medicine they were intelligent and erudite exponents, mingling a profound study of the Greek and Latin authorities with a rational empiricism of their own. After the immense strides made by Galen and his immediate predecessors in the anatomy, physiology, and pathology of the larynx, we may be prepared to find nothing worthy of record in these branches of laryngology during the present period. No extension of knowledge was, in fact, made, that can be registered under these headings, and we shall, therefore, only avoid recapitulation by omitting these sections altogether.

*Treatment*.—The same remark would also apply to treatment were it not that we have something to arrest our attention in the progress of opinion and practice as to laryngotomy. In the first or second century after Galen this operation, previously looked on as a mere vision, seems to have become an accomplished fact, and Antyllus, a skilful physician, who practised at Rome about that time, has left a circumstantial account of the method of performing it. The works of Antyllus have perished, but his opinion had so much weight with his successors that they have often quoted him verbatim at great length. These extracts, found mostly in Oribasius and Etius, relate chiefly to the use and abuse of the voice, and make it plain that Antyllus was, if we may employ the expression at so early a date, the most advanced laryngologist of his time. Paul of Ægina (about 650 A.D.) has preserved (2) his description of laryngotomy in a brief and after containing also his own views, and the passage

may be transcribed here in its entirety:—"The best surgeons have described this operation. Antyllus speaks of it thus.—We disapprove of this operation in synanche, as the excision is useless when all the air-passages and the lungs are affected. When, however, the parts around the mouth and chin are inflamed, or the tonsils obstruct the opening of the windpipe, it is a good practice to resort to pharyngotomy, (3) so as to escape the danger of suffocation. Then our procedure is to cut through a part of the trachea, at the third or fourth ring below the head of the windpipe, for it is unsafe to divide the whole. This place is convenient because there is no flesh, and the vessels are far from the incised spot. Inclining then the head of the patient backwards, so that the windpipe becomes most apparent, we make a transverse incision between two rings, directing it so as to cut, not the cartilages, but the membrane uniting them. If the operator has less confidence let him cut the skin after extending it with a hook; then, having reached the pharynx, (3) if vessels come in the way they can be put aside and the incision struck in. Thus far Antyllus, who judged that the windpipe was penetrated by the wind coming out with a rush, and the voice being extinguished. After the danger of suffocation is past the lips of the wound are to be made fresh and united with string, the skin only being sewn without the cartilage: then for healing we use astringent drugs. If union does not take place we employ flesh-forming remedies."

All the Arabian physicians notice laryngotomy at more or less length, but it is plain that their acquaintance with the operation is due merely to perusal of the above directions. Rhazes (4) (Muhammad Ibn Zakariyah, Al-razi), indeed, who lived about 850 A.D., begins by stating:—"I say that I saw Anclisius, a physician, use a very severe method of cure in his treatment of kyananche, not to be employed unless death be imminent," &c., but the sense cannot be taken literally, as *Anclisius* is plainly only an Arabic modification of Antyllus, with whose description the rest of the passage closely corresponds.

Avicenna (5) (Hassan Ibn Abdallah, Ibn Sina), more than a century after Rhazes, alludes very briefly to section of the windpipe, but deals very fully with the kyananche as ordinarily recognised. One of his recommendations may be accepted as the epegegesis of the nearly similar sentence found in Hippocrates:—"And sometimes a cannula made of gold or silver or similar material is passed into the throat to aid respiration, and likewise when the constriction is great there is no excuse for not placing a cupping-glass on the neck. And sometimes strong compression with spatulæ helps dilatation for swallowing and breathing," &c.

Avenzor (6) (Abd al Malik Ibn Zuhri), who flourished about 1090 A.D. was more enterprising with respect to laryngotomy than his predecessors. He remarks:—"I have not included the cure of kyananche by making an incision in the lung-pipe, as large as the nostril or a little less, because it is very difficult, nor have I seen anyone in my time who practised it. But when I was a disciple in this art I wished to verify the statements of the moderns who say that Galen made no mention of this remedy, but they were wrong, for Galen, where he taught how to incise the peritoneum, placed also directions as to dividing the lung-pipe. On this account desiring to make an experiment, I took a she-goat and cut the skin, the membrane beneath, and the lung-pipe to the extent of a lupine. I washed the wound daily with honey-water, and when it began to heal with flesh, sprinkled it with fine powder of cypress nuts until it was well again. But as I never saw any one in my time who performed this operation, I am unwilling to be the first to introduce it."

Albucasis (7) (Khalaf Ibn Abbas, Abu al Kasim), the most advanced surgeon of his age and nation (about 1200 A.D.), translates, almost literally, the directions of Antyllus, on which he makes various comments in favour of the operation. He concludes by referring to the case of a female slave who came under his care for a suicidal wound of the throat, which only opened the trachea. He soon effected a satisfactory cure, and hence observes:—"I think myself authorised to declare that incision of the larynx is without danger."

So far then there is no unequivocal testimony, no circumstantially recorded instance, to prove that section of the windpipe had actually been performed; and it is quite possible that the proceeding had not only been conceived,

but had been improved theoretically (as happened afterwards) merely from anatomical considerations.

#### FOURTH PERIOD.—From the Death of Actuarius to the Death of Morgagni—About 1350 A.D. to 1771 A.D.

With the opening of this period we experience a complete transition, and at once enter the temple of modern science, whose ample portals receive a concourse of devotees representing almost all languages and nationalities. Taking up the threads of our subject in Italy about the time of the Renaissance, we shall gradually be carried, whilst following them up, into nearly all the countries of both hemispheres.

We shall here, however, have to allude to some authors of date long prior to the end of the last period, for the growth of the modern school of medicine began insensibly soon after the final overthrow of the Western Empire, and its foundations are to be sought for in the obscurity of the tenth or eleventh centuries. Salerno, (8) indeed, is credited with having possessed the first academy of medicine that arose whilst Europe was emerging from the darkness of the Middle Ages, and its consolidation, if not its establishment, is attributed to Constantine, an African Christian, who repaired to that city about 1050, after a pilgrimage of thirty-nine years spent in the East, where he imbibed from the master himself the doctrines and practice of Avicenna. During the succeeding two or three hundred years almost all European cities became centres for medical education. Commencing their work with a thorough study and practical verification of the ancients, especially Galen, the new school of observers soon became intent on original investigation, and extended their researches beyond the goal attained by their masters. The movement in advance, however, only becomes markedly recognisable by the early part of the sixteenth century.

*Anatomy.*—The first progressive anatomist we meet is Jacopo Carpi, called also Berengarius, Professor of Anatomy at Pavia about 1500. He first noticed that the arytenoid cartilages formed a pair, and described their junction minutely in his "Commentaries on Mundinus," published at Venice in 1521. Carpi's remarks on this point remained unnoticed, and a later anatomist had the credit of the discovery.

Andreas Vesalius of Brussels (1514-1564), Professor at the University of Padua (9) was a very industrious expositor by dissection of the larynx (10) as well as of other parts. With copious descriptions and nearly thirty woodcuts (11) he exhibits with great exactitude the cartilages and muscles of the larynx from different points of view. Yet his advance beyond Galen with respect to this organ lies chiefly in his accurate and realistic manner of displaying the parts previously noticed by the Greek writers. Thus, although he lays bare the arytenoid cartilages, they still figure as one piece, because he does not distinguish the tissues joining them at the apex and base from the cartilage itself; like Galen, also, he reckons the crico-thyroid muscles as four (first and second pairs). He sets down, however, as constant in man, a pair of muscles almost peculiar to oxen, stretching between the stem of the epiglottis and the hyoid bone, and, as occasional, another pair running obliquely from the upper end of the spine of the second (cricoid) cartilage to the inferior cornua of the thyroid cartilage. Remarkable on the ancients not having named the second cartilage, he speaks of it as the "innominate." (12)

Gabriel Fallopius (1523-1563), colleague of Vesalius at Padua, was the most observant anatomist of his time. He was reputed the first to sever the ligaments binding together the arytenoid cartilages, and to assert their actual duality. (13) In his writings the second cartilage is first regularly spoken of as the cricoid, (14) but from the casual way in which he employs this name it is evident that it had been gradually creeping into use. He describes the muscles of the larynx more correctly than Vesalius, particularly the thyro-arytenoid. Of this he says: "It arises from the internal and middle part of the first cartilage (thyroid), but in its whole length, and as it has a triplex origin, it gives the impression of three muscles." He finally disposes of the error perpetuated from the age of Galen as to the crico-thyroid muscles being divisible into an internal and external pair. On this point he remarks that Vesalius must have been deceived by observing through the crico-thyroid space the fibres of the muscle inside (thyro-arytenoid). The stylo-thyroid muscles first appear in this author.

Fabricius of Acquapendente (1537-1619), pupil and successor of Fallopius, was a diligent student of comparative

anatomy; and especially an ingenious theorist. He devoted an ample treatise (15) to the description of the larynx in man and animals, and gives many details not referred to by his predecessors. Thus he mentions that the glottis is composed of "cartilage, muscle, and membrane," but he seems to think that the latter in man, as in the sheep, pig, &c., has a fatty nature. Though he does not describe the human ventricles, he points out their extent, with the manner and situation in which they terminate, in the pig and horse. He also notices most definitely hitherto the distribution of the recurrent nerves, stating that they each divide into three branches, respectively for the second, third, and fourth pairs of muscles (posterior and lateral crico-arytenoid and thyro-arytenoid). His work is fully illustrated with lucid copper-plates, and here the thyro-hyoid ligament is delineated for the first time. It may be remarked that with all the writers of the present period, conformably to Galen, the vocal bands are called "the glottis," and the space or fissure between them the "rima glottidis."

Caspar Bavhinus (1550-1624), Professor of Anatomy and other subjects at Bâle, is the author wholly or in part of a very important advance in laryngology, viz., the nomenclature of the laryngeal muscles. In 1597 he enumerates (16) five pairs of intrinsic muscles, as the crico-thyroidei, antioi, and postici, the cricoidei laterales, the thyroidei interni, and the arytenoidei; but eight years later (17) he describes the three pairs of extrinsic and the five pairs of intrinsic muscles precisely under their modern names. As the general method of nomenclature of the muscles first appears about this date, we may assume, in the absence of any special claim in the case of Bavhinus, that the names had long been creeping into colloquial use as part of a system initiated by some unknown anatomist.

Julius Casserius of Placentia (1545-1616), pupil and successor of Fabricius at Padua, is the author of a most comprehensive work (18) on the anatomy and physiology of the larynx, human and comparative. In twenty folio plates delicately engraved on copper, and accompanied by a copious and erudite text, he exposes the larynx and all its parts in man, quadrupeds, and birds. Apart, however, from the superior accuracy of his drawings, which are far more numerous and true to nature than those of Fabricius, and almost equal to the best produced in recent years, I am unable to credit him with much positive addition to the anatomy of the human larynx. The hyo-epiglottic ligaments first appear in one of his plates, and we may therefore allow him to have discovered it, and probably also the glosso-epiglottic ligament. Casserius makes a slight allusion to Bavhinus and his suggestions as to nomenclature, but does not adopt it in his great work. In a posthumous edition of his anatomical plates, (19) however, published in 1632, all the laryngeal muscles are designated by their present names.

Thomas Willis (1621-1675), Sedleian Professor of Natural Philosophy at Oxford, furnished us with the first definite descriptions (20) of the spinal accessory and superior laryngeal nerves, which were almost disregarded by previous anatomists. Describing the filaments of origin of the pneumogastric (already the eighth pair) he remarks:—"In man they are at least twelve, some larger, some smaller, to which is added a noted fibre, or rather nerve from the spinal medulla, much greater than the rest. Joined to them and invested with the same tunic derived from the dura mater, it emerges from the cranium, as if all had coalesced into one trunk. But that accessory nerve, and also many other fibres, still remain distinct under that investment, and afterwards dispersing, are borne into peculiar provinces. Speaking of the pneumogastric ganglion, he says that from it "a noted branch being sent forth is carried towards the larynx and divides into three shoots, the first of which extends into the sphincter of the gullet; the second, being buried beneath the scutiform cartilage, gives its offshoots to the superior muscles of the larynx, and to those which shut the fissure of the larynx; and the third, also going under the scutiform cartilage, runs towards the apex of the recurrent nerve, and is united with it."

After the time of Casserius more than a century elapsed without any special work being undertaken with respect to the larynx, but at the beginning of the eighteenth century we are recalled to Padua by John Baptist Morgagni (1682-1771), the last and the greatest of those celebrated professors who rendered that University the leading medical school of Europe. This remarkable investigator, the Galen of modern times, may be regarded as the second founder of

laryngology, so completely did he initiate and reconstitute the study of the subject as it is pursued at the present day. Morgagni (21) was the first to notice the posterior or oblique fibres of the arytenoid muscles. He was also the first to dissect out and describe the cuneiform cartilages, but he brings them forward under the name of "arytenoid glands," having erroneously determined their nature. The epiglottic glands, the pharyngo-epiglottic ligament, and the superior vocal ligaments (ventricular bands) owe their recognition in anatomy to the researches of Morgagni. By him, again, the ventricles of the human larynx were first definitely examined and described, and as these cavities are generally associated with his name, we may appropriately reproduce some of his remarks on them. "Between the two ligaments I have brought under notice a fissure is left on each side, almost of an elliptical figure, of such length that the apex of the thumb or of a finger, according to the size of the larynx, can be inserted. The fissures are the orifices of cavities, the inferior part of which is bounded by the lower part of the thyro-arytenoid pair of muscles. Behind, to a moderate height, they are covered by the middle and superior fibres of the same muscles, but above they have the shorter limbs of the arytenoid glands to a certain extent, for when they approach the base of the epiglottis the cavities are higher, as an appendix of greater or lesser size is there added to them, which can easily be observed by introducing a style. The walls of the cavities are invested by the same tunic as that which covers the interior of the larynx, whence they are perforated by many small foramina, especially where the limbs of the arytenoid glands are near, from which foramina small drops of a thick lubricating humor proceed." Finally, Morgagni restored to notice the stylo-thyroid muscle and the glosso-epiglottic ligament, which had been lost sight of since the time of Fallopius and Casserius.

With John Dominic Santorini (1681-1737), Professor of Anatomy at Venice, the scene shifts finally from Padua. Later in his researches, though much earlier in his death than Morgagni, he extended some of the observations of the latter, and discovered the *capitula* which bear his name. (22) "These," says he, "which we shall name for the future the *capitula* of the arytenoids, are often joined to the arytenoid cartilages by a loose, though sometimes by a rather firm binding, in such a way, however, that they may clearly be seen to be superadded, and not continuous. Their base, which is in apposition with the obtuse vertices of the arytenoids, is slightly hollow, so that it may easily and suitably fit the top of the convex vertex to which it is joined." He remarks also that these *capitula* are moveable not only in youth, but in age, and conjectures that their articulation is provided with a propersynovial cavity. Santorini first traced the oblique muscular fibres which cross the arytenoid cartilages posteriorly in their course forwards and upwards to the epiglottis, and also the fibres passing from the apices of the same cartilages forwards and downwards to the thyroid cartilage. The first set of fibres he named *ary-epiglottidæ*, and the second *thyro-arytenoidæ obliquæ*. In addition he described two pairs of inconstant muscular slips between the epiglottis and thyroid cartilage as the *thyro-epiglottidæ*, *maiores et minores*, and he observed with greater minuteness than previously the remaining laryngeal muscles, especially the superior (now external) thyro-arytenoids, and the ligaments. Like the other anatomists of his time, he elucidates his investigations with copper-plates.

(1) Latin versions of all these authors were made and published, some at Venice, others at Leyden, in the 15th and 16th centuries.

(2) L. vi. c. 33.

(3) The vagueness in applying the word pharynx, larynx, and trachea never wholly disappeared amongst ancient medical writers.

(4) Continens, Venetis, 1612, L. vii., tr. ii., c. 2. "Dico quod vidi Andilium medicum, &c." are the words in the translation of Surianus.

(5) Canones, L. iii., fen. ix., tr. 1., c. ii. Venetis 1564.

(6) Theidr Dahalmodana, L. i., tr. x., c. 14 Venetis, 1542.

(7) La Chirurgie, trad. par L. Leclerc, Algiers, 1861, L. ii., ch. 43.

(8) Muratori, Antiquitates Italice Medii ævi, t. iii., ch. 935.

(9) Said to have been founded by Charlemagne about 850.

(10) De Corporis Humani Fabrica, Venetis, 1543. L. i., c. 37; L. ii., c. 21.

(11) So Mundinus, the most primitive of the modern anatomists (about 1300) in his scanty treatise (Anatomia Marpurgi, 1540, vol. 46), says it is called "Nomen non habens." The anatomical tables of Eustachius, an earlier writer than Vesalius by, perhaps, a score of years, "rescued from darkness" as the title-page states, contain good illustrations of the larynx (published at Rome, 1714), but, they seem to have been worked up to date by the editor Lancisi.

(12) *Institutiones Anatomicae*, cap. de Thorace (Opera Omnia, Francofurti, 1606, T. I., p. 444). Yet Maass many years previously applied the epithet "bipartite" to them (*Liber Introductorius Anatomicae*, Venetiis, 1586, fol. 65); and Vesalius also, in the later part of his work, calls them "duplex," though in a manner suggesting that he had not observed it for himself. Santorini, however, expressly states that Fallopius was the first who "easily detected and demonstrated" this fact. But the language of Fallopius makes no claim to the discovery, which really belongs to Carpi.

(13) *Observationes Anatomicae*, Venetiis, 1583, p. 78, &c.  
 (14) *De Larynge Vocis Organo*, Venetiis, 1600.  
 (15) *Historia Anatomica*, Lugduni Batavorum, 1597, p. 168, *et seq.*  
 (16) *Theatrum Anatomicum*, Francofurti, 1605, L. iii., c. 95.  
 (17) *De Larynge Vocis Organo*, *Historia Anatomica*, Ferrariae, 1600.  
 (18) *Tabulae Anatomicae*, Francofurti, 1632, L. iv., tab. 2, edited by Lúcretius.

(19) *Cerebri Anatome; cui accessit Nervorum Descriptio*, Londini, 1684, c. 23, 24, p. 161, *et seq.*

(21) *Adversaria Anatomica Prima*, Bononiae, 1706, c. 2, 3, 15, 16, 17. *Epistolae Anatomicae ad Valsalvam*, Venetiis, 1640, viii., c. 5, &c.  
 (22) *Observationes Anatomicae*, Venetiis, 1724, c. 7.

(To be continued.)

## Clinical Records.

### CASE OF STRICTURE OF THE MALE URETHRA IN WHICH COCAINE WAS USED WITH SUCCESS.

Under the care of Dr. G. DE GORREQUEER GRIFFITH, Physician to the Hospital for Sick Women and Children, Pimlico.

IN several affections of women I have found this drug a valuable local anæsthetic when applied by means of painting it on the part, or soaking a piece of absorbent wadding in it and laying it on the tender spot, or injecting it subcutaneously. In a case similar to the one to which I am about to refer I have not before used it; nor do I know of any such case on record.

Mr. F., husband of Mrs. F., a private patient, came to me some weeks ago completely broken down in mind, and his nervous system so shattered that his wife had been informed he would soon have to be placed in an asylum. Finding he had been ordered brandy and suchlike stimulants, and that he was suffering from sexual depression, I at once discontinued the stimulants, and put him upon a tonic with sp. am. co.; the sleeplessness of which he complained was cured by bromides at night.

On examining the penis I found the urethra at the orifice closed so much as only to admit the tip of an ordinary probe, the admission having to be made by force and with great pain to the patient. I thought it would be necessary to slit up the orifice. As he had a dread of chloroform I dilated with the probe first, then, with some amount of force, I dilated still more with No. 3 silver catheter; then, after a few days, with No. 5. As he experienced great pain, I resolved to use the cocain. For this purpose I soaked a piece of absorbent wadding, wrapped round the probe, in a 2 per cent. solution of the cocain, passed it rapidly through the orifice for extent of 1½ in. into the urethra, any drops which regurgitated being smeared over the end of the penis. The probe—coated as I have described—was left in for about 5 min., and on removal I passed in rapidly a silver bougie graduated from 8 to 11, and left it in the urethra up to the hilt, and thus painlessly dilated the orifice up to No. 11. No pain was experienced along the urethra till the bladder was neared. I might say that there were no children the issue of the marriage, that intercourse had always been pain rather than pleasure; that, in fact, he had dreaded coitus, partly because of the pain at the time and partly because of the extreme prostration afterwards. I assured him that unless something were wrong with his wife, it was possible for him to be a father, assuming that the spermatozoa were present, and that he need not now have the dread which formerly haunted and oppressed him.

He has told me that he feels quite well, better than he has for years, and that there is no inconvenience whatever experienced by intercourse. I used the expression to him "that unless something were wrong with his wife it was possible for him to be a father." I used it advisedly; because often in these kind of cases, owing first to imperfect, or incomplete coition, and secondly, to non-conception, there is evolved, as a consequence, the conoidal cervix with pinhole os, and with hyperplasia and hypertrophy, which are bars to conception, even if there be no endocervicitis, which often obtains

in such cases. The orifice will now admit No. 12 without any pain, provided the cocain be employed.

## Transactions of Societies.

### ACADEMY OF MEDICINE IN IRELAND.

SUB-SECTION OF STATE MEDICINE.

MEETING HELD THURSDAY, MAY 14TH.

The President, Dr. J. W. MOORE, in the Chair.

### RELATIVE DISEASE AND DEATH-RATE IN TOWN AND COUNTRY.

THE REGISTRAR-GENERAL (Dr. GRIMSHAW) gave a *résumé* of his paper on the relative prevalence of disease, and on the relative death-rate in town and country districts.

The PRESIDENT regarded the remarkable coincidence between the average disease and death-rate as one of the strongest arguments that could be adduced in favour of the registration of disease.

Dr. JACOB asked how far these interesting and important facts ought to be discounted by the deficiencies of registration, because the curves on the charts, even on a cursory view, revealed certain points which he should not have expected. In diagram 2, for instance, he found that Dundalk was the most healthy district in the whole of Ireland, the death-rate from zymotic diseases being down to 22, from phthisis to 16, and from diseases of the respiratory organs to 32. But he never understood that there was anything specially salubrious about the Dundalk district, and therefore he apprehended there might be influences at work to disturb the mathematical accuracy of the diagrams. Again, in Derry there was an inconsistency in registering under phthisis and diseases of the respiratory organs a death-rate of 20, whereas for phthisis the registered death-rate was 20. Accordingly, he asked how far it was probable that the want of efficiency in registration might affect the curves.

Dr. HENRY KENNEDY emphasised the extreme value of the Registrar-General's information and remarks. The fact had been long established that the towns were less healthy than the country, and there was a perceptible difference, too, in favour of the healthy appearance of the country population, townspeople being more or less pallid. He mentioned that an American writer had discovered a particular fungus that generated measles, and asked whether the epidemic in Belfast was due to flax and materials used in the linen manufacture. It was proved that bad straw generated camp measles. Another cause for the measles in Belfast was that the rainfall there was greater than in Dublin. He had no doubt that a dry climate had an important bearing on health; for instance, people who went to reside in England at once lost rheumatism with which they were afflicted here. The registration of the causes of death depended on the professional knowledge of the medical men in each locality, and he had no reason to believe that facilities of knowledge differed in one place more than another.

The REGISTRAR-GENERAL, in reply, observed that the greater portion of Belfast stood on very damp ground, whole streets being built on piles, while Lisburn and Lurgan were on comparatively dry sites. A great portion of the soil of Belfast was very wet and sticky, and the amount of sun and light required to make ordinary plants grow was astonishing. Within his own recollection parts of Belfast where houses now stood were covered by the sea. At the same time, the people in Dublin who lived in fourth-class accommodation numbered 44 per cent., or very nearly half the population, while in Belfast only between 6 and 7 per cent. lived in tenement houses. House accommodation had a great deal to do with the death-rate. In the country the people looked on houses more as a shelter from bad weather or for the night than as habitations, the doors being always open. He did not at all accept the flax origin of the measles, since from the way flax was worked there could never remain any quantity of mouldy material, although there was a good deal of decaying woody fibre in the preliminary stages of steeping and drying of the flax. That process, however, was not connected with the mills, and was carried out before reaching the mills. No doubt there was a vast deal of dust



in the mills, but not musty dust. Therefore, it was unlikely that measles would arise to any extent in connection with flax manufacture.

Dr. JACOB read a paper against

THE COMPULSORY NOTIFICATION OF INFECTIOUS DISEASE  
BY MEDICAL MEN.

Dr. FITZPATRICK concurred in Dr. Jacob's observations that the medical profession would be placed in a most invidious position, without any possible good arising to the public. Some years ago he was called by a professional brother to visit two children in one of the most fashionable schools of Dublin. Measles broke out. The husband of the lady who kept the school said he feared she had contracted the disease. Having seen the lady he found she was suffering from scarlatina. Her husband said if that went out they were ruined for life. Under the circumstances he said if his directions were strictly adhered to he would preserve the rest of the house from contagion. The husband having promised, the lady was removed to the top story of the house, and it was arranged that the nurse should never leave the room, and that every article should be placed in chloride of lime. The patient recovered, and not another soul got the disease. Thus the reputation of the school was preserved, and had he acted differently it would have been destroyed. In another case he was called upon to see a child at Kingstown. The mother had left the child in perfect health, but it was subsequently attacked with vomiting and convulsions. His impression was that it was scarlatina, but there had been no eruption or sore throat. In three or four days the whole family became attacked, including a young lady on a visit, who was taken away and died of the disease. He caught the disease himself, and brought it into his family. His wife and servants all got it, and he lost one of his children. For three months no person approached his house. By managing properly and procuring isolation the spread of the disease could be prevented.

The REGISTRAR-GENERAL (Dr. GRIMSHAW) differed from Dr. Jacob in everything he said, being strongly in favour of compulsory notification. Two questions were mixed up which should be separated—one whether there should be compulsory notification of disease, and the other whether the medical man should have any responsibility in the matter direct to the sanitary authorities. That notification would tend to prevent and diminish disease he was certain, and the two instances Dr. Fitzpatrick recounted supported his view. The first was one where he was able to isolate and prevent the spread of the disease. There there was no publication. The other was one in a private house. The disease spread, how much it was hard to tell, except that Dr. Fitzpatrick brought it home. That Dr. Fitzpatrick's profits were for a time diminished was an unfortunate circumstance, but if that prevented the public getting the disease, *caedet quantio*? He had had the disease himself twice in his house. On both occasions he warned his neighbours. The first thing he ordered the servant to state at the door was that he had scarlatina. No doubt he lost a good deal of money, but he did not regret it; for when he looked back on the terrible infliction himself, he would not, for all he possessed, have allowed the smallest chance of scarlatina being carried from his house to any one else's house. People complained individually of the losses inflicted on them, but the losses inflicted on others who caught the disease, were just as great or greater, and on moral grounds, independent of anything else, nobody had a right to inflict the misery. With regard to the figures brought forward, having read all that had been quoted in some shape or other before, he was bound to say he never could discover anything to show that injury had been produced by the notification of infectious disease. On the other hand, the sanitary authorities, knowing that a particular disease existed in a particular place, could take precautions to prevent its spread, and thereby benefit the community. But where the sanitary authorities were unable to interfere the disease had spread, destroying numbers of lives, and creating misery among the working classes, who were deprived of every penny they had. He knew of an instance in Christchurch Place where, owing to the authorities not interfering sufficiently early, the disease spread to five houses, resulting in four deaths and thirty-five cases of typhus fever. Had the existence of the disease been known, and precautions taken in the first instance, there would have been only three or four cases, instead of thirty-five. The loss of Dr. Fitz-

patrick's fees was as nothing compared with the loss that those poor people suffered; they were absolutely ruined. Disease broke out in a house in St. Michael's Lane, and in another in Christchurch Place, each becoming a centre of half a dozen cases of typhus fever. Take South Lancashire, one mass of houses—if disease broke out in one house it spread to another, and therefore unless the system of notification applied to the whole of South Lancashire and the greater part of Yorkshire it would be worthless.

Dr. FITZPATRICK protested he had made no concealment of the presence of disease in his house, nor was it necessary, the existence of the disease being patent to all his neighbours.

Dr. COSGRAVE having had practical experience of the working of the Act for two years in Huddersfield, pointed out that at least two of the objections urged against it did not amount to anything. One was that the voice of the profession was not heard against the Act. But if found prejudicial by others than dissenters accustomed to air facts, no matter how destructive to the health of the population, the voice of the profession would be heard. Although the severity of the Act had been increased in Huddersfield, he did not find his brethren there complain of having to carry out its provisions. During his time it was strictly carried out. But it was quite right that certain cases need not be notified; for instance, where a case can be isolated and treated in the house. That was a definite common-sense rule obviating any difficulty. With regard to the loss of money, in the majority of cases where the people were able to pay medical men the patients could be treated in their own houses. But it was different with the people who lived in tenement dwellings, who were not a paying class of patients, and if those cases were moved into hospital, as they should be, the dispensary medical officers would have a much easier time of it than at present. With regard to the figures, it should be borne in mind that where the mortality was represented as one in four in epidemic, there might be a number of cases in each house, and that, therefore, the mortality might run up to one in sixteen or one in twenty. As to imposing a penalty, he did not see how the principle differed from that of imposing it for not certifying the disease of which a patient died. He had himself opposed notification in the first instance. The best mode of notification was to hand the form filled up to the person in charge of the case, whose duty it was to transmit it, and therefore it could not be said the medical man went behind backs to notify. He thought that preferable to the present mode of direct notification. At the same time he concurred in Dr. Jacob's appeal for an investigation into the working of the Act, the question involved being one affecting the health and life of the population. He believed that notification struck at the root of infectious disease.

Dr. HENRY KENNEDY inclined largely to Dr. Jacob's views, and regarded the evidence which he adduced as conclusive.

Dr. EDGAR FLYNN, speaking from experience of the working of the Act in Leicester and Nottingham, believed that a measure for notification of disease would be of no great harm. The system of asking medical men to fill up and send in the forms when a case of infectious disease came within their notice worked very well, and they received a fee of 3s. 6d. During the last two or three months there had been a very serious epidemic of scarlatina raging within a radius of two miles of Kingstown, but no notice had been taken of it by the medical officers of health, of whom there were six or eight in the district. When he inquired what was being done, the answer was a profession of ignorance and a reference to somebody else. He agreed, however, with Drs. Fitzpatrick and Kennedy, of the great hardship of asking medical men to become detectives, and therefore that the measure should not be compulsory.

The PRESIDENT avowed himself to be strongly in favour of the compulsory notification of infectious disease. The relation which the profession held to the State, or rather to the people of the country, should be remembered. The licensing bodies were acting under charter, and likewise the universities existed by the favour of the State, and, therefore, anything ordered to be done by the profession must be done, grumble and protest as they may. He regretted that Dr. Jacob should have given the character he did to some members of the profession, and he could not believe there were men in the profession who, when they deliberately recognised a case of scarlet fever, would set it down as one



of nettle-rash, or non-infectious disease, or state they did not know what it was. At any rate, whoever did such a thing should be brought under the censure of his college or university, and deprived of his qualifications. A much more unpleasant duty was imposed upon the profession when medical men were asked to certify the cause of death, in which privilege should be presumed to exist to a greater extent. Dr. Jacob had drawn purely fancy pictures of the existing state of affairs. He had mentioned that the Act had led to concealment of disease, forgetting that, in towns where it was not in force, greater concealment prevailed. It was notoriously the case in Dublin. Speaking from a greater experience than Dr. Jacob's of the prevalence of infectious disease and its concealment, he knew it was dreadful. While they meddled and dabbled here and there in tentative experiments, no good would result. What they wanted was a code making infectious notification applicable to the whole country, rich and poor, but with modifications. A difference would be made in the treatment of rich and poor patients to the end of time. He approved of an inquiry as happened in reference to the Public Health Act.

Dr. JACOB replied—The Registrar-General had entirely misunderstood his purpose and his views. It was not the notification of the existence of disease to a sanitary authority he deprecated at all, but the proposition that such notification should be effected through the agency of the medical profession; because he held that the beginning and end of the concealment of disease, and the consequent dissemination of infection, would be the exclusion of the medical man once he was forced to act as a detective. The argument of the suffering to individuals he passed by; individuals must ever suffer for the good of the community. Personal loss, therefore, had no element of argument for him, except so far as the individual was induced to conceal disease to avoid that loss. In fact, the whole pivot on which this argument turned was the concealment of disease from the sanitary authority. Where there was a medical man to the fore to give good advice and see it carried into effect, the concealment of disease was of comparatively little importance; but the concealment of disease where there was no medical man in the case was fraught with every element of destruction to the community. Dr. Cosgrave had said that if this grievance were so bad as represented the medical profession would have spoken out. The profession had spoken out as far as the circumstances allowed. Notification was sought to be imposed in Brighton by smuggling the clause into a harbour bill; but he sent a marked copy to those interested, and the bill was defeated. The same observations applied to Edinburgh and other places. Opposition had been given in several instances. But when the Select Committee on Private Bills was struck, it contained a majority in favour of compulsory notification, and so a hearing was refused to Dr. Alfred Carpenter, who offered evidence on behalf of the profession to show the working of the system failed to produce the results aimed at, the reason assigned being that no evidence could be heard except from the towns to which the bills related. Therefore it was not to be said the judgment of the profession had been heard or pronounced. Death certificates were utterly fallacious, and concealment was the practice wherever the incentive existed; for instance, syphilis and delirium tremens were represented by such euphemisms as spinal irritation, urinary disease and debility; and often certificates were given, not for the disease which actually killed the patient, but for the symptoms, and the true cause of death being assigned only in the case of paupers. He affirmed that the Act which had been working for seven, eight, or nine years in twenty-two towns had utterly failed to produce any amendment of the public health, and, therefore, he asked the Academy to take a prominent position to prevent the further extension of it.

The sub-section then adjourned.

#### EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

THE last meeting for the current session was held on the 22nd July,

The President, Dr. LITTLEJOHN, in the chair.

#### A CASE OF LAPAROTOMY.

Professor CHIENE exhibited several patients of clinical interest. The first was a man on whom he had performed

laparotomy some weeks before on account of intestinal obstruction. For a day or two after admission to hospital the patient's symptoms had not been alarming, and Mr. Chiene had tried all the ordinary methods with a view to preventing the ultimate necessity. A sudden accession of symptoms, however, made him decide to operate. On opening the abdomen the intestines protruded freely, and it was only after carefully following the small intestine downwards that he was able to discover a knuckle of bowel crossed on itself and held down by a thin band of tissue. Mr. Chiene could not say whether or not this had existed the whole time patient had been in hospital, and whether the accession of symptoms had been due to the tightening of the bridle band. He ligatured the extreme ends of the band, and cut away the intervening tissue. There was comparatively little difficulty in returning the intestines. In sewing up the abdominal walls he used catgut for the deeper, and horse hair for the superficial sutures, bringing out the long ends of the catgut to admit of drainage. Though the patient was suffering from a troublesome cough, the recovery had been rapid and complete. The Society could satisfy itself as to his convalescence.

#### AN INTERESTING BRAIN CASE.

The next patient was received into his ward on account of staggering, uncertain gait, apparently due to weakness of the left leg. There was a history of injury to the head, and examination revealed the presence of a tender point over the region of the right posterior parietal lobe. Other symptoms of nervous disturbance were present in addition, especially great exaggeration of the patellar tendon reflex and dimness of vision. After consultation with the physicians Mr. Chiene, believing that in some way the centre for the opposite leg and foot was disturbed, determined to trephine over the tender area. On removing the piece of skull nothing abnormal was detected, the bone appearing natural. The dura mater was then incised, and about two ounces of serum, containing a marked increase of leucocytes, came away. He could not say whether this were a localised and possibly encysted collection of fluid or indicated an excess of subarachnoid fluid. Certainly the increase in the leucocytes suggested something inflammatory. The result of the operation justified the diagnosis and the line of treatment. The patient had no bad symptoms, and now he walked firmly and well, and all trace of exaggerated tendon reflex had passed away. Dimness of vision was still present.

#### FOREIGN BODY IN BRONCHUS.

The last case was that of a man, who came to him some years ago, professing that a half sovereign had gone down his throat. After excluding every other possibility, Mr. Chiene performed laryngotomy and inverted the patient, but to no purpose. The wound was, therefore, allowed to heal, but ever since the patient has maintained that he feels the coin lying somewhere on the right side, and that it moves from time to time. Mr. Chiene added that medical examination gave no clue as to its presence in one or other bronchus, and as the patient was little inconvenienced, he had to discharge him, while still uncertain as to the facts of the case.—The President suggested that four physicians should examine the case minutely that evening. Accordingly Drs. Affleck, Smart, James, and Russell Wood retired with the patient for a consultation. Their verdict was, as before, negative. In connection with such cases, Prof. Chiene held strongly that laryngotomy or tracheotomy should always be performed prior to the inversion of the patient.

Mr. Chiene exhibited a large and interesting collection of foreign bodies which had been removed from the pharynx and air passages, either by the late Prof. Spence, or by himself, all of which were now in the very rich surgical museum of the University, of which he showed them the newly-completed catalogue. The collection included beads, fruit stones, keys, handkerchiefs, coins, teeth and tooth-plates, portions of meat and bones.

Mr. C. W. CATHCART brought under their notice a

#### NEW MATERIAL FOR MAKING ANATOMICAL CASTS.

It had the merit of reproducing in a most delicate way the natural appearance of the skin. A few touches with water colours enabled them to represent faithfully any pathological lesion. It was specially well adapted for the representation of superficial alteration, such as chancroids, condylomata, ulcers, lupus, &c. He showed a number of re-

productions already prepared by himself. The constitution of the material was as follows:—Glue or gelatine (1), 1 oz.; glycerine, 1 oz.; water, 2 drms. A plaster cast is first made, and then this material, in liquid form, is poured over the cast and allowed to cool.

Dr. F. W. CAIRD exhibited a large number of

ENTIRE SECTIONS OF TUMOURS OF THE TESTICLE,

cut by Dr. Bruce's large freezing microtome. Several of these were injected and beautifully stained. They compared very favourably with those he had previously shown, cut by hand. They were so thin as to be adapted for microscopic work, the only desideratum being a microscope with a large enough stage.

Dr. ALLEN JAMIESON wished to make the members acquainted with a series of new soaps, introduced for the treatment of skin diseases by Unna, of Hamburg. They were known under the name of "Ueberfettigte Grund Seife," and the important feature was the presence of a certain amount of free fat, which acted as a softening and protecting agent in the treatment of certain skin diseases.

The PRESIDENT thereafter congratulated the members on the great success of the session which they were just bringing to a close. There were abundant signs of vigorous and fresh life in the medical school of Edinburgh. The Society adjourned till November, 1885.

## Department of Lunacy.

### LUNACY LEGISLATION.

#### [SIXTH ARTICLE.]

WHETHER the axe of legislative reform is to be applied to the root or the branches we know not, for a well-timed though ill-advised legislative effort is now in great danger of coming to an untimely end; and a second measure may have no likeness to the first. Be such as it may certain dogmas stand out crisp and clear, which may determine the direction in which local as well as political energies should run. The first of these is that classification of the insane for administrative purposes is an imperative necessity. The reckless extravagance which has characterised certain local bodies in providing asylum accommodation is a blot on the escutcheon of the voluntary unpaid public service. Crowds of human cyphers *sans* all but vegetative existence are herded amidst expensive surroundings, called lavish and beautiful, without a shadow of additional return medically or otherwise. This is bad enough, but the fraction of susceptible human elements, scattered in the crowd are planted amidst the same surroundings *plus* the repulsive, depressing, and degrading chronics with literally no discriminating, structural, moral, or individualising treatment. The money promiscuously expended on recent and chronic lunacy has been more than enough to provide for structural arrangements, suited to separate methods of treatment. From such a false step at the outset springs a multitude of subsequent errors of administration which are necessary and logical sequences. There never is, and never can be under such circumstances, that nice adjustment of means to ends, and of individual treatment to individual necessities, that a scheme of structure graduated according to classification will provide. The measure of supervision has to be roughly estimated, and this implies irregularity in the efficiency of control. The healthy and the weak, the curable and incurable, in short, patients of endless variety of mental and physical habit are put through the same mill of routine, under the name of lunacy treatment. As we have already indicated this must now be borne in patience. Structural blots are not to be wiped out by a stroke of the pen, and we cannot look for miraculous transformations by which old things pass away and all things become new. The rapid increase of registered lunacy will, from time to time, afford oppor-

tunities in many localities for rectifying, in whole or in part, old inapt organisations, and wedging in details of hospital method and construction of a definite and distinguishable kind.

Whether the doctrine of evolution is visible in the history of lunacy, or whether it is that the range and acuteness of observation are greater and bring into relief features previously undetected, the conclusion is obvious, that in the present day generalisation is becoming more and more limited to sections of the insane community. Varieties of the unsound mind are superabundant, and indications for somatic treatment are now frequent and more apparent. Deviations from the usual standard of mental health are recognised as coming within the scope of the lunacy laws, with a pertinacity that is alarming when we consider that bodily health is for some time below par, and as an out-come of it, peevishness, suspicion, apprehension, indolence, excitability, irritability, delirium, and a host of mental manifestations of the finest morbid shades form the *raison d'être* of lunacy treatment. An increasing flow of what are pure and simple hospital cases surge into asylums under the name of lunacy. Are our nursing sisterhoods and trained nurses in the hospital wards of workhouses unequal to the task of such peculiar care? It is passing strange that it should be considered that asylum attendants alone possess the mental and moral qualities necessary for such a charge. We see cases in asylums no worse than we have often seen in hospitals and workhouse infirmaries; it is not surprising then that for such a class a more perfectly equipped hospital system is necessary in Asylums? And if for them how much more extensively for acute cases labouring under prostrating bodily disease, for paralytics, puerperal and allied cases, the aged and infirm and many others. In conjunction with this we require to realise a higher ideal of observation, individualisation, and treatment for new cases of all kinds, to remember that the primary object of lunacy treatment is cure, that when all else fails, care must be the chief objective, and that the relative equipments for these are widely different, and require broadly discriminative, structural, and administrative details. The indiscriminate and wholesale confinement within the same walls of all sorts and conditions of insane men and women, has been a great blot on our lunacy record, and the sooner this is recognised over the length and breadth of the land, and the sooner classifications on the lines which we have indicated become the object of lunacy reformers the better for the country in every respect.

### INSANITY IN CALIFORNIA.

Dr. W. H. MAYS, Physician to the State Asylum for the Insane, Stockton, Cal., in an article contributed to the *Pacific Medical and Surgical Journal*, June, 1885, makes the announcement that since 1876 the number of persons committed as insane has remained almost at a standstill. In 1876, with a population of, in round numbers, 700,000, the commitments aggregated 735. In 1879, with a population augmented to 800,000, the commitments were 721. In 1882, with a population of 900,000, there were but 722 commitments, and in 1884 the commitments were 764. In 1876, 735; in 1884, 764. Taking the ratio according to population, in 1876, one person in every 950 was seized with insanity; in 1879, one in every 1,100; in 1882 one in every 1,250; in 1884 one in every 1,300.

Dr. Mays notes, as one cause of the continual need for increased accommodation for the insane, in States where the population is increasing, which is worth bearing in

mind, *i.e.*, the remarkable longevity of the chronic insane and the steady accumulation of such cases. This longevity on the part of the insane was commented upon by Esquirol sixty years ago. Idiocy, however, is extremely rare in California.

Amongst the causes which tend to diminish insanity in California, Dr. Mays believes the following to be the most important:—"The higher wages paid to working men, the shorter hours of labour, the greater amount of leisure they enjoy, the better education they receive, leading them to put that leisure to more intelligent use, the better houses they live in, above all the better food they eat, supplying the proper nutrition of body and brain—all give us hope that, as years and generations go by, insanity will become less and less the formidable thing it is. Dr. Mays makes a strong appeal for the regular instruction of students of medicine in the study of mental disease and its treatment, seeing that about 1 in every 400 persons has his mind affected in some form or other; that many cases have to be treated at home; and that many cases need not be sent to the asylum at all. Not only this, but as Dr. Clouston, of Edinburgh, points out, the early recognition of mental disorder, the detection of its forerunning symptoms, and their treatment, the mental hygiene of those with a neuropathic history, and the question of a career in life, the capacity for making a will, the responsibility for a criminal act, and lastly the examination of those charged with insanity, which often falls to the lot of the country practitioner, involving the serious question of depriving a fellow-citizen of his personal liberty—these are matters that a physician should be fully competent in before he can be said to have had a proper medical education. And this is not to be reached without systematic clinical teaching." This appeal is both reasonable and in accord with the dictates of sound common sense.

#### THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

THE annual general meeting will be held in the Examination Hall, Queen's College, Cork, on Tuesday next, Aug. 4, under the presidency of J. A. Eames, M.D., F.R.C.S.I., when Dr. Rayner will resign the chair, officers for the ensuing year will be appointed, and the general business of the Association proceeded with. Among other matters of interest a recommendation of the Council in regard to the granting certificates in psychological medicine by the Association will be brought forward, Dr. Eames will deliver an address, and Dr. Hack Tuke will read a paper on "A Case of Moral Insanity." Dr. Charles Nicholls, of the Bloomingdale Asylum, New York, will be proposed as an honorary member, and Dr. H. G. V. Wharry as an ordinary member. The members of the Association will dine together after the meeting, and those intending to be present are requested to give notice to the Hon. Gen. Sec. prior to the meeting. Any members wishing to join an excursion to the Lakes of Killarney, starting on the day after the meeting, are requested to communicate with Dr. Courtenay, District Asylum, Limerick.

WE understand that the Conjoint Examination Scheme which has been under discussion between special committees of the Irish Colleges of Physicians and Surgeons has been finally adopted by the joint committee, and will be presented to the Colleges next week.

DR. PH. S. ABRAHAM has resigned the office of Curator to the Museum of the Royal College of Surgeons in Ireland, it being his intention to accept an offer of a similar appointment in London.

## France.

[FROM OUR OWN CORRESPONDENT.]

**RUPTURE OF THE URETHRA.**—At the meeting of the Société de Chirurgie M. Ferrier brought forward a case of rupture of the urethra, producing infiltration of urine and fistula, and no means of closing the wound in the canal. He was of opinion that no further operative interference should be resorted to, that the man should be allowed to micturate through the fistula, but he would be glad to have the advice of his colleagues. M. Tillaux in a similar case incised the perinæum the day of the accident, and succeeded in passing the catheter every day, the patient made a good cure. M. le Fort said he had a case in which he passed the catheter the moment after the rupture, and he left it *in situ* for two months, but in spite of all a stricture took place, and he had to perform external urethrotomy. M. Gillette said that he thought it bad practice to pass the catheter immediately after the accident, for it was not well tolerated, and another member said he never introduced it until after the tenth day.

**RESECTION OF THE STERNUM FOR RETRO-STERNAL ABSCESS.**—M. le Fort communicated an interesting case of resection of the sternum for retro-sternal abscess in a man of middle life. The general state of the patient was very grave, death being imminent from suffocation. Two inches and a half of the bone was resected, and a considerable amount of pus evacuated. The patient, who only consented to the operation with the hope of dying under it, refused all nourishment and tore off the dressing several times. On the third day he died, and the autopsy showed that operation was well done, the mediastinum not being in any way interfered with.

**CANCER OF THE UTERUS.**—M. Tillaux brought under the notice of his colleagues a case of cancer of the womb in a woman, *æt.* 21, for which he practised hysterectomy. The abundant hæmorrhage and the general condition of the patient induced him to operate. The *cul de sac* were free, and the uterus was easily brought to the vulva by hooks. A sound being placed in the bladder the mucous membrane of the vagina was incised around the neck of the organ of gestation, and detached from it up to the peritoneum which was cut transversely. It only remained now for the two ligaments to be cut across and tied, and the uterus was taken out. The after treatment was simple, the wound was sutured, a drainage tube was placed under the peritoneum, and the vagina filled with gauze impregnated with iodoform, the drainage was withdrawn on the fourth day, and by the twenty-second the patient was well. M. Ferrier said he had practised the same operation in a woman, *æt.* 47, and the patient got well.

**DOUBLE CASTRATION.**—M. Terrillon reported a case of double castration which occurred in his practice for a fibrous tumour accompanied by excessive pain, the patient got perfectly well. In another case he was not so fortunate, the motive of the operation was abundant recurring hæmorrhage. The patient died a month afterwards from phlebitis. M. Ferrier said he had done the operation himself twice with good results in both cases.

**NEW ANTISEPTIC DRESSING.**—M. Championnière showed the Society a new method of antiseptic dressing which he considers superior to any other, *viz.*, wadding or *charpie*, rendered antiseptic by corrosive sublimate, at the same time he powders the lines of suture with mixture of iodoform, benzoin, carbonate of magnesia, and eucalyptus.

REGISTERED FOR TRANSMISSION ABROAD

## The Medical Press and Circular

Is published every Wednesday morn g. Price 5d. Post free, 5id.

POST FREE TO ANNUAL SUBSCRIBERS . . . . £1 2 0  
" IF PAID IN ADVANCE . . . . 1 1 0

Post-office Orders and Cheques to be drawn in favour of—

A. A. TINDALL, 20 King William Street, Strand, London, W C.  
A. H. JACOB, 3 Molesworth Street, Dublin.

Agents for Scotland:—

MACLACHLAN & STEWART, South Bridge, Edinburgh.  
A. & W. STENHOUSE, Hillhead, Glasgow.

Sole Agent for the Continent:—

JOHN F. JONES, 81 Bis, Rue du Faubourg Montmartre, Paris.

ADVERTISEMENT SCALE—Whole Page, £5 0s. 0d. Half Page,  
£2 10s. 0d.; Quarter Page, £1 15s. 0d.; One-eighth Page, 12s. 6d.Small Announcements of Practices, Assistancies, Vacancies, Books, &c.  
of Seven lines or under, 4s. per insertion; 6d. per line beyond.Considerable reductions are made from the foregoing Scale when orders  
are given for a series of insertions. Letters in this department  
should be addressed to the Publishers.SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIÈRE, Rue  
Hautefeuille, Paris—post free in advance, £1 2s. 6d. per annum.SUBSCRIPTIONS FOR RUSSIA are received by Messrs. RAJCHMAN and  
FRENDELER, 18 Senatoren Street, Warsaw—post free, £1 5s. 0d. per  
annum.SUBSCRIPTIONS FOR THE UNITED STATES are received in New York by  
Messrs. WILLMER & ROGERS; Philadelphia, by Dr. BRINTON;  
post free in advance, 54 dollars (£1 2s. 6d.) per annum or direct  
from the Offices in this country for the same amount, if remitted  
by International Post-Office Order.

---

## The Medical Press and Circular.

---

"SALUS POPULI SUPREMA LEX."

---

WEDNESDAY, JULY 29, 1885.

### THE DIAGNOSTIC VALUE OF DELIRIUM.

WE have so often expressed our admiration for the priceless treasures of scholarship and knowledge contained in the pages of the ever-welcome *Asclepiad* that there remain to us nothing stronger than familiar terms of praise with which to receive each new gem of thought or practice that comes to us in quick succession from the busy pen and active mind of its accomplished author. Rich in suggestion, however, as are all the articles which Dr. B. W. Richardson has generously offered as a gift to the profession, there is hardly one which is more deserving of a wide reception at the hands of reflecting and observant practitioners than that which appears in the current issue of the *Asclepiad* under the title of "The Mind as a Diagnostic Surface." In this essay Dr. Richardson further develops an idea, formulated in an earlier number of the same serial, to the effect that special regions of the body, when overcome by disease, react in a special and distinctive fashion on the mind, with the result that a particular kind of delirium is excited from the characters of which it is possible to frame an accurate diagnosis respecting the part of the body affected. In this way there are at present recognised and described by Dr. Richardson four forms of delirium, which he terms respectively *Delirium Inquietans*, *D. Desperans*, *D. Dubitans*, and *D. Sperans*. The unquiet form of

delirium is seen most frequently in association with diseases of the heart, and is very graphically described by Dr. Clifford Allbutt in this connection. "The subjects of it are," he writes, "often very unmanageable. But the common character of it is a *delirium of place*: the patient longs to be allowed to go home, or he insists on rising from bed, dressing and going away by rail; or he is incessantly posted about in a carriage or coach; or he is in some new bedroom, house, or inn, and begs to be restored to his own chamber. I have now watched this delirium so often that I may say that such delirium, though by no means confined strictly to chronic heart disease, is most characteristic of it."

Clinical experience readily lends support to the conclusion that is here drawn; and it is conceivable that a most valuable aid is offered in these observations to many who would, without the suggestion they contain, fail to be influenced sufficiently by signs which, however obvious to the sight, carry no information until their explanation has been afforded. Concerning this part of the subject, Dr. Richardson comments most instructively on that form of delirium to which he has applied the qualifying term "*desperans*," and which is found in association with disease of the lower bowel, whether cancerous, hæmorrhoidal, or other origin.

"The one characteristic of it is depression, gloom, coupled sometimes with acerbity, reaching to actual dislike of any person, or act, or thing which gives real or imaginary offence. In most instances the delirium extends to despair, with a recklessness as to life, but without suicidal proclivities, and even a desire to die rather than live, unless relief can be obtained." Further on we learn that, according to the writer's observation, "cancer causes *delirium desperans* or not, according to the part of the body that is invaded by it. When it attacks the lower portion of the alimentary canal, it causes extreme dependency, but so would other diseases in the same part. The variation which is displayed is from a direct or a reflex influence emanating from the affected part and extending to the mental surface."

It is, of course, not to be expected that ready and satisfactory reasons can at once be found for every phenomenon to which attention is directed in the study of the clinical features of disease; and we would suggest in this connection that a weightier influence should be assigned to the sympathetic nerve system, and its power of modifying and determining the incidence of reflexes, in further considering the data which Dr. Richardson has supplied. We know to what a profound extent the phenomena of disease are dependent on the capacity of the sympathetic ganglia to arrest, to alter, and even to initiate peripheral changes; and it is a legitimate speculation that the various great centres of this description within the body may be even endowed with qualities which are none the less real because of our inability to demonstrate them with existing means of illustration. And through such centres severally the mind itself may be influenced to the exhibition of emotions varying as widely as their exciting causes; but also invariable for the particular mechanism which is the intermediary link between cause and effect—in other words, the particular sympathetic segment involved.

But this is not the place to enter into theoretical exposition. Our object is rather to claim a well-merited attention to the invaluable remarks which Dr. Richardson has published on the subject, and to express a grateful feeling of admiration for the continued evidences he affords of the living interest maintained in the advance of a science which is already heavily indebted to him in ways innumerable.

#### THE RELEASE OF DR. BRADLEY, OF BRIMINGTON.

SIR RICHARD CROSS has earned the thanks of all lovers of justice and fair play by having taken the trouble to inquire into the circumstances of Dr. Bradley's conviction and sentence, and Sir William Harcourt has incurred an equal amount of discredit for having allowed an innocent man to languish in prison because he could not shake himself clear of the fetters of red tape, and apparently cared very little about such small matters as the ruin and incarceration of a doctor. We have no hesitation in making such a charge against the late Home Secretary, because we knew enough of the evidence in the case to be quite certain that any one who studied it must pronounce Dr. Bradley innocent, and because we have reason to know that Sir William Harcourt, all through, was entirely ignorant of the facts, and set at naught every appeal to him to make himself acquainted with them. He had actually in his portfolio the official report of the medical jurist who investigated the case on behalf of Government, declaring that Dr. Bradley had been convicted on utterly insufficient evidence, and we believe that that report, if read at all, was never duly considered, and no effect was given to it.

We offer to the memorialists in Chesterfield, Nottingham, Sheffield, and elsewhere, who pressed home their protests, our warmest congratulations on the result, and we regard with much self-satisfaction the fact that the *Medical Press and Circular* was the first medical journal which took up the subject, which worked it with any enthusiasm, or which persevered in the face of the refusal of Sir William Harcourt to hear our importunities. Those who, apparently, did not care a straw for Dr. Bradley are now effusive in their glorifications, and we are now told that "the Council of the British Medical Association," which never responded in the least to appeals for help when help was needed, "is now afforded an occasion for a full consideration of the circumstances and of the steps which the Council may think it right to take in this distressing case," for which modicum of interest in Dr. Bradley, we have no doubt that he and the medical profession in the Midlands will be truly grateful.

We have, however, no intention of dropping the case, and we hope the memorialists will not do so until Dr. Bradley's good name is finally and publicly re-established and public *amende* made to him for the great injury done him by the breakdown of our legal system. Sir Richard Cross has said that Dr. Bradley is not guilty enough to deserve punishment, but, to avoid granting compensation, he has, most improperly, coupled that declaration with the statement he is not sure that innocence has been

proved. We assert that Dr. Bradley's innocence has been legally proved by the absence of any tangible proofs, and we say that that innocence is established in the minds of all who have read the evidence, and we, therefore, demand that his exculpation shall go the full length of acquittal and compensation. No half-vindication or so-called "pardon" will satisfy any one. If he be guilty even in a minor degree the profession does not desire to see him liberated, and repudiates his cause, but if he be innocent the authorities who dictated a verdict of conviction, imposed a sentence of bitter severity, and refused to hear a word of remonstrance, must, in justice to this innocent man, declare his guiltlessness.

#### DISQUALIFICATION BY MEDICAL RELIEF.

THE question as to whether a pauper in the matter of medical advice and a recipient of medicines on charity shall be endowed with the selection of our law-makers, having been transferred from the arena of medical politics now it is perhaps useless to discuss it from the point of view of either the doctor or the Poor-law economist. The opponents of the newly-extended franchise argue against the Disqualification Bill, quoting the arguments which every medical politician has used against the unlimited extension of charity relief to well-to-do people; but the House of Commons has long since put these considerations aside, and has given its decision that, no matter what the disadvantages may be or what violations of principle may be involved, the pauper ought to be, not only privileged, but entitled to vote, and that all politico-economic traditions ought to be sacrificed for the purpose of creating him a ruler of the destinies of the nation.

Nothing can more forcibly illustrate the complete subordination of all such considerations than the conduct of the Government with reference to this Bill, for they have, almost unasked and without the least scruple, put aside by their own Bill the whole of the principles which, a few weeks ago they told us were absolutely inviolable, and have, with the utmost serenity, advocated a change of system which two short months since they declared would be ruinous to the taxpayer, destructive of the independence of the voter, and subversive of all the legitimate principles of self-government; and, having in view these evidences of the compressibility of the new Government, Mr. Jesse Collings and his Radical supporters have naturally seen their way to demand fresh privileges for their *protégé* the pauper voter. The amendment upon which they have defeated the Government is as follows:—"The term 'medical or surgical assistance' in this Act shall include all medical and surgical attendance, and all matters and things supplied by or on the recommendation of the medical officer having authority to give such attendance and recommendation at the expense of any poor rate." This party insist that not only shall the voter exercise a political influence similar to that exercised by the taxpayer by whose charity he receives doctoring and doctor's "stuff," but that that influence shall not be diminished even if he sponges on the taxpayer for food, drink, clothes, or carriage exercise, or, in fact, for anything which the taxpayer buys, but which the pauper may obtain for nothing through the doctor's agency. If Mr. Jesse Col-

lings has his way—as seems likely—it will be quite possible that the pauper may not only invoke the parish doctor's aid, demand medicines, and trusses, and other mechanical appliances, be granted beef-tea, eggs, and wine at the cost of the taxpayer, but actually be conveyed to the poll in a carriage hired on the doctor's suggestion, if he be prevented by his disease from walking there without detriment; and when by these means he presents himself at the ballot-box, he will be recognised as great a power in the State as the victim at whose expense he has enjoyed all these privileges.

We have already pointed out that, inasmuch as the chief barrier against wholesale imposition upon the taxpayer is thus levelled, the financial effects of wholesale pauperism upon the public and upon the doctor must be looked for. Mr. Jesse Collings and the Radicals, undeterred by a serious semblance of protest on the part of the Conservative Government, will, within the next fortnight, transfer to the pauper list many tens of thousands of small artisans, cottagers, and others who, as long as they sacrificed their votes by accepting the transfer, refused to appear on that list, and the party will have achieved its object of adding to the voting-lists a large number of working-class voters who have, heretofore, not cared enough for the franchise to induce them to pay the doctor. But the effect on the profession is obvious. So far as the parish doctor's pauper constituency is increased, so far must his cheap-fee constituency be diminished, and so far must the provident dispensary doctor and the prescribing chemist suffer in pocket. And whatever amount of private income is thus subtracted from the parish doctor must, in the long run, be necessarily made up to him by the taxpayer in his official emoluments.

Mr. Jesse Collings and his party will, no doubt, say that this is as it should be; that it is very good work for the taxpaying capitalist to pay the pauper voter for exercising his suffrage; but neither a medical journalist nor a political economist can be expected to endorse that view. It is, no doubt, the duty of the community to provide the indispensable medical help for those who cannot by any means obtain it for themselves; it may even be right in principle and wise in practice to give to persons who contribute nothing to the public welfare, but rather burthen those who do so contribute, all the privileges of citizenship which other people pay for; but it seems to us that it can hardly be wise for the community to go out of its way to give the same advantages to persons who are quite capable of paying for them, but will not do so as long as they can avoid it, and to allure such persons to become paupers by promising them for nothing medical luxuries in addition to medical necessities.

### Notes on Current Topics.

#### Fæcal Fistula after Ovariectomy.

THE perfection of skill with which the modern operation of ovariectomy is almost invariably performed, must be accepted as the explanation why it is so rare to have it followed by such distressing accidents as fistula, &c., which would necessarily result from rough or improper handling of the parts. Accounts of complications of the

nature in question are, however, still occasionally to hand, and our American exchanges report a case of fæcal fistula occurring after ovariectomy, and read before the Ohio State Medical Society by Dr. C. D. Palmer. The patient was a delicate unmarried woman, twenty-two years old, and the tumour had existed forty-two months, having been tapped eight times under the impression that it was ascitic. Twelve days after ovariectomy was performed a fæcal fistula developed; it communicated inwardly with the lower small intestine, the external opening presenting midway between the umbilicus and the symphysis pubis. At first there was a daily discharge of fæcal matter to the amount of several ounces, but it diminished gradually under the influence of firm pressure, and at the end of three months the amount varies from one to three drachms per day, with the continuance of steady improvement.

#### The Intercollegiate Doctorate.

FOR some time past, as announced in these columns, a joint committee of Fellows of the Royal Colleges in London has had under consideration the question of obtaining powers by which the Colleges will be enabled to confer on those who obtain the licences of both institutions the title of "Dr." It is now generally understood that this committee is agreed as to the justice and necessity of such a step, and that it is prepared to suggest a means by which the innovation may be rendered practicable. The matter will come up for discussion in all probability at the meetings to be held at the Colleges to-morrow (Thursday), and some definite undertaking in connection with it is likely to be witnessed soon. We have in previous articles so clearly shown the grounds on which we think that this step is one to be desired, that we need not now renew the arguments that can be employed to this end. It is enough to point out that the student whose curriculum is pursued in London, and whose examinations are passed at the Colleges of Physicians and Surgeons of England, undergoes both a training in medicine and surgery, and a test as to fitness for practice that are unequalled in any centre of qualification out of the metropolis. Moreover, he complies with precisely the same conditions as are fulfilled by the University student at, say, Edinburgh, Aberdeen, or Durham, save only that his fees are heavier, and his expenses greater, in that he lives in a London lodging instead of in a provincial one; and these facts being so, it is an unmerited wrong that deprives him of the advantages conferred by the right to call himself Dr., a right, moreover which is purchased at a much less cost by men who consent to forego the privileges of clinical teaching in London in order to gain the fee-compelling title. It is sheer nonsense to claim superiority in the matter of education for the M.B. of any of the places named, over the L.R.C.P. Lond. and M.R.C.S. Eng., and it is satisfactory to find that this is now generally admitted. Oxford and Dublin alone of the Universities now retain for their medical graduates the special mark of scholarship conferred by a compulsory arts degree; and in these circumstances the Universities which have reduced themselves to be mere competitors with the corporations as licensing bodies must be deprived of their pretended superiority, by giving to the colleges an equivalent power



to that they possess as far as the title of "Dr." is concerned.

#### Hospital Sunday Fund.

THE collections made on behalf of the Hospital Sunday Fund this year show signs of the existing depression in their smaller amounts as compared with those of 1884. Some anxiety has naturally been excited in this connection, and especially since several of the more important charities have been so frequently driven to utilise their invested capital that the certain income they enjoyed is reduced, in some cases, almost to *nil*. Under these circumstances an attempt is to be made to raise the total amount of this year's collection to £40,000 before the 31st of July, on which date the distribution commences; and to this end Dr. James Wakley has contributed £1,000 to the fund, in the hope that some of the wealthy traders that gain their money in London will unite to make up the deficit of £7,500.

#### Death of General Grant.

THE long and painful illness so heroically borne by one of the greatest soldiers of modern times terminated on Thursday last, when General Grant died surrounded by his family, and to the universal regret of the whole civilised world. To the profession of medicine his illness and death possess an interest over and beyond what is compelled by the circumstances surrounding the life of the great American hero, for we are even now in doubt as to the actual disease to which his death at the comparatively early age of 63 is attributable. The marvellous alterations in the condition of the illustrious patient which have been chronicled during the last few months, cast a doubt upon the first definite diagnosis of the illness as cancer involving the throat. Unfortunately, too, the relatives of the deceased general have felt it their duty to decline permission for a post-mortem examination of the body, so that the only satisfactory method of determining the actual nature of the growth, that, namely, of direct microscopical investigation, has not been possible. That the disease was one which kills by progressive exhaustion is clearly evident from the history of the case; and no one can fail to admire the noble fortitude with which the invalid bore up and successfully concealed from the dear ones around him the real extent of the suffering he endured. The picture submitted to us is indeed one of the most wonderful conquests over pain, and it is sad to think that he whom it depicts, capable still of much world-benefiting labour, should have fallen a victim to a disease before which medicine is powerless and art unavailing.

#### The International Congress.

LATEST advices from America do not represent any very great improvement in the circumstances surrounding the squabble between the various committees by which the arrangements for the International Medical Congress of 1887 have been undertaken. There is something very ludicrous in the attitude of the committee appointed by the American Medical Association, and which on its own authority alone, presumed to undo the work already accomplished by the committee specially appointed by the

Congress at Copenhagen. The former self-constituted body has deposed the well-known and respected physicians elected by the later to preside in the various sections, many of whose names are of world-wide renown, and replaced them by a long string of nonentities, scarcely one of whom has ever been heard of outside the village in which he gains a living. The few celebrated physicians who were graciously permitted to retain official posts have naturally and properly shown their disgust by declining to be associated with the strangely mixed representatives of American medical science who are elevated into notoriety by the action of the Association ring; and things are now at such a pass that even the home journals are reckoning up the meeting as certain to be a miserable failure. The more sensible organs, however, are tendering the malcontents a piece of advice which they will do well to act upon, namely, that at their next meeting they should quietly determine their official existence, and resign the organisation of the conference to men of standing in the profession, and who will be able to command confidence and respect on this side the Atlantic. Unless some definite action of this kind is speedily taken it is a moral certainty that the Congress, if persisted in, will lose every atom of its international character; for no one is going to contribute papers, or be at the expense of reading them to an assembly of mutual admirationists whose meddlesome conceit is scarcely equalled by their obscurity in the world of medicine. We have still, however, sufficient faith in the good sense of our American *confrères* as a whole, to feel assured that the little band of nobodies will speedily be sent to the rightabout, and the direction of the arrangements reassumed by the men who ought never to have resigned the trust reposed in them.

#### Fees on Dispensary Tickets in Ireland.

IN the case of *Palmer v. Bailey*, heard before Judge Lawson on appeal at the last Monaghan Assizes, a judgment was given which seems to have an important effect upon the position of dispensary doctors in Ireland. Dr. Benjamin Palmer was the appellant in the case referred to, and the respondent was a respectable farmer residing in county Monaghan, within Dr. Palmer's dispensary district. Having received a red ticket, signed by the relieving officer, the doctor attended on two occasions the respondent, and having ascertained that another medical gentleman, who of course was retained, was in attendance, he brought the matter before the dispensary committee which first sat after his receiving the ticket, and upon the facts stated by one of the committee the ticket was cancelled. Dr. Palmer therefore instructed his solicitor to bring a civil bill action, which was dismissed in the County Court. He appealed to the going Judge Assize, and on the hearing there was no denial of the respondent's ability to pay, and it was further admitted that the red ticket had been properly cancelled. Between the counsel at the bar it was arranged that the sole question for the judge to try was whether, having regard to the fact that the doctor had received a red ticket, he could recover for his attendances. The Judge without a moment's hesitation ruled that he could not, as there was no promise to pay either expressed or implied. The case of *Delahoyde v. Wilson*, in which the

plaintiff recovered his fees before the Recorder of Dublin, was cited, but of course it was not binding, as it was a decision of an inferior court.

This judgment is, so far as it goes, very discouraging; but too much value ought not to be attached to it, and it certainly should stimulate the Irish Medical Association to reopen the question at the first opportunity. Cases of this sort, dealing with technical law, are almost always mismanaged at Assizes, and the decisions arrived at are hasty, and dictated rather by rule of thumb and first impressions than by careful interpretation of the law. This is not wonderful, considering that provincial solicitors have little special acquaintance with medical law—that these cases usually come up for hearing amongst a crowd of land cases and other questions of daily occurrence—that the counsel employed are generally not instructed in time to make up their points, and that the Judge is usually in the same condition, and cannot take time to look up the law of the case, because he must get through his work and move on to the next town in his circuit.

If Judge Lawson be right in this case, numerous other judges of lower courts and numerous legal advisers of high repute must have been all wrong. In any case, our information on the exact terms of the judgment and the arguments adduced is meagre, and we shall try to obtain further details.

#### The Political Influence of the British Medical Association.

DR. JACOB gives notice that, upon the consideration of the Report of the Parliamentary Bills Committee, he will move—"That it be an instruction to the Parliamentary Bills Committee, in view of the approaching general election, to take immediate and active steps to organise the political power of the Association; to ascertain definitely the views of parliamentary candidates upon those questions in which the Association and the medical profession are specially interested; and, so far as may be possible, to influence the members of the Association to give their votes for those candidates whose views, so ascertained, are consistent with the policy of the Association and the good of the profession."

#### Universities' Bill (Scotland).

It is evident that the forces of the objectors to the Universities' Bill (Scotland) are gathering. Within the last week a number of fresh notices of opposition have been tabled. As we hinted some weeks ago, the main contest will be waged over the subject of University administration, the enemies of the Bill demanding sweeping changes in the University Court. Without entering again on the discussion of this important subject, we are inclined to think that a sense of coming danger on this score is at the bottom of the freshly developed zeal on the part of some of the more pronounced friends of the measure. On Friday evening last Sir Richard Cross was waited on by a deputation from the Universities of Edinburgh and St. Andrews in favour of the Bill. Sir William Muir, Professor Masson, and Professor Laurie represented Edinburgh, and Principal Tulloch and Professor Knight, St. Andrews.

They were accompanied by Sir Lyon Playfair, Mr. J. A. Campbell, and Mr. Williamson. The line apparently taken up by the deputation was that the alterations required were so slight as practically to make the measure a non-contentious one. Perhaps in the Home Secretary's gentle reference to time as the greatest difficulty in the way of the Government's pushing on with the Bill there was just dropped the gentlest hint possible that it might not be such perfectly smooth sailing as the sanguine deputies imagined. We fear much that another session will be needed ere an amended Universities' Bill becomes law.

#### Dr. Elmes, of Limerick.

WE learn with great satisfaction that the notice of the death of this estimable gentleman which appeared in our last issue is erroneous. Though Dr. Elmes has been dangerously ill, he is now much better, and is making a rapid recovery. The announcement of his death was made by us on the authority of a Limerick newspaper published at Dr. Elmes's door, and therefore presumed by us to be a safe source of information. We are naturally much distressed at having made such a mistake.

#### The Meeting of the British Association for the Advancement of Science.

THE hon. local secretaries of the British Association have issued a circular of invitation to the meeting to be held in Aberdeen during the early part of September, under the presidency of Sir Lyon Playfair. Twenty-six years have now elapsed since the Association last met in that city. The Pharmaceutical Conference will also be held at Aberdeen. All the railway companies issue cheap tourists' tickets to Aberdeen, available until the end of December. The railway communication between Aberdeen and the Northern Counties by the Highland Railway, the Caledonian Canal and the Dingwall and Strome Ferry route will enable visitors to see many other places of interest. The city of Aberdeen itself abounds with excellent hotels and lodging-houses, a list of which can be obtained on application to the local secretaries of the British Association, and there is every reason to expect the meeting will be no less successful than it was on the last occasion, when the late Prince Consort occupied the position of President. The neighbourhood presents numerous objects of interest, not only of modern date, but also others to attract the antiquarian and geologist. At the present time Aberdeen occupies an area of more than ten square miles, and the population is upwards of a hundred thousand. It abounds in fine buildings, ancient and modern, among which may be mentioned the Town Hall, finished in 1873, with its great tower two hundred feet high, from which a fine bird's-eye view of the city can be had by those who take the pains to climb to the balcony. Among the older buildings the Trades Hall, Marischal College, King's College, and the Cathedral St. Machar, are in various way of especial interest. The Old Market Cross in Castle Street, of which the Aberdonians are very proud, is a unique specimen of this kind of structure, and the old "Brig o' Balgownie" is so celebrated that no one

visiting Aberdeen will readily fail to see it. The country round Aberdeen is rich in places of historic interest, especially along the banks of the Dee, where those who have time can well spend a few days or longer after the business of the meeting is over.

### The Conway Guardians and their Medical Officer.

WE understand that Mr. Davies's case is likely to come before Parliament this week. It will be remembered that this gentleman, who since 1873 has been acting as district medical officer of the Conway Union at a salary of £75, with the usual extras sanctioned by the Local Government Board, has been the object lately of unprovoked insults because the expenses on "extras" have increased with the population beyond what the guardians, in their limited vision, consider they should, and to reduce which they have striven unsuccessfully to compel Mr. Davies to commute his extra fees and the cost of drugs to £10 per annum. As he firmly refuses the proposition, rightly regarding its acceptance as a stigma on his character and an insidious attempt to compel the employment of inferior and inexpensive drugs, the guardians have resorted to the expedient of threatening to stop his salary. Meanwhile, a deadlock has resulted, Mr. Davies has ceased to order expensive medicines, as the guardians refuse to pay for them, and they are endeavouring to make his position—as they have no legal power to oust him—as uncomfortable as possible, with a view to his resignation. We would reiterate our counsel previously given, that Mr. Davies stand firm, as have others similarly placed, discharging his duties to the poor and calmly awaiting events.

### Tentes Abri.

AN enterprising Frenchman has submitted to the War Office a proposal to supply, for the use of the soldiers of our army, a description of shelter tent invented by himself, as he says, "after many trials extending over a long term of years," and he submits the further proposal that he should supply "patterns of his tents to the British War Department, and concede to Her Britannic Majesty's Government the sole right in British territory of making and using them in consideration of the following conditions," one of which is that a payment be made to him "of pounds British sterling forty thousand (£40,000)." The tent proposed to be thus "given away" to perfidious Albion for "a mere song" is described by its inventor somewhat after this manner:—It should be water-tight, divisible into four pieces, each piece to be carried by a separate man, to enable "any four men meeting each other to pitch a tent. Instead of a centre pole, one or more rifles are to be utilised to support it; instead of corner pegs, the short spade each man in most armies is now provided with should be used." On the actual march "each quarter tent can be rolled inside a soldier's blanket, and this again in a piece of painted canvas or waterproof cloth 6 ft. 6 in. long by 2 ft. 6 in. broad, which is used for sleeping on," the whole forming "a handy parcel which can be conveniently strapped on the knapsack." The next proposal made is that in order

to compensate for the extra weight thus inflicted on the soldier, extra boots, trousers, &c., should be carried in the baggage train, and supplied to the men concerned before the old articles are worn out.

Let us briefly consider the particulars above presented, and endeavour to picture a regiment of British infantry on active service—say, in the Soudan—and equipped after the manner indicated; let us further picture to ourselves the Arab forces hovering at a distance, waiting for the fitting moment in which to deliver their attack. Weary, and with his already heavy knapsack, overburdened with his portion of the *tente abri*, the British soldier reaches the zareba in which he is to rest for the next few hours, and there recruit his physical powers before resuming his onward progress in the face of his agile and watchful foe. "Each man in parties of four produces his quarter tent, and fastens it to those of his three comrades. The top is secured by suitable means provided, and the whole tent laid on the ground. The corners are hauled out to their proper position and made fast to the handles of short spades (or, failing these, to tent pegs), which are stuck in the ground. The top is then lifted, and one or more rifles placed underneath to act as a centre pole." Into the tents so constructed the greater number of the men retire to temporarily rest, their arms converted, not into pruning hooks, but into tent poles; their intrenching tools into pegs. The Arabs seize their opportunity, there is a wild cry, they rush in thick masses upon troops exhausted from overburthens on their desert march under the fierce sun, half deprived of their weapons and other means of defence, and entangled in their *tentes abri*. Under such circumstances one result, and one only, need be looked for. As a matter of fact, there are many officers of experience, even in the French army, who condemn these shelter tents as being worse than useless, as being an encumbrance and a nuisance to a force in active operations against an enemy.

### The Social Science Association.

WE understand that, in consequence of the general Parliamentary election occurring during the autumn, the Council of the Social Science Association has decided not to hold the customary congress this year. It is, we believe, the first time in the history of the Association that an annual gathering has not been held, and many enthusiastic supporters, men of scientific proclivities, will doubtless regret the break in the long roll of annual successes now rendered inevitable. Expressing as we do the opinion of the general body of members, we fail to see that this organisation is so inseparably interwoven with politics that an election should be allowed to interfere with meetings whose objects are confined to the reading and discussion of papers on social science. True some of its officers, notably the President, the Right Hon. G. Shaw-Lefevre, will be contemplating and watching with interested eyes the effect of enfranchisement on expanded constituencies; but these are few in number, and even so far, the annual gathering would be some weeks over before the general election takes place. But it is now too late to insist on the point; an unfortunate precedent has been established, and Bath, which had

been provisionally decided on, is doomed to disappointment.

### The English Conjoint Scheme Board.

SOME idea of the influence which will be exerted in the future over preliminary medical education by the combined English colleges will be gathered from the fact that at the primary examination now in progress more than five hundred candidates have presented themselves. So great is the pressure put upon the resources of the Colleges that in addition to the accommodation offered by both these institutions, arrangements have had to be made for the use of the Westminster Town Hall as an examination room for the written test. It should be remembered, however, in connection with this rush of students, that a good many are likely to seek to pass the first examination under the conjoint scheme with a view to escaping a similar test elsewhere. Many, too, are probably unregistered students, to whom the privilege of entering for this examination prior to commencement of hospital studies is conceded, and, lastly, this period is the end of the first academical year under the new regulations of the combined Examining Board in England.

### The Conjoint Examination Scheme for Ireland.

FOR the fourth time within the last twelve years the negotiations for establishing a conjoint examination by the Colleges of Physicians and Surgeons in Ireland has completely broken down, and it is to be hoped that we have heard the last of these attempts to cobble up a system which will not bear mending. We informed our readers about three months since that the Council of the College of Surgeons had again resolved to make approaches to the College of Physicians, and had appointed a special committee to work out the negotiations. That committee submitted to the College of Physicians a scheme which provided—*a.* That the three primary examinations of the student should be by the two Colleges conjointly, and the final examinations separately; *b.* That there should be a considerable reduction in the existing diploma fees; and *c.* That the surplus remaining after payment of examiners' fees should be divided in the proportion of 5-8ths to the College of Surgeons and 3-8ths to the College of Physicians. This apportionment of the money had been agreed to by the Colleges in every one of the preceding schemes, but on this occasion the College of Physicians has taken higher ground, and has refused to accept any less share than half the money, and has thereupon sent back the scheme to be again reported on *sine die*.

We have already so strongly condemned these private conjunctions of Colleges as mere expedients to stave off a comprehensive and much-needed reform that it will be easily understood that we are gratified by the collapse of the present negotiation. What benefit was to be gained from it we have never been able to ascertain from its most ardent advocates; but the disadvantages were manifest to all, and it is very satisfactory that, in their scare against reform, these conjoint schemers have not succeeded in damaging the Colleges as they proposed.

ON Saturday afternoon a new iron screw steam vessel, built for the Port Sanitary Committee of London by Messrs. Edwards and Symes, was successfully launched at their works, North Greenwich. The boat, which is 59 feet long, and 11 feet beam, is arranged to accommodate the medical officers and inspectors forward, and has a large cabin aft for the conveyance of sick persons to hospital. She was built from the designs of Dr. Collingridge, the medical officer of the Port, and Mr. A. D. Lewis, naval architect.

## Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

SCHOOL OF MEDICINE, EDINBURGH.—PETITION FOR A CHARTER.—A deputation from the Extra-Mural School of Medicine, consisting of Dr. Stevenson Macadam, Dr. Craig, Dr. James, and Mr. Malcolm McGregor, S.S.C., waited on the Lord Advocate on Friday, with the view of bringing under his lordship's notice their petition to the Privy Council for a Charter. They emphasised the fact that at present their rightful development was handicapped by their inability to take united action. Thus, as a result of their incorporate character, no bursaries or scholarships could be left to them, and, further, they were unable to do anything to rectify certain disadvantages under which their students laboured as compared with those attending the University. They suggested that the title of "Queen's College" might prove suitable, instancing Queen's College in Ireland, Queen's College in Birmingham, and others. The Lord Advocate promised to look into the matter, and take it up where his predecessor had left off. He was of opinion that there should be no suggestion of jealousy between the Extra- and Intra-Mural Schools of Medicine.

DR. THOMAS KEITH, OF EDINBURGH.—We understand that Dr. Thomas Keith has just returned to Edinburgh from America, after a three weeks' absence, whither he had been called on professional duty. This is, we understand, the only time that surgical assistance has been asked from the old world to the new; and that it should have been so asked is a high compliment to Dr. Keith, who is undoubtedly the foremost ovariologist, as it is also significant homage to the fame of the Edinburgh Medical School (Extra-Mural!).

EDINBURGH.—HEALTH OF THE CITY.—For the week ending with Saturday, the 18th inst., the mortality in Edinburgh was 61, and the death-rate 13 per 1,000. There were 10 deaths under 1 year, and 10 above 60, of which 1 was above 80, and 1 above 90 years. Diseases of the chest accounted for at least 40 deaths, and zymotic causes for 6, of which 1 was due to diphtheria, 3 to measles, and 2 to whooping-cough. The intimations for the week comprised—Fever 5, diphtheria 2, scarlatina 21, and measles 25.

EDINBURGH UNIVERSITY.—CLOSE OF THE SUMMER SESSION.—Last Friday the summer session at Edinburgh University, which commenced on the 4th May, was brought to a close. The final and second professional lists are now completed, and the graduation ceremonial takes place on the 1st August. It is understood that the theses for M.D. this year are of peculiar merit. The task of adjudicating honours is considerably increased by this *embarras de richesse*. The winter session is advertised to open on the 27th October.

EDINBURGH UNIVERSITY.—GUNNING SCHOLARSHIPS.—The three Gunning Scholarships which were competed for

on Saturday, 18th July, have been awarded as follows:—Fellowship tenable for two years—James Edwards, M.A. (£100 per annum). Scholarships tenable for two years—John Stenhouse (£40 per annum); W. A. Reid (£30 per annum); Alex. Whyte, M.A., B.Sc. (£20 per annum).

PRESENTATION TO DR. COSSAR EWART.—On Thursday last, the 23rd inst., Professor J. Cossar Ewart, of the Chair of Natural History in the University of Edinburgh, was presented with a gift by the students, in view of his approaching marriage. The testimonial consisted of two massive lamps raised on silver Corinthian pillars, of beautiful design and workmanship. Count Alexis Bobrinsky made the presentation on behalf of the students, begging him to accept with it the expression of their most sincere and hearty congratulations upon his approaching marriage. Professor Ewart thanked them heartily for their handsome present and kindly words, which he hoped in the future to more fully merit.

### Correspondence.

#### DR. BRADLEY'S CASE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I trust the sympathy felt by the members of the profession towards our unfortunate *compère*, Dr. Bradley, may show itself in a practical form—Firstly, By securing his restoration to the Medical Register; secondly, by furnishing him with the means of making a fresh start in life abroad, as he is scarcely likely to remain at home after the treatment he has received. If you, in conjunction with the editors of the other medical journals, will undertake to receive subscriptions, please put my name down for £1 1s. It is a pity Sir R. Cross could not have gone farther, and done more complete justice to Dr. Bradley; but it is perhaps more than we could expect. The Home Secretary's position was one of extreme delicacy and difficulty. He was bound to show some consideration for his predecessor's feelings. As for the latter (Sir William Harcourt) the members of the medical profession may well bear in lively remembrance the contemptuous indifference with which he treated their opinion, which was expressed with a most marked unanimity, and in language the strongest which it was possible to use, when the day comes that will bring him and his party face to face with the electoral opinion of the country. Justice should be beyond the suspicion of being influenced by the spirit of party friendship. Such has not been the case in this instance. The judge by whom it was tried is known to be a strong anti-vivisectionist, and, rightly or wrongly, is suspected of being anything but a warm friend to medical men. When there was a failure to convict upon the major count, he was certainly the means of securing an adverse verdict on the minor one. In passing sentence, he passed one that was nothing short of being vindictive. He is known to be a strong partisan. Instead of looking into the evidence of the alleged crime himself with the aid of the law officers of the Crown, and giving due weight to the expressed opinions of a thoroughly representative and influential body of the medical profession, who may fairly claim to speak as experts in such cases, and against whose opinion, had it been expressed in court, it would have been impossible for any jury to have convicted, the late Home Secretary was content to refer the consideration of the case to the judge himself whose justice was on trial, and, be the influence or cause what it may, was satisfied to cast a slur upon members of a profession as high-minded, honourable, intelligent, and as anxious in the cause of morality as either members of the bench or members of the bar are or can be, preferring to take the *ipse dixit* of one whose dignity was at stake, and who had a decided interest in maintaining a conviction which he had done so much to secure. The conduct of both judge and Home Secretary has aroused in the minds of medical men feelings of the bitterest contempt for their purity of motive and conduct, and nothing will ever remove from the minds of members of our profession the conviction that in Dr. Bradley's case there was a gross miscarriage of justice, and that the unfortunate man was

sacrificed to private antipathies against a profession as a whole, and to party friendships. The relations of a medical man towards his patients are such that it is impossible for them to escape exposure to dangers such as those which Dr. Bradley has encountered, however circumspect and prudent they may be; and nothing short of the clearest possible evidence of guilt should suffice to secure a conviction.

Verdicts sustained by insufficient, or, as in this case, incredible evidence, would soon render it impossible for medical men to do their duty towards their patients at all, since they would be at the mercy of any hysterical, epileptic, or designing woman who might take into her head to bring such charges against them.

I trust the profession will, by opening their purses, show to Lord Coleridge and Sir V. Harcourt their opinion of the manner in which they have acted, and make some atonement to Dr. Bradley for the ruin which was so lightly and unjustly brought upon him. Sheffield medical men do not feel highly honoured by the scant courtesy they have received at their hands, and are pretty likely to remember it.

In conclusion, I would strongly urge the formation of an association amongst medical men for defence purposes under similar circumstances. Medical men who were in court when this case was tried were convinced that had the evidence been properly presented to the jury, and had expert evidence been called, a conviction would have been impossible. Medical men are not, as a rule, so blessed with an abundance of cash as to be able to secure the best counsel and proper evidence. Combination would easily effect this, and, for the safety of all medical men, or for the honour of the profession, the sooner it is carried out the better.

We all owe a deep debt of gratitude to you for your able advocacy of Dr. Bradley's cause, which we are thankful to see has been attended by such fairly satisfactory results. I trust you will not rest satisfied here, but that you will take up the notion of a common defence fund, and carry it to a successful issue. A subscription of half a guinea a year would be ample, and the association would prove a strong check to trumped up charges against medical men. As for real culprits, be their position what it may, no sympathy would be felt for them. The profession as a whole would rejoice at their condemnation and punishment.

Hoping you may find room for this letter,

I remain, Sir,

Faithfully yours,

JOHN W. MARTIN.

76 Brunswick Street, Sheffield,  
July 22nd, 1885.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—A few weeks since Sir R. Cross refused to listen to medical evidence which would have absolutely proved Dr. Bradley's innocence. When the case is brought before Parliament he at once surrenders, but, unfortunately for his own credit, in surrendering he casts a most unjust reflection upon the doctor's character.

The Session is rapidly drawing to a close, so I hope Dr. Bradley's many friends in the House of Commons will lose no time in pressing home upon the Government the question of compensation.

Yours very truly,

EWING WHITTLE, M.D., M.R.I.A.

Liverpool, July 25th, 1885.

#### LETTER OF THANKS FROM DR. BRADLEY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—I gladly avail myself of this my earliest opportunity to heartily thank you, and by your kind permission, through the *Medical Press*, my many other true friends in need, for your laborious and persistent efforts to obtain my release from Leicester Prison, which have happily ended in success.

Believe me that words fail to express my gratitude for all the sympathy shown me during my imprisonment. It is needless for me to comment on the case further than to say that I am perfectly innocent, and I am much obliged to

those in authority for their great kindness in granting me a free pardon for a crime I did not commit.

I remain,

Yours ever sincerely,

DAVID BRADLEY.

Barrow Hill, Chesterfield.  
July 23rd, 1885.

### SEXUAL DEAFNESS AND DEFECTIVE SIGHT!

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I read Dr. Griffith's very remarkable letter in your last impression, which for all intelligent men it is surely totally superfluous to characterise, and I have read also the correspondence which called forth the letter in question. Would you allow me to say that it confirms an impression which I have long held? viz., that, given a man with sufficient *savoir faire*, an illogical mind, a speculum, and the theory of reflex action, and let him settle in a crowded community, the chances are 100 to 1 that he will soon, by reducing pathology and science within the very narrow focus of his intellectual capacity, attain to "no small practice and no small experience." For my part, I am lost in wonder at Dr. Griffith's statements, and fail completely to understand how any responsible medical man can give them expression, with the slightest hope that reason and common sense will homologate them.

I am, &c.,

D. CAMPBELL BLACK, M.D.

Glasgow, July 25th, 1885.

### BRIEF NOTES FROM OUR EXCHANGES.

#### DIAGNOSTIC VALUE OF THE FETAL HEART-BEATS.

DR. BOLZONI, of the University of Padua, finds (*Gazetta Med. Italiano*) as the result of his observations upon a carefully kept record of the foetal heart-beats in all cases admitted into the obstetric clinic for the scholastic year 1883-84, that the number of heart-beats is not in relation to the sex of the child, but is in constant and proportional relation to the weight, length, and biparietal diameter, i.e., to the mass of the body. The smaller number of heart-beats more frequently corresponds to the male sex, only because boys, as a rule, are heavier at birth than girls. The statistics concerning the foetal heart-beats, and the child's weight, go to prove his proposition, that "the number of heart-beats is a more constant guide to the development than to the sex of the child."

#### DIABETES.

Dr. Austin Flint, jun., treats cases of this disease with solution of arsenite of bromine (Clemen's) beginning with three and increasing to five drop doses, the patients being placed on a strictly anti-diabetic diet. He has lately added four more cases of diabetes so treated to the fifty-two already reported to the American Medical Association. Of these four cases three were permanently relieved. In his remarks Dr. Flint expresses his conviction that "diabetes has become to-day a disease easily and certainly curable, provided that the treatment be not begun to late."—*Cincinnati Lancet and Clinic*.

#### SALICYLATE OF ESERINE IN PHLYOTENULAR KERATITIS.

The following formula it recommended for use in the treatment of inflammation of the cornea of children:—

R. Salicylate eserine, gr. ij;  
Aqua, ʒss. M.

Sig.—One or two drops once a day to be dropt into the eye.—*The Western Medical Reporter*.

#### A PECULIAR EFFECT OF DIGITALIS UPON THE EYE SIGHT.

The case is related in the *Burgt der Rudolph Stiftung Vom Jahre*, 1883, of a man suffering from heart disease following rheumatism. The urine contained a small amount of albumen. The patient was placed upon three grains of digitalis leaves in the form of infusion per diem.

About a fortnight later he complained of weakened vision, as if a cloud were before his eyes. He could see better in the evening than by daylight. Had noticed the same occurrence when taking digitalis on a former occasion. No other symptoms of digitalis poisoning present, such as nausea, &c. Nothing abnormal noticeable about the eyes. Marked improvement followed the discontinuance of the drug for a few days.

#### FRacture OF THE BASE OF THE SKULL WITH LOSS OF BRAIN SUBSTANCE THROUGH THE EAR—RECOVERY.

A case of this accident is recorded in the *Philadelphia Medical News* last month by Dr. W. H. Wilder. The amount of brain-substance which escaped was about a drachm. The patient, a man, æt. 38, was admitted to the Cincinnati Hospital, November 30th. No history as to how the injury was caused could be obtained. When admitted, he was in a condition of drowsy stupor, from which it was hard to rouse him. Blood was flowing from the left ear. Respirations were full, numbering twenty per minute, temperature 99½° F., pulse 80. The pupils were active, and responded normally to the stimulus of light. No perceptible paralysis of the face existed. Towards the evening of the same day, the urine was passed in bed. On the 1st of December under the influence of an enema of castor oil and water, the bowels were freely evacuated. On the 2nd of December indications of facial paralysis of the left side was noticed. Pupils remained unaffected. Urine was drawn off by means of the catheter. No paralysis of the limbs existed. On the 3rd of December he commenced to improve and to regain sensibility. On the 6th December he was somewhat delirious, and had to be restrained, and put under the influence of chloral. On the 7th December, he had slept well, was much brighter, and from that date commenced steadily to improve, regaining his memory and intelligence. An examination of the ear on the 11th of December revealed the fact that the superior wall had been pushed downwards to such an extent as almost to close the canal. A fissure could be seen in the membrana tympani. The hearing of the affected ear was somewhat impaired on account of the acute otitis media that was present. Two months after leaving the hospital, the facial paralysis had disappeared with the exception of ptosis of the left eye; occasional pain was still felt in the left side of the face. Dr. Wilder was under the impression that only four such cases had been recorded with one recovery; in the discussion which followed the reading of his paper, however, other cases were mentioned by several speakers, and three other instances of recovery were noticed. For those interested in the subject, the paper, and the discussion are worth a reference.

### Literary Notes and Gossip.

THE transcribing and reproduction of Harvey's original M.S. lectures delivered before the Royal College of Physicians in 1616, containing the first suggestion of his discovery of the circulation, are proceeding uninterruptedly under the active supervision of Mr. Scott, of the British Museum, the facsimile work being entrusted to the Autotype Company. The cost to subscribers is fixed at two guineas, and the work is expected to be ready for delivery in the spring of next year.

MESSERS. CHURCHILL'S half-yearly list to hand affords presumptive evidence that efforts in medical literature during the past six months were the reverse of prolific, a fact which is certainly not to be deplored when the average estimate of recent work in this direction is considered. The fresh issues have been chiefly confined to new editions, and the new works are mostly graduation theses or college lectures and addresses republished in book form.

FROM the present month the weekly publication of the



German Imperial Health Office will be issued in an altered form. Hitherto, it has been principally devoted to vital statistics, but henceforth it will note all the new regulations relating to sanitary matters both domestic and foreign, cattle disease regulations, &c. The "Mittheilungen" that have become so celebrated will no longer appear, but in their place "Arbeiten des Ausden Kaiserlichen Gesund-Heitsamte" will be issued at irregular intervals. The publishers of both will be Julius Springer, Berlin. It is not expected that Professor Koch will commence his duties at the New Hygienic Institute before the Autumn session.

WE note that the *Midland Medical Miscellany* has changed its name this month to the *Provincial Medical Journal*, and with it its editor also. Ever since the inception of the *Miscellany* some three years since, it has been looked upon as a trade circular of its proprietors, Messrs. Richardson & Co., the well-known druggists of Leicester, but to give it a footing in London, a London editor was appointed last year. This, however, did not turn out a success, and a former member of the provincial staff of *The Medical Press*, Dr. Dolan, of Halifax, has now been appointed to take command. There is plenty of scope for a provincial medical journal; and we congratulate the proprietors on having secured so capable and energetic an editor as we know our former colleague to be.

MR. JAMES STARTIN, honorary surgeon and lecturer to St. John's Hospital for Skin Diseases, London, has published in pamphlet form the lecture "On a Healthy Skin" recently delivered by him before one of the London guilds. The author has wisely handled the subject from the preventive, rather than from the curative, point of view. The fact of the skin being one of the most important of organs is emphasised, and the rules given for the preservation of a healthy skin are essentially the maintenance in perfect activity of its function. Food and drinks must be carefully regulated, excessive and tight clothing avoided, the materials and colour of dress studied, while bathing and gentle friction of the skin is to be sedulously practised. Though addressed to the laity, the lecture contains practical hints which will repay its perusal by medical men.

MR. L. C. WOOLDRIDGE describes ("Proceedings of the Royal Society") the method of obtaining "a new constituent of the blood" which he has lately discovered, and dwells upon its physiological import. The plasma of the blood of a peptonised dog having been completely freed from all corpuscular elements by means of the centrifuge, is cooled down to zero, when the plasma rapidly becomes turbid, and a decided flocculent precipitate is formed. This is the body which gives rise to the fibrin ferment, and if examined microscopically the precipitate is found to consist of a number of minute transparent bodies, nearly circular in shape, but much smaller than the red corpuscle, and having a great tendency to run together into granular masses. These peculiar bodies may perhaps explain the granules, blood-plates, and hæmatoblasts of Osler, Bizzozero, and Hayem.

MESSES. CASSELL'S serial publications, which have obtained such universal popularity, continue to increase in number and variety. This month the first part of a new work entitled "Familiar Trees" makes its appearance, illustrated in that attractive style for which this house is so famous. We would, however, suggest that eight pages of a small crown 8vo text is hardly a sufficient supply of material for a month's reflection; at this rate also the book would take almost a lifetime to complete. The *Magazine of Art* issued from the same press is this month really charming. The serial, however, issued by this firm which will probably most interest medical men is the *Encyclopædic Dictionary*, which when completed will probably be the best book of reference of the class extant. The August part to hand takes us as far as the word "contagious," and contains interesting views and bibliographical references to such subjects as conception, consanguinity, consumption, contagion, &c.

THE seventh annual issue of *L'Année Médicale* has just reached us, edited by Dr. Bourneville, who so ably conducts

our Paris contemporary *Le Progrès Médical*. It conveys the impression of being a careful and conscientious *recueil* of the advances made in the various branches of professional study, but on a casual examination one is apt to infer either that English research has been feeble in its efforts, or comparatively sterile in its results during the past year. It would be invidious to hazard an opinion as to this, and it would perhaps be more charitable to ascribe the preponderance of French research and French discoveries to the *milieu* which has given it birth. In any case it is a compilation of great interest, and well worthy of perusal by those in whom the cares and anxieties of a general practice have not altogether stifled a scientific interest in their profession. We shall shortly furnish our readers with a *précis* of all that calls for special notice in this book.

HISTOHÆMATIN is the name given by Dr. MacMunn to a class of pigments, or modifications of the same pigments, which are widely distributed in the animal kingdom, and to which myohæmatin belongs. The histohæmatins are respiratory pigments, as can be proved by oxidising and reducing them in the solid organs. Their bands occupy almost the same place as those of myohæmatin. In the supra-renals of man, cat, and some other animals, the medulla gives the spectrum of hæmochromogen, while the cortex shows that of histohæmatin. Hæmochromogen in a vertebrate body is probably excretory, and must be so regarded here, hence the function of the adrenals must be (at least in a part) to metamorphose effete hæmoglobin or hæmatin into hæmochromogen. An active metabolic process takes place in the adrenals, and Dr. MacMunn concludes that they have a large share in the downward metamorphosis of effete colouring matter, and that his observations will help to throw some light on Addison's disease.

THE competition for the Professorship of Anatomy in the Owens College promises to be an animated one, several candidates of considerable reputation being in the field. Apart from local aspirants to the post, the principal competitor is Dr. W. P. Mears, who is at present in possession of the chair of Anatomy in Durham University School of Medicine, with which his connection has lasted for over seven years. In this time Dr. Mears has shown himself to be a most able and successful teacher, and, by the publication of his "Schematic Anatomy," original also. Under his fostering care the school at Newcastle-on-Tyne has rapidly increased in numbers and importance, and it will be a serious loss to it should Dr. Mears succeed in his candidature at Manchester, although the latter place would correspondingly benefit by his presence. The value of the professorship at Owens is £700, but as the office of Dean of the Medical School would probably be associated with it, the annual income of the holder would be increased by £150.

WE have before us a small "Students' Botany," by E. MacDowel Cosgrave, M.D., who, with a degree of modesty not very fashionable among authors, disclaims in his preface all pretensions to originality, choosing as his motto, "I have called a bouquet of varied flowers from men's gardens, and nothing is my own but the string that ties them." Still we are glad, after having our sympathies so awakened, to be able to say that our author's "aid" presents as much originality as is generally safe to give to a student's manual, in which we think the chief aim should be by judicious arrangement and simplicity of language to make the absorption and assimilation of the contained matter as easy as possible to the heavily burdened student who takes up the study of biology in the present day. We think that Dr. Cosgrave has done his work well; his definitions are clear and concise, his language pure and well chosen, and we trust that his book will be extensively used by the class of students for whom it is intended.

THE fifth edition of Squire's "Pharmacopœia of the London Hospitals" will be welcomed by those to whom the former issues have been found indispensable. Since the last edition appeared, five or six years ago, thirteen hospitals have published new Pharmacopœias, so that the present editors, the two sons of the lamented originator of the book, have had no easy task in bringing it into conformity with the numerous changes which have taken place. Of course in such a collec-

tion the information is often scattered, and not easy to collate. It might be interesting to some to compare the formulæ of new remedies or even of old ones in common use in hospitals. We tried this in the case of oleate of mercury. We found some hospitals content themselves to order hydrarg. oleat. of 5 or 10 per cent. Others give ungu. and more linim. So we must look for the formulæ under three heads. For some purposes this is inconvenient, but no other arrangement could have been adopted. If the editors would like to face the work of compiling an index of the drugs referring to the places where they are used it would be an admirable addition for some persons, but perhaps we can hardly expect this, as their work already so well answers the purpose for which it was designed.

If it were possible to regard the drawing-room table as an appropriate resting place for Mr. Treves' recently published Hunterian Lectures on "The Anatomy of the Intestinal Canal and Peritoneum in Man," it would be easy to understand the reason of the extraordinary form in which the work is issued; or the difficulty would be removed if we could conceive that the object of quarto pages, oceanic margins, ancient type, and lily white covers, was to lend grace and tenderness to the dry-as-dust details of anatomy. Mr. Treves, however, is not desirous of becoming a drawing-room author, nor can it be admitted for a moment that anything coming from his able pen needs any meretricious surrounding to command immediate success; consequently the issue of an *édition de luxe* of lectures on enteric anatomy must remain one of those obscure secrets which always exist as aids to the development of ingenuity. Notwithstanding their somewhat startling shape, however, the lectures are an admirable and most welcome contribution to the exact science of anatomy, and show the painstaking and laborious character of their author's patient investigations to advantage. They are fully worthy of Mr. Treves; than this they could not be praised more highly.

**NEW BOOKS AND NEW EDITIONS.**—The following have been received for review since the publication of our last list, June 17th:—Pathological Mycology, by G. S. Woodhead, M.D., and A. W. Hare, M.B. The Causes and Prevention of Blindness, by Dr. Fuchs, translated by Dr. Dudgeon. Gout in its Clinical Aspects, by J. Mortimer Granville, M.D. Suicide, by W. Wynn Westcott, M.B. Lond. Lectures on Diseases of the Brain, by W. R. Gowers, M.D., F.R.C.P. School Hygiene, by Robert Farquharson, M.P., M.D. On Dwellings, Healthy and Unhealthy, by Catherine Buckton. A Retrospect of Medicine, edited by James Braithwaite, M.D., Vol. XXI. Health Resorts at Home and Abroad, by M. Charteris, M.D. The Life and Letters of W. Fairlie Clarke, M.D. Tracheotomy in Laryngeal Diphtheria, by R. W. Parker. Guide to the Examination of the Urine (6th edit.), by J. Wickham Legg, F.R.C.P. Lond. The Anatomy of the Intestinal Canal and Peritoneum of Man, by F. Treves, F.R.C.S. Elements of Surgical Pathology, by A. J. Pepper, F.R.C.S.

**University of Glasgow.**—The following candidates having passed the necessary examinations, have received the degrees of M.B. and C.M. of this University:—Messrs. James R. M'Crimble, John A. M'Donald, Alex. M'Kean, C. A. M'Kechnie, John M'Keith, John M'Kie, James N. M'Lean, John A. M'Quarie, Charles M'Taggart, Henry J. Neilson, John F. Orr, James Parker, W. W. Paterson, Andrew Richmond, John Ritchie, J. A. Robertson, M.A.; James A. Robertson, David Roxburgh, Pramad N. Roy, Thomas Rutherford, B.A.; Walter Sandeman, Joseph Scanlan, Wm. M. Semple, J. C. A. Smith, and Gregory Sprott.

**Royal Colleges of Physicians and Surgeons, Edinburgh, and Faculty of Physicians and Surgeons, Glasgow.**—The examinations for the triple qualification of these bodies in Edinburgh were held in July, with the following results:—

**Passed First Examination:**—Charles Edward Dew, Henry Anthon Becker, Octavius Stevens Fisher, George James Scantlebury, John Charles Steedman, James Brown, Duncan McArthur, John Adams, George Watt Anderson, William Wheelwright Clegg, John Dicken Dale, Alexander Duncanson, Ellicourie Jocelyn Courtenay, Joshua Chadwick, James Alexander Greig, Charles Hicks, Francis Edward Hodder, Tom Hugh Jones, Harry Evelyn Mahonie, Thomas McGubbins, David Scott Moncrieff, James Wallace Lindsay, Henry Mathias, James McDiarmid, Harry Nesbit Robson, John Lewis Owen, Rupert George Naylor, Robert Johnson Pirie, Adam Ramage, Edgar D. Wellburn, Hugh Thomson, Robert Arthur St. Leger, and John Thomson.

**Passed Second Examination:**—William Wheelwright Clegg, Thomas Kensington James Fulton, Edward Taloon Hawkesworth, Ephraim Hilliard, Ellicourie Jocelyn Courtenay, James Gordon Mackintosh, Alexander Angus Martin, Thomas Lloyd Jones, Richard Markland, James Joseph McEniry, George Herbert Butler, William Murray Mackay, Thomas William Stewart, Sydney Rumbold, Frederick Moritz Sykes, Henry William Bryant, Hermann Gerhard Hilliers, Arthur Broadfield Frost, Charles Edward Dew, Joseph Septimus Fallon, Octavius Stevens Fisher, Tom Hugh Jones, Duncan McArthur, Edward Harkness, George James Scantlebury, Edgar Duesbury Wellburn, and Theodosius Thompson.

**Passed Third Examination, and admitted L.R.C.P. Edin., L.R.C.S. Edin., and U.F.P. & S. Glasgow:**—James Anderson, John Donaldson, John Horatio Drake, James Doyle, Joseph Septimus Fallon, Octavius Stevens Fisher, Arthur Broadfield Frost, Franzoni Antonino Faria, Arthur Morley, Murdoch Mackenzie, James Nesbitt, Caulce Joseph McGrath, James McKenzie, Viriato John Pinto, Herbert de Curle Woodcock, and Robert Stevenson Wadsworth.

**Royal Colleges of Physicians and Surgeons, Edinburgh.**—**DOUBLE QUALIFICATION.**—During the recent sittings of the examiners the following gentlemen passed their first professional examination:—

Allan Wise Clarke, William William Griffiths, and Robert Gascoigne Taylor.

The following gentlemen passed their final examination, and were admitted L.R.C.P. and L.R.C.S. Edinburgh:—

Charles Dundas Grant, Vernon Edmund Russel Ardagh, Benjamin Sidney Browne, John Robert Henry Duborg, Michael English, James William Fox, Charles O'Farrell, Harry Gordon Leigh-Gilchrist, Charles Louis Gabriel, Godfrey Ernest Garde, Henry Edward George Johnson, William Owen Magoria, George Thomas Hartley, Robert Morrison, James Joseph Moran, Patrick Hicks Moriarty, Robert Thomson Paton, John Godfrey Nixon, William Henry Roberts, George William Robinson, Herbert Toft Phillips Sinclair, William James Shell, Charles Augustus Thorne, William Overton, Robert Francis Martin Quin, and John Thomas.

**Royal College of Surgeons of Edinburgh.**—During the recent sittings of the examiners the following gentlemen passed the final Examination, and were Licentiates of the College:—

Luther Laurence Hooper, Neil Charles McKinnon, Joshua Jackson, James Lindsay, and William Jaques.

The following gentlemen passed the first professional examination for the Licence in Dental Surgery:—

Gordon Reid Shlach, Arthur Cocker, and Frank Gordon Allen.

The following gentlemen passed the final examination, and were admitted L.D.S. Edinburgh:—

Thomas Prettle Ritchie, David Browne, and Andrew Burns.

**Royal College of Surgeons in Ireland.**—The following candidates having passed the final examinations during the present month, have obtained the licence in Surgery of this College:—

Robert Abraham, George W. Armstrong, Thomas Browning, William G. Chute, Arthur E. T. Craig, Frederick A. Davis, George B. Elliott, Henry L. Finny, Henry C. Groves, Andrew Harris, Edward Heard, Gerard E. Irvine, John Keatly, Bernard F. Kennedy, Timothy Killeen, John E. McBride, Thomas D. Moors, Michael J. Morgan, Samuel F. Murphy, John W. Peacock, William G. Rutherford, William Stritch, John A. Whitty.

Of 46 candidates at this examination, 24 were rejected.

**The Mortality of Foreign Cities.**—The annual death-rate per 1,000 in the principal foreign cities, according to the last weekly returns communicated to the Registrar-General, are as follow:—Calcutta 22, Bombay 22, Madras 30, Paris 19, Geneva 17, Brussels 19, Amsterdam 21, Rotterdam 20, The Hague 16, Copenhagen 16, Stockholm 23, Christiania 17, St. Petersburg 27, Berlin 33, Hamburg 24, Dresden 24, Breslau 41, Munich 27, Vienna 28, Prague 35, Buda-Pesth 32, Rome 21, Turin 25, Venice 26, New York 25, Brooklyn 24, Philadelphia 22, and Baltimore 25.

**Vital Statistics.**—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 19.5 per 1,000 of their population, and were—Birkenhead 19, Birmingham 15, Blackburn 16, Bolton 17, Bradford 12, Brighton 13, Bristol 14, Cardiff 19, Derby 14, Dublin 27, Edinburgh 14, Glasgow 22, Halifax 11, Huddersfield 16, Hull 13, Leeds 18, Leicester 23, Liverpool 22, London 20, Manchester 23, Newcastle-upon-Tyne 16, Norwich 21, Nottingham 15, Oldham 16, Plymouth 25, Portsmouth 14, Preston 17, Salford 23, Sheffield 23, Sunderland 18, Wolverhampton 16. The highest annual death-rates from diseases of the zymotic class in these towns were—From measles, 1.7 in Sheffield, and 3.4 in Newcastle-upon-Tyne; from whooping-cough, 2.2 in Cardiff, 2.3 in Derby, 3.2 in Blackburn, and 3.4 in Birkenhead; from scarlet fever, 1.3 in Wolverhampton; from "fever," 1.0 in Newcastle-upon-Tyne; and from diarrhoea, 1.6 in Preston, 2.0 in Salford, 2.7 in London, and 9.6 in Leicester. The 24 deaths from diphtheria included 16 in London and 5 in Liverpool. Small-pox caused 19 deaths in London and its outer ring, 1 in Sheffield, and 1 in Sunderland.

## Notices to Correspondents.

**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.

**READING CASES.**—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

**LOCAL REPORTS AND NEWS.**—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

Dr. J. W. C. (Southsea).—We have not yet seen them.

MR. WILSON (Bath) will see the subject is referred to in another column. We think the discussion most unfortunate, and not warranted by existing circumstances.

MR. COGREAVE (Wandsworth).—Sorry we cannot add further to our free list. Were we to accede to your request, we might do the same to the hundreds of reading-rooms which exist in every large town.

L.R.C.P. (Liverpool).—The population of Liverpool exceeds that of Madrid by about 100,000. We are informed by a correspondent in the latter city that the cholera returns are much exaggerated for political purposes, it being thought that by keeping the excitement alive the people (headed by Carlist agitators) will have more important personal matters to think of than rebellion.

A THIRD YEAR'S MAN.—We understand that a new edition is in preparation, but that it is not likely to be issued before January next. Meanwhile, copies of the existing edition can be referred to at any of the public libraries.

OXONIUM.—No guide to the examinations in question is published, nor are the papers to be had, except as a matter of private favour. We regret, therefore, we cannot assist you.

DR. ALBERT.—When a practitioner invokes the assistance of one of his brethren to conduct a labour case in his absence, the usual rule is that the fee should be shared equally between them. There is nothing in the circumstances you mention to necessitate any departure from the custom obtaining in this respect.

### THE INFECTIOUSNESS OF SMALL-POX.

A CORRESPONDENT, "Q. E. D.," asks, in reference to the death of a sanitary inspector at Oundle, Northamptonshire, chronicled in our last (page 89), "Would it not be well in the present uncertain state of popular prejudice, to inquire into the fact whether the late sanitary inspector and others had been re-vaccinated?" It seems strange that the only "exempt assistant" at the aforesaid burial should be a "medical man." The corollary thereby attached would be that, even with the actual contact taking place with the defunct body, "what amount of immunity was present to protect the doctor?"

MR. DONALDSON.—We would willingly help you if we could. Publicity, however, would not advance your interests.

J. A. B.—There is no occasion for the observance of special rules under such circumstances. The case should be treated as an ordinary burn, and will do well.

DR. SIMPSON.—At the present time we are in receipt of more than one similar offer, but we do not yet see occasion to avail ourselves of the suggestion.

### FAITH-HEALING EXTRAORDINARY.

A. P. H. expresses the opinion, which will be generally endorsed, that the case quoted by a contemporary exemplifies many that could be (with a little care and trouble) brought before the public to expose the absurdity of the so-called "Faith-healing," and asks, "Is it not ridiculous that the well-founded diagnosis and prognosis of a well-qualified medical man should be opposed by an evil-disposed woman, who, taking the kudos, actually fulfils his prognosis?"

MR. BELLAMY.—Scarcely worth while to re-open the whole question.

A PROVINCIAL PRACTITIONER.—Whey-cures are far more popular on the Continent than milk-cures, though neither are so much in vogue now as during the last half-century. There is no material difference in the therapeutical action whether a patient take cow, goat, or ewe whey. Whey increases the secretions of the intestinal canal, the kidneys, and the skin, promoting the change of tissue; it also acts as a mild aperient. You should get one of the many small books on the subject.

MR. AMORY.—You will find all the questions you ask fully answered in our Students' Number. That for 1884 contains detailed information on the subject, and no important alterations have been made in connection with it since that number was published.

DR. GARDEN.—Many thanks for the communication, which, however, only the more strongly confirms us in the views we had formed. Should your suggestion be ultimately followed, the origin of the information will be fully acknowledged.

### THE MEDICAL RELIEF BILL IN THE LORDS.

MONDAY'S proceedings in connection with the Medical Relief Enfranchisement Bill in the House of Lords afforded another evidence of the bid for power now at fever-heat by the leaders of both political parties. Earls Granville and Milltown each sought to outbid the other for the privilege of introducing this, in many respects, objectionable measure, each contending that he had the right and title to move the second reading. Ultimately it was decided that the Earl of Milltown should have charge of it to-day (Wednesday).

DUBITANS.—We cannot undertake to determine the question without first receiving much more complete details than have yet been furnished. So far as it is possible to judge at present, both sides have been in fault; but whose fault is the greater seems open to discussion.

R. P.—You are not by any means alone in condemning the proceeding; and we are glad to receive so large an amount of support as is given to us on the steps we have taken. The matter is one of the utmost concern to every one anxious to preserve the moral prestige of the country.

DR. NANKIVELL.—We have no means of judging the relative values of the preparations. Any experiments conducted with a view to deciding the question will be valuable, and deserve every encouragement.

## Vacancies.

Clonmel District Lunatic Asylum.—Assistant to Resident Medical Superintendent. Salary, £150, with apartments, &c. Election August 10. (See advt.)

Dunfahugh Union, Crossroads Dispensary District.—Medical Officer. Salary, £110 and fees. Election August 5. (See advt.)

Ile of Man General Hospital and Dispensary.—Resident House Surgeon. Salary, £100, with gas, coal, &c. Applications, with testimonials, to the Hon. Sec., not later than August 10.

Mason Science College, Birmingham.—Demonstrator in Physiological Department. Applications on or before August 23.

Netherland Institution for Infectious Diseases, Liverpool.—Resident Medical Officer. Salary, £30 per annum, with board, &c. Applications, with testimonials, to the Secretary, on or before Aug. 1.

Ramsgate and St. Lawrence Royal Dispensary and Seaman's Infirmary.—Resident Medical Officer. Salary, £120 per year, with furnished apartments, &c. Applications, with testimonials, to the Secretary of the Dispensary, on or before August 1.

Royal College of Surgeons of England.—Examinership in Dental Surgery. Applications to the Secretary, before July 30. (See advt.)

Taunton Union, Churchstanton District.—Medical Officer. Salary, £22 per annum. Applications, with testimonials, to the Clerk, by August 1.

## Appointments.

BIDEN, C. W., M.R.C.S., L.R.C.P. Lond., House Surgeon to Charing Cross Hospital.

JENBY, T. C., M.D. Brux., M.R.C.S., L.S.A. Lond., Honorary Surgeon to the Bradford Infirmary.

GREENFEL, H. O., L.S.A. Lond., House Physician to Charing Cross Hospital.

HALL, C. B., M.D., M.Ch. Q.U.I., Medical Officer for the Dewsbury District of the Dewsbury Union.

HAW, W. H., M.R.C.S., L.S.A. Lond., Resident Obstetric Officer to Charing Cross Hospital.

LONDON, A. A., M.D. Lond., M.R.C.S., Medical Officer to the Sick Children's Hospital, Adelaide, South Australia.

LIDDELL, H. J. S., M.R.C.S., Medical Officer for the Buckland District of the Tavistock Union.

LONGHEAD, W. H., M.B., B.Ch. Durh., Medical Officer for the North Somercotes District of the Louth Union.

MCLAREN, M., B.A., M.B., C.M.Ed., & M.R.C.S., House Surgeon to the Bootle Borough Hospital, Liverpool.

NOBBURY, T. W., L.R.C.P. Ed., M.R.C.S., Medical Officer for the Stratford-on-Avon District.

STEEDMAN, F. O., M.R.C.S., L.S.A. Lond., House Surgeon to Charing Cross Hospital.

TRIBBLE, F. T., L.R.C.P. Lond., M.R.C.S., Honorary Surgeon to the Torbay Hospital, Torquay.

WALLINGTON, W. T., L.S.A. Lond., House Physician to Charing Cross Hospital.

## Births.

AUCHINCLOSS.—July 17, at 35 York Street, Dublin, the wife of Hugh A. Auchincloss, F.R.C.S.I., of a daughter.

CONSTABLE.—July 20, at 406 Mile End Road, London, E., the wife of Samuel Constable, L.S.A., of a daughter.

MILLER.—July 23, at Percy House, King's Cross, London, the wife of John A. Miller, L.R.C.P., M.R.C.S., of a son.

SANBORN.—July 21, at 84 Harley Street, London, W., the wife of Arthur Ernest Sanson, M.D., F.R.C.P. Lond., of a son.

## Marriages.

ADDINSELL-BLAND.—July 21, at Kensington Presbyterian Church, Augustus W. Addinell, M.B., of West Kensington, to Katherine Cotter Hamilton, third daughter of F. C. Bland, of Derriquin Castle, Co. Kerry.

MALONE-KAVANAGH.—July 23, M. J. Malone, M.D., F.R.C.S.I., of 5 Percy Square, Limerick, to Mary, daughter of the late Bernard Kavanagh, M.D.

RODWELL-O'LEARY.—July 22, at All Saints' Church, Kensington, Chas. E. Rodwell, of Ashleigh, Taunton, to Ellen Victoria, only child of Deputy Surgeon-General O'Leary, M.D., Army Medical Service (retired).

## Deaths.

ALLEN.—July 14, at his residence, Mooroot, Didsbury, near Manchester, Richard Allen, Surgeon, aged 75.

BROWN.—July 17, George Dransfield Brown, M.R.C.S., of Henley Villa, Ealing, aged 57.

HARDING.—July 12, at Exeter, Edward Hardinge, late Assist.-Surgeon R.H.A., fourth son of the late Rev. T. H. Hardinge, D.D., Rector of Ashley, Staffordshire.

# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 5, 1885.

CONTENTS.		PAGE	PAGE
<b>ORIGINAL COMMUNICATIONS.</b>			
On Some Causes of Disease, and on Reparative and Destructive Processes. An Address delivered at the Opening of the Section of Medicine at the Annual Meeting of the British Medical Association, held in Cardiff, July 29th, 1885. By R. Wilks, M.D., LL.D., F.R.S., Senior Physician to Guy's Hospital; President of the Section .....	115		
On Injuries of the Skeleton, and the Value of Accumulation of Specimens. An Address delivered at the Opening of the Section of Surgery at the Annual Meeting of the British Medical Association, held in Cardiff, July 30th, 1885. By Edward H. Bennett, M.D., Professor of Surgery in Trinity College, and Surgeon to Sir Patrick's Dun's Hospital, Dublin; President of the Section .....	119		
History of the Progress of Laryngology from the Earliest Times to the Present. By Gordon Holmes, M.D., Physician to the Municipal Throat and Ear Infirmary, London; Consulting Physician to the Sheffield Ear and Throat Hospital .....	120		
<b>CLINICAL RECORDS.</b>			
St. Bartholomew's Hospital—Case of Double Pneumonia (Right upper lobe and left lower lobe). Under the care of Dr. Reginald Southey. (Reported by Mr. Albert Grasswell, M.B. Uxon.) .....	123		
<b>SPECIAL ARTICLES.</b>			
The Army Medical Department Report for the Year 1885 .....	124		
<b>THE ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION—</b>			
The First General Meeting .....	125		
A New Printing Office and Club .....	125		
Admission of Homoeopaths .....	126		
The Representation of the Branches in the Central Council .....	126		
The Political Helplessness of the Association .....	126		
The Addresses and the Sectional Work .....	127		
Poor-law Medical Officers' Association .....	127		
The Irish Graduates' Association .....	127		
<b>LEADING ARTICLES.</b>			
THE INFLUENCE OF ENVIRONMENT ON DISEASE .....	128		
FEEDING THE SICK .....	128		
<b>NOTES ON CURRENT TOPICS.</b>			
Metropolitan Hospital Sunday Fund ....	129		
The Testimonial to Dr. Bradley .....	130		
The Recent Appointment to the Castlebar District Asylum .....	130		
Paralysis of the Sympathetic .....	130		
Visit of Her Excellency the Countess of Carnarvon to the City of Dublin Hospital .....	131		
Death of Professor Schlager .....	131		
The Study of Morbid Anatomy .....	131		
The Criminal Law Amendment Bill .....	131		
Prosecution under the Pharmacy Act ..	131		
The Disadvantages of Prepared Foods ..	132		
<b>SCOTLAND.</b>			
Aberdeen, Banff, and Kincardine Branch of the British Medical Association ....	132		
The Universities (Scotland) Bill .....	132		
Health of Edinburgh, &c. ....	132		
<b>CORRESPONDENCE.</b>			
The Conjoint Examination Scheme for Ireland .....	133		
Literature .....	134		
Medical News .....	135		
NOTICES TO CORRESPONDENTS .....	136		

## Original Communications.

### ON SOME CAUSES OF DISEASE, AND ON REPARATIVE AND DESTRUCTIVE PROCESSES.

An Address delivered at the Opening of the Section of Medicine at the Annual Meeting of the British Medical Association, held in Cardiff, July 29th, 1885.

By SAMUEL WILKS, M.D., LL.D., F.R.S.,  
Senior Physician to Guy's Hospital; President of the Section.

THE best method, I believe, to arrive at anyone's sentiments or opinions is to study his actions; and if I do this with myself, and look back to the addresses which I have given at this Association, at my hospital, or at the International Congress, I find the theme is the same. It is one which had its basis formed at a very early period of my career, and became more fixed as years and experience went on. It was this, that the peculiarity of different races of mankind must depend on climate, food, and other surroundings, and that these peculiarities are transmitted; that hereditary tendencies have, therefore, much to do with the physical and mental characters of individuals, and also that these temperaments and idiosyncrasies which are so evolved are most important in the production of our ailments; again, that these surroundings are, in themselves, sufficient to produce active disease—for example, a number of conditions tend to the prevalence of the gouty constitution in England, and this may be carried through several generations, but the same conditions, operating on an individual predisposed, may actually induce an attack in him: that the predisposing and exciting causes are the same. Morbus Brightii, and many other diseases, come about through the deleterious operation of our ordinary surroundings, both in the air we breathe and in the food we eat, and not from any well-defined specific cause. I have, therefore, considered that nearly all disease is slow in its origin and progress, and I have never been tired of quoting Hippocrates, the father of medicine, who said, "Diseases do not fall upon men instantaneously, but being collected by slow degrees, they explode with accumulated force." I thought I saw, even in my student days, how erroneous the books and lectures were in giving descriptions of acute diseases as occurring in

healthy persons, and then how such affections became at last chronic. The truth, as I saw it, was very early forced upon me by making post-mortem examinations; when, for example, a person was brought to the hospital for obstruction of the bowels, attributed to an intussusception, or the lodgment of some indigestible food, and which proved nearly always to be due to a cause of very long standing, or even congenital; in the same way acute peritonitis was but the termination of some old disease in the abdomen, and a meningitis the ending of a prior disease in the brain. I had thus come to look upon disease as essentially chronic in its nature, induced by the ordinary agents surrounding us, and to believe that the medical art should be mainly directed against the operation of these causes. I have no doubt, had I given an address, and shut my eyes to all the discoveries going on around me, I should have wandered back to the old theme, and found all my opinions confirmed by age. I cannot, however, be blind to what is now occupying the medical mind, and therefore with all sadness confess the truth, my occupation's gone. It is of no use talking any longer of the conditions of our climate predisposing to phthisis; of the hereditary tendency to this disease, much less of any peculiar conformation of chest and frame in those who fell a prey to it, for the disease is due to a bacillus, which may be taken by a husband from his wife, or *vice versa*, or conveyed by a phthisical nurse to a number of children whom she suckles, or even, indeed, caught in the street; at least, this was suggested in the case of a lad who died of tubercular meningitis, having long had a sore tongue, which was called tubercular. It was surmised that it was primarily a simple ulcer, on which bacilli alighted as he walked through the streets. In order to mollify believers in predisposition, temperaments, and configuration, it is admitted that there must be appropriate soil for the cultivation of the germs; but, after the delivery of these platitudes, they are put on one side for the study of the one potent agent, the bacillus, and are no more considered than predispositions to small-pox, scarlatina, or cholera. I do not for a moment attempt to throw any discredit on modern research, for these bacilli undoubtedly exist, as any one may prove for himself; but I am rather offering myself for pity, that, having preached on one long text, that it is the great aim of the physician to seek the causes of the disease in our ordinary surroundings, and in the tendencies transmitted to us, and to try to remove them, I find my occupation gone;

but perhaps I am only shunted for a time to let the express pass by.

It might be worthy to remark, in passing, how treatment accompanies and follows pathological discoveries, in opposition to the mistaken idea, which many seem to hold, that there is a science of therapeutics gained by a simple observation of the action of drugs on the body. It is sometimes said that therapeutics stands still or lags behind other departments of medicine. I think this is not true, nor cannot be true; in fact, I am at a loss to know what pure therapeutics is, apart from disease and pathological states. It seems to me it is the study of external agents on various diseased conditions; and it is not so much new remedies, but a better indication and knowledge of how and when to use them, which is required. For example, thousands of persons are now cured of nervous diseases, not by a new remedy, but by the old iodide of potassium, and this was done as soon as pathology had discovered the existence of visceral syphilis. So, in the same way, if the doctrine of bacillary phthisis is true, we have our antiseptics at hand, and we have not had to wait for iodoform, eucalyptus, and benzoic acid, and such like remedies which are now in vogue. The improved treatment in the one case came from observations in the post-mortem room, and in the other from the pathological laboratory. If there be one-tenth of truth in the value of the remedies which we see weekly vaunted in the advertisement pages of the medical journals, therapeutics has shot far ahead of every other branch of medicine.

I might here allude to the fact that the discovery of germs in phthisis and some other complaints will probably oblige us to give up our old theoretical notions as regards the pathology of the exanthemata and other specific diseases. It is in these diseases, which are called zymotic, that no microbes have been found. It will be remembered how Liebig marked the resemblance of the course of a specific disease like small-pox to the process of vinous or acetous fermentation. When, for example, an organism is placed in a saccharine fluid, it begins to develop and grow until all the pabulum on which its multiplication depends has disappeared. The fermentative process, therefore, must cease, and cannot occur again in that fluid. In a similar way, a virus inoculated into the human body continues to develop during a certain term, called the period of incubation, and then rapidly multiplies a millionfold, accompanied by a great commotion in the whole system, when the process ceases, and is never capable of occurring again. The likeness to the fermentative process so struck Liebig, that he introduced the term zymotic for this class of disease, and it has been made use of ever since. The theory may be rational, but it is very remarkable that it is in these very diseases, whose course would have suggested the growth of some organism like a ferment, that this has not been found—I allude to typhus fever, small-pox, scarlatina, &c.; whilst, on the other hand, in diseases where no analogy can be traced between their symptoms and the fermentative process, microbes have been discovered, as in cholera. Here patients are sometimes suddenly stricken down, and die in a few hours, without any of those previous conditions which in any way resemble the stages of a fermentative process. In phthisis, again, there is no analogy between the symptoms and those of a specific disease where germs have been supposed to be present, since the disease may remain for a long time local, and the blood be unaffected. All modern discoveries regarding microscopic organisms do much to overthrow the zymotic theory of disease, were it not, indeed, under any circumstances, too extravagant an one to hold—a theory suggesting that there are several substances in the blood too subtle to be recognised by any known methods, but affording a pabulum for the growth of germs of small-pox, scarlatina, and such like diseases, when they fall upon us, and that this is the only use of those imaginary constituents of the system. It is a great pity that any word like zymotic, implying a theory of disease, should ever have been allowed to enter our nomenclature. Hitherto, no antiseptic or specific remedy has been found to prevail against the regular course of these diseases, and one reason may be that the enemy to be attacked was an imaginary one; but from this it does not follow that antiseptics may not be of service in diseases where organisms have been found. I will not dilate more upon this subject, but feel it quite impossible for any one who was making medicine the subject of his discourse to overlook the fact, that all pathological enterprise is now engaged in the search for

specific causes of diseases, and to found a treatment upon it. This has rendered the pathology of many diseases much more difficult to understand, since it is almost impossible to graft the new facts upon the old, or even reconcile them with those which are already established.

Amongst many other subjects in medicine of a general nature to which my thoughts have been directed, there is one with which I will occupy you during the remainder of the short time allotted to me. It is a subject which has two sides to it—a physiological and a pathological one—both highly important with reference to clinical medicine. The one aspect has reference to the mutual relation which exists between the different functions of the body, suggestive of the organs having varying activities and compensating actions; the other aspect is the compensating or actual conservative process which we see going on during the progress of many diseases, a reparative as well as destructive action, and which can be recognised clinically during the life of the patient.

The readers of the lectures of Sir James Paget will remember how he dilates upon a law (which had already been formulated by the older masters in medicine) that the proper adjustment of the various functions of the body is necessary for its integrity; and in this way every physiological process, however slight, may be looked upon in the light of a natural secretion. This seems like a truism, or mere platitude, and yet it is not seriously or practically considered. To preserve the integrity of the body of a given bulk, so much pure blood is required, and, therefore, suitable organs of a certain size for its production, also a definite amount of depurative organism for its purification. In this way life goes on.

It is so evident that the organs must be proportioned to their use, that Aristotle maintained that Nature makes the organ for the function, and not the function for the organ. One of the most striking examples of this law is seen in the case of the kidneys. If one kidney be destroyed from any cause, the other will enlarge to compensate for the loss. It will grow until it has reached the point necessary for the discharge of its duties, and then cease to enlarge.

The same probably occurs in other organs; where, for instance, a portion of the liver has been destroyed, the other lobe has proportionally enlarged; and, in some chronic affections of one lung, the other one has evidently grown to maintain the balance. These processes are evidently conservative, and indicate a healthy organism. But it may be as well to ask, Does a deviation from this line ever occur from some unknown cause, and in this way is an abnormal, or pathological, condition set up? As regards the former, that is, an increased or diminished function, I do not know that this has ever been suggested in the more complex vital organs, and yet of late years a hypertrophy of the liver has been spoken of by pathologists. It is true that the term is given simply to express certain anatomical changes, and not necessarily implying that there has been an excess of the original secreting organ.

As regards less important viscera and structures, it would seem that this limitation to healthy size is not kept; and in the case of the spleen the organ may grow to an immense bulk. Apparently the structure is healthy, and, putting together its supposed function and the state of the blood, it seems as if the balance was upset by the excessive development of one function, and the patient dies from having too much spleen. The same is thought to occur in the lymphatic glands, when they grow to immense size by the addition of apparently healthy tissue.

Another structure which sometimes will start into growth without any relation to the original framework is the bony skeleton, the skull, and all the long bones reaching an enormous size and weight; so also the skin and fat develop until the person is of great bulk. Those are cases which, in a marked degree, show that there are causes in operation which sometimes upset the balance of growth and the fair relation between all parts of the body.

Now it is worthy of consideration to inquire whether, when the balance is upset by the disease or destruction of organs, any other organs or tissue may take on their extra work. For example, we sometimes find the kidneys so exceedingly atrophied from disease that we are at a loss to understand how life could have existed with so small a renal structure; if in health, four or six times that amount is necessary. Must it not have happened that other organs assisted in their work, notably the skin and intestinal canal; and may not the record be true that, under these circum-

stances, urine has been excreted by the nipples and other parts of the body?

The liver, too, is sometimes found so small and hard, that it is not difficult to understand why its possessor is dead, but why he should have lived so long. In this case, the purpurine in the water would suggest that fresh chemical actions have been in operation. As regards organs which are not vital, peculiar effects may be observed in the system when they are destroyed, as in wasting of the thyroid body, of the testes, or of the supra-renal capsules. We ask ourselves in what way is compensation made when an organ is diseased, and an answer to this question is what the judicious physician should try to discover, so that, by following Nature's laws, he may lengthen the days of his patient. I have observed that the most judicious medical men are those who will take the body as a whole, the good and bad, observe all the different functions, and so, by simple methods, rule and guide the whole bodily organism, so as to bring it to a proper adjustment. I need not remind you that they could not have been specialists.

Now, when one organ is actually diseased, it is very clear that the balance is upset, but it is equally important to ascertain whether a temporary cessation of function may occur from the operation of any external agent, and so a like disturbance occur. The importance of this question will at once be made clear to you when I ask you to direct your memories to a paper read before one of the medical societies by Sir Andrew Clark, and entitled *Renal Inadequacy*. The author spoke of cases where the renal secretion had become in every way defective, with corresponding symptoms. The subject debated was whether such temporary abeyance of function could occur in a healthy organ, or whether it must not imply disease. The subject was so differently considered by various members of the society, as to show that this had never been thoroughly investigated. It is true there may be an excess of urine passed; but, if this hold the proportionate amount of solid matter, it shows only that more work is put upon the organ, and not that it in any undue way is depriving the system of more solid constituents than is required. If, however, there be a large excess of water alone, it does generally show a temporary excessive action of the kidneys, and this is usually due to a nerve cause.

It is curious that there is a widespread popular belief in the ever varying action of organs; as, for example, we daily hear of a liver being torpid, or secreting an excessive amount of bile. Bernard's theory of diabetes was that it was merely an excess of a normal function, that the liver was over active in its glycogenic function. There is also a belief that the degrees of action of the liver are influenced by cold and heat.

In some organs, the action is clearly intermittent. In the case of the stomach, the organ when quiescent is small, containing little blood, and secreting no acid juice. As soon as it is stimulated by food, it enlarges, blood is poured into its walls, and an intensely acid juice is exuded from its mucous surface. The generative organs are more marked examples of the intermittent action, especially in women; but in man, everyone must know instances where a testis may be discharging its secretion every few days, and then be in abeyance for months or years. The lacrymal gland may, under emotion, pour out as much fluid in a week as at other times it would do in a year. The brain during sleeping and waking constitutes, of course, a well marked example of the intermittent actions of organs. During violent exercise, it is evident that the organs are more fully at work; there is more tissue-change, and more heat is produced; the skin is acting profusely, and the lungs more vigorously. As regards the brain, we may go a step further; there is not only the general inactivity during sleep, but there probably is in all of us more or less inactivity during our waking hours. If a person be taken from a savage or uncivilised country, and his mental powers can be well defined, and he be placed in a school, and be educated, so that after a time he shows himself possessed of considerable amount of intellect, we are bound to conclude that, if he had remained in his own country, he would have been in possession of an unused brain or a non-functioning organ. Must then the popular belief receive the sanction of the profession, that the liver may be torpid, the stomach inactive, the bowels sluggish, and the nerves unstrung?

Apart from the question of their own individual waking or sleeping, as they are in action or not, it might be interest-

ing to know whether the function of organs is influenced during ordinary sleep, or the sleep of the brain. Seeing that they are under the influence of the nervous system, this might be supposed; but since it is clear that the circulation is affected during sleep, it is almost certain that their action must be altered. Not only the brain sleeps, but other portions of the nervous system in part. It is said that the spinal system never sleeps, or the patient would die. Perhaps sometimes it does sleep, with the inevitable result. That it partially sleeps is seen in the paralysis of the whole muscular system when the head and the limbs fall, and the mouth drops, counterfeiting death; snoring also being a counterpart of the apoplectic stertor. In heart-disease, the state of sleep evidently involves to a certain extent the spinal cord, for the interference with respiration and the gasping are among the most distressing symptoms of this complaint. But more observations are required to ascertain the state of the vascular system during sleep. At present we must be content with the facts which are presented to us. These do not accord with our preconceived ideas, which are so strongly impressed upon us, that we act upon them rather than upon experience. The idea of sleep suggests quiet and repose, therefore the blood is circulating placidly through the body, and there would not be the same pressure on the vascular walls as during violent exercise. But is this warranted by facts? For example, are varicose veins found in those who are sedentary, or in those who take much exercise? A more important case is that of hæmoptysis in pulmonary disease, where hæmorrhage occurs much more frequently during the night, after several hours of rest, than during any exertion in the day. It is now many years ago I made this statement, which seemed to be absolutely true, when I was censured by a specialist for having maintained this before students, since it was obvious, he said, that there must be greater proneness to hæmorrhage during exertion. This opposition naturally made me observe still more narrowly, when I was more than confirmed in my original statement by discovering it was the rule for hæmorrhage to occur in the night. I can only surmise that, during the quiet of sleep, the circulation is more impeded, and the tension on the vessels greater, than when the lungs are expanding, and the circulation free. If this be so, why should purely theoretic or imaginary reasons guide us in practice, and oblige us to frighten our patient suffering from hæmoptysis by telling him he must not make the slightest movements with his arms, must not move out of bed, or speak above a whisper? I have never yet met a medical man who has told me that he is acting on other than theoretic reasons by so doing, and he has no proof that this quieting and frightening method is the best.

Then, again, take the heart; is it not during sleep that the patient suffers most, and is it not during the night that a weak heart may rupture, or an aneurysm give way? I have known a patient with mitral disease and a quick acting irregular heart gain much by a little exercise: a few paces around the room have quieted and slowed the action of the organ. Many persons are kept in a state of perpetual terror, and become hypochondriacal, because the medical man has forbidden all movement, even in their house, and they have been carried up and downstairs in a chair.

If we look to sanguineous apoplexy, I cannot say what the proportion of attacks is during the quiet of night and the active pursuits of the day. I myself am impressed with the great frequency of attacks during the night. Of course many other causes may be in operation during the sleeping hours, as, for example, the cooling of the body towards the morning. It is then that the medical man is aroused by his night-bell during cholera epidemics, and it is then that other temporary troubles connected with the digestive organs occur. The altered circulation, no doubt, is the cause of epilepsy occurring in some persons during sleep, and the supine position may perhaps be the cause of many back-aches being worse at night, as well as increased irritability of the bladder and other troubles.

There are many other interesting questions connected with the sleeping state which might throw a light upon the cause of some maladies. For example, headache in many persons is intimately associated with sleep at night and somnolency generally. Now, if it be true, as appears from many considerations to be, that the brain is less vascular during sleep, it would show that headache depends upon the state of the circulation. It may be true that the quiet of sleep may remove many headaches, but it is also true that a



heavy sleep is often followed by headache. I am aware of this personally, and can quite sympathise with a member of this Association who, in describing his own case a short time ago in the *Journal*, said that, after a hard day's work, when a feeling of sleepiness came over him, he hailed with delight the ring of the night-bell which was to keep him from his bed, and at the same time prevent the headache on the following morning. I know myself this evil side of sleep too well; and this, and others which I have depicted, are a few of the troubles which may arise during this time. It is true that sleep is "Nature's nurse," is "Nature's sweet restorer," and "the comforter when it visits sorrow," and is one of the best symptoms of the well-doing of the patient, so that, as perhaps you may observe in those obscure bulletins which issue from the fashionable medical men, the only information vouchsafed for the information of the public is that the patient has had a good night or restless night; but a sound sleep is not always good, and there is many a patient who can exclaim with Coleridge—

"Sleep, the wide blessing, seemed to me  
Distemper's worst calamity."

The subject of which I am here speaking is somewhat vague, and I regret I had not an opportunity of bringing more substantial facts before you. I must be content, therefore, with saying that the varying activity of organs during the day and night, and under different conditions, is one which more thoroughly deserves our attention. The subject is, no doubt, physiological in the first instance, but is, nevertheless, highly important to us as practising medical men.

I will now briefly allude to the purely pathological part of the compensating function to which I have here alluded, that is, the conservative or reparative processes, which are seen going on hand in hand with the destructive ones. In examining a diseased organ we do not sufficiently distinguish between the two processes; much less do we do so during the life of the patient. There is no doubt some general law in operation which provides for the two kinds of action, the formative and destructive; but the opportunity does not serve to discuss the question of correlation of forces, and how far we may regard all processes going on in the body as of two kinds, vital and chemical, mutually opposed. In an ulcer, certainly, the two processes are very apparent; there is the disintegration going on, and also the formation seen in the cells and granulations. A very valuable and scientific paper on this subject is to be found in the "Guy's Hospital Reports" by Mr. Golding-Bird. It wants but a moment's consideration to see how all organic life on the globe is necessarily associated with death, and that the same law is in operation in pathological processes.

Let me for a moment suggest to you my meaning. Let there be a softening or destruction of the brain; we find it surrounded by a formative cyst or inflammatory products; and, in the syringo-myelitis of the cord, the same thing is seen, large cavities associated with new products. It should be remarked, however, that, although reparation is going on, it is only by the formation of the simplest material; the highly complex structures are never renewed (except, perhaps, in children under special conditions); no injury to any of the parenchymatous organs is replenished by the same material, the repair is made by simple fibre. Bone may be replaced, and skin in an imperfect manner. In the case of the lung, the two processes, destructive and reparative, are always seen together; indeed, an ordinary phthisical lung could never have been witnessed without the double process. The ulcerated tissue would have produced a fatal hemorrhage or pneumothorax long before any extensive change could have occurred in the lung; but the vessel becomes closed, and the lung adherent. Now, the more chronic the case, the more are these reparative conditions marked, so that the pleura becomes greatly thickened, much of the pulmonary tissue cicatricial, and the cavity becomes lined with a firm membrane. Under these circumstances, we say that the signs of phthisis are well marked, the dullness on percussion is extreme, there is a falling in under the clavicle, and the pectoriloquy is pronounced. These are not so much signs of disease as of repair or cure. This is the reason why the young practitioner in such a case gives an unfavourable prognosis, forgetting the meaning of the signs, and, to his astonishment, may find his patient in much the same state a year afterwards. It is worthy of note that fatal hæmoptysis rarely occurs from the destructive process; it is due to the giving way of a dilated vessel in a localised and very chronically affected part of the lung. The same

probably occurs oftener than is supposed in the stomach; the chronic ulcer is characterised not so much by the destruction of the tissue as by the new growth around it; and it is in connection with this that the vessel becomes expanded and thinned, and subsequently ruptures. In cases of scirrhus pylorus it is quite as much the hypertrophied natural tissue which constitutes the tumour as the adventitious substance.

In the case of the liver, it is often difficult to say what changes are reparative or constructive, and which destructive. As the liver wastes, we observe a large concourse of veins on the surface of the abdomen, and we regard these as one of the signs of cirrhosis; but it is rather to be regarded as a consequence of the disease than one of its constituent parts. For, while the liver is being compressed, new blood-vessels and new bile-ducts are being formed, and the blood from the portal vessels, which would otherwise be arrested, makes its way to the surface and systemic veins, through the opening out of the old umbilical vein. The case of cirrhosis is a marked example of what I have been saying of the ulcer, whose description would demand demonstration of both a destructive and a formative process; but, in the case of the liver, where the change is so complex, it would be difficult to draw the line; many of these changes, however, are clearly no part of the primary pathological process. I have seen it stated, but I do not know with what authority, that, if the pulmonary arteries be injected in phthisical lungs before removal from the body, the injection may extend into the chest-walls through newly formed vessels. I may take another example in the case of the pseudo-hypertrophic paralysis of children. Now, in all the cases which I have seen, there has been a marked atrophy of the muscles, so that parts are wasted whilst others are enlarged, giving a general deformity to the whole body. In those limbs, too, which are hypertrophied, there is often perfect helplessness, showing that the natural muscular tissue must have undergone a decay. In the case of a boy lately under my care in Guy's Hospital, the difference in the size of the legs was most remarkable, one being three or four times the size of the other, but they were both equally helpless. The one showed merely wasted muscles, the other was firm from the production of new false tissue. The arms were wasted, and yet large masses of new tissue were felt in the deltoid and biceps. In these cases there is atrophy of muscular tissue, but, besides this, there is what is never observed in the adult, a productive process going on at the same time; the latter, however, has not the power to reach to the development of muscle, but remains in its lower state of fibre only. The example, however, is a striking one of the productive process going on with the atrophic one. In the case of the blood-vessels, degenerative and productive processes are constantly seen progressing together. In the cancers and other tumours of bones we perceive a destruction of the original tissue, and yet new bone growing up in the tumour.

You must forgive me for these few desultory remarks. I should have liked, had time and opportunity served, to have offered to your notice some well-developed theme; but I had on the present occasion no other resource than to look around me, and see what subjects had occupied my thoughts; one or two of them, although crudely brought before you, are, I think, worthy of your consideration.

#### ON INJURIES OF THE SKELETON, AND THE VALUE OF ACCUMULATION OF SPECIMENS.

*An Address Delivered at the Opening of the Section of Surgery at the Annual Meeting of the British Medical Association, held in Cardiff, July 30th, 1885.*

By EDWARD H. BENNETT, M.D.,

Professor of Surgery in Trinity College, and Surgeon to St. Patrick's Dun's Hospital, Dublin; President of the Section.

My first duty on taking the chair is to offer a welcome, on the part of the officers of this Section, to our distinguished foreign *confrères* and the goodly array of members of the Association who have given us their zealous aid, both by their presence and by their labour. Personally, I desire to express to the Council of the Association my sense of the honour they have conferred on me by asking me to preside in this Section. I trust that, by my conduct in the chair, I

may be able to maintain the fair fame of Irish surgery—a duty to which I am doubly bound, by virtue of the allegiance I owe to the Royal College of Surgeons in Ireland, whose president I have lately been, and again to the University of Dublin, whose professorship of surgery has been in my hands now for many years.

I propose, in the few words with which I shall detain the Section, to deal only with the subject with which I am myself most familiar, and to which I have devoted most of my work. I mean the pathological and clinical study of injuries of the skeleton. I think I can show that real progress here is to be made, not by the study of rare and attractive specimens and cases, but by the accumulation of large numbers of examples of ordinary injuries, and, above all, by laying down the rule, never to reject or throw away such things as appear to possess no interest. I have often been asked, what is the use of taking up space with such numbers of duplicate specimens as the museum under my direction in the University of Dublin contains? To such I have always answered that, only by the examination of a large number of individual specimens, can the details of any typical injury be worked out. I hope to show that, by this means, not only can the details of familiar injuries be rendered more complete, but new types can be discovered.

I may briefly refer, as an example, to the facts relating to Colles's fracture of the radius, which I was able to bring before this Association at the meeting in Cork in 1880. I showed then fifty-four specimens of this injury, and demonstrated that, among these, twenty-three gave proof of having been impacted fractures, while thirty-one were injuries in which positive evidences of impaction were absent. Since the time of that communication, our collection has grown to 100, this number being reached only within the last few days. We now find that the figures stand relatively forty-eight and fifty-two; and so, perhaps, the truth is more nearly reached. We have ample evidence before us in these facts, to put aside alike the opinions of Voillemier and of Smith; and we must be prepared, in practice, to meet these two conditions of the fracture in almost equal numbers. I speak on this matter with great deference to the illustrious names I have quoted. The merit of the first step in the investigation Smith rightly attributes to Voillemier, he being the first to demonstrate the constancy of the details disclosed by a section of the united fracture. From Smith's statements the conclusion has been drawn by many that no such thing as impaction exists in the fracture. Between these contending views nothing but the appeal to a large number of facts could decide. I found it all the more difficult to enter into the contest, for I was brought up as a pupil of Smith, learned from him for many years as a colleague, and have succeeded him in his professorship. I hold in these matters, however, that we must follow the Horatian maxim, "Nullius in verba magistri."

In another group of injuries—fractures of the ribs—my investigation of a great series of specimens has led me to endorse, in opposition to the commonly accepted theory, the opinion of Malgaigne, which seems never to have taken hold of the profession. Our standard text-books to this day, in this country and America, hold fast to the theory of Petit, which assumes that, when the chest-wall is broken by indirect violence, when the ribs break as the result of compression of the chest, as a whole their fragments are thrust outwards. Not a clinical observation or a specimen that I know of, confirms this view, and yet I say it is taught everywhere. Let any one who seeks to verify its value examine some hundreds of rib-fractures, and his views will soon change.

Similarly, some mystery attaches to fractures of the costal cartilages, chiefly because they had attracted but little notice until the beginning of the present century, when Lobstein directed attention to their peculiar mode of union by bone. This mystery is only the result of want of observation—it is said they are very rare. In 1865 the total record of such numbered thirty. Well, they cannot be very rare, seeing that I have myself observed some twenty-five examples dissecting and preserving of these fifteen specimens, all of which go to prove that only in the peculiarity of cartilage uniting by a structure different from itself does this fracture differ from that of bone.

But I may not delay the Section over examples of this kind. I must pass on to show how the mere preservation of specimens apparently uninteresting and unimportant can lead the way to useful results; and direct clinical observa-

tion. If I place before the meeting a single specimen of broken fibula, such as the diagram represents, such as any single one of the series on the table is, most men conversant with surgical pathology will pass it by as worth very little indeed. So did I; only I put these safely by as they came. After a time I found that their increase in number demanded attention. Every one knows the great importance that attaches to fractures of the lower end of the fibula, their great surgical interest, the writings of Pott and of Dupuytren. In all these and elsewhere no mention is made of fracture of the upper third of the bone, except as it occurs as an element of fracture of both bones of the leg, or with a complete diastasis of the bones at the ankle.

In looking over these specimens, I was struck with the fact that one feature was constant with them all, a fracture of great obliquity, but without material displacement. What was the cause? Certainly not casual direct injury. Going on with my study, I was not long in finding evidences that the injury was in some way associated with lesion of the ankle-joint; in some, a very special fracture of the tibia exists, which, when present, is alike in all. In others, evidence of past traumatic inflammation of the bones at the ankle bear testimony to the origin of the force from the ankle. In one the fracture is associated with fracture at the usual site of Pott's fracture in the lower third. I could produce several fractures of the fibula in the upper third similar to these, where, unfortunately, the tibia has not been preserved, which I doubt are not of the same type, for the extreme obliquity without displacement is quite distinct from the form of lesion which goes with fracture of both bones. Any way the number is remarkable, ten in all, where both bones are preserved. Seeing these facts I could not doubt that the injury, although unfamiliar to me as a clinical observation, must be sufficiently common. I was not long on this track before I found what I wanted. This case I published in 1880. I will now give an example observed by my colleagues in Sir Peter Dun's Hospital, and so free from the objection that might be advanced against myself on the score of prejudice.

"A man slipped in carrying a sack of grain down a sloping plank in unloading a vessel. His foot was suddenly checked in its slide by some irregularity of the plank, and he fell, conscious that something had given way in his leg. He did not strike or hurt his leg otherwise in the fall. Admitted to hospital, as he was unable to bear weight on the limb, he presented the ordinary features of a sprained ankle, without the ordinary signs of fracture of the ankle-bones. Treated for sprain, the case attracted but little attention for several days, when the circumstance of ecchymosis, high up in the limb, attracted notice. On this part being examined, the localised pain and crepitus peculiar to fracture left no room for doubt as to the diagnosis."

Somebody will say, Of what value is the observation? the bones unite well, and without deformity. So it does; but I hold that we surgeons, for our own sakes, if not for the sake of our patients, should avoid every error of diagnosis. Certainly, the surgeon who treats a sprained ankle for a week or a fortnight only to find it necessary to confess the existence of a fracture at that date, discovered by himself or another, does not feel pleased or proud of his skill in diagnosis.

I will only note further that this injury seems, as far as I have seen it in the living, to result, as in this case, from a sudden jar or wrench while the foot is fully extended.

I now will detain the Section only for a few moments while I give one other example of the benefit which the preserving of every even the least interesting of specimens yields. I may so show that, in mentioning these matters, I do not seek to sound my own trumpet, for the results are only the direct result of the method I have followed; with the clinical and pathological opportunities afforded by my position, and this mode of study, it needs little originality to see the family likeness connecting typical groups. Passing in review each series of pathological specimens, I laid aside the few examples of united fractures of the metacarpal bones in our collection, waiting until their larger and more important neighbours could be arranged. The small size of the bones, and the light value, clinically, which we surgeons have been apt to assign to simple fractures of the metacarpus, delayed my study of them, and so, perhaps, the result has been all the better; for, without some time spent in accumulating, a number sufficient to attract attention could not have been reached.

Taking at last the group into closer study, I was struck by the fact that one particular fracture outnumbered all others.

Malgaigne and Hulke have both asserted that the fracture of the metacarpal bone of the thumb is more common than that of any other of these bones, opposing the views of Boyer, who assigns the premier place to the fifth. The site of the fracture in the individual bones is set down as being "just above the middle," "in the middle or distal third."

Now, if we look to the series before us, a remarkable fact is disclosed. Amongst these fractures, there occur six examples of fracture of the base of the metacarpal of the right thumb, and no others of this bone. In each of these, the injury is the same—an oblique fracture, detaching the palmar half or more of the articular surface which faces the trapezium, with that projection of the base of the bone into the palm which supports the surface. The entire bone, except the little piece so separated, slips backwards, simulating in the living a subluxation of the bone in the direction. The appearance in the living of a subluxation is confirmed by measurement; for, as the fracture does not implicate the dorsal surface of the bone, the length on this aspect is unaltered.

When I published my first note on this injury in 1879, I had but the experience of a single clinical observation, and so I spoke with but little confidence about it. Since then, and as the immediate result of my publication, I have seen a great number of examples both of the recent injury and of the united fracture. Most remarkable is the fact that in every case the accident has been on the right side of the body. Certainly this injury, once we know of its existence, becomes vastly more common than any other of the metacarpus. If left to itself, it unites with such deformity as this cast shows—a trivial deformity, after all. Why, then, deem the matter worthy of the notice of this Surgical Section of the British Medical Association? Simply for this reason, that I have ample proof that a hand so injured remains, under the best of treatment, long disabled, and, without treatment, for a greatly longer time. When we consider the value of the right thumb to anyone who lives by handicraft, or indeed to any, rich or poor, we should not let pass unnoticed and undiagnosed this common injury. One point I have omitted to mention—the cause. In every case but one which I have seen, the case has been a fall which might well have broken the radius, but some slight deviation has directed its force against the thumb. Once I have seen it as the result of a blow of the fist against the jaw of an adversary in a fight.

I have already mentioned the essential features of the injury. One word as to the reason why probably it has long escaped notice. The pain and swelling of a sprained thumb are familiar to all, and prevent the ready appreciation of crepitus in the recent injury; but this may be found readily if pressure be made on the base of the bone from palm to dorsum, while a slight traction is made, sufficient to reduce the large fragment into place. I am confident that, before long, many of my hearers will test this matter for themselves, and perhaps then excuse my weary discourse to-day.

I have said enough to establish the merit of patient and diligent pathological study, combined with clinical observation.

## HISTORY OF THE PROGRESS OF LARYNGOLOGY FROM THE EARLIEST TIMES TO THE PRESENT.

By GORDON HOLMES, M.D.,

Physician to the Municipal Throat and Ear Infirmary, London;  
Consulting Physician to the Sheffield Ear and Throat Hospital.

Il importe beaucoup de connaître l'histoire de la science à laquelle on s'attache.—Boerhaave.

### EPOCH I.—THE PRE-LARYNGOSCOPIC AGE.

(Continued from page 98.)

*Physiology.*—This period was prolific in theories of voice-production, but as acoustical science was scarcely born, and ocular observation of the glottis in life unattained, the main body of fanciful and often conflicting theories con-

tributed but little to progress. A very small space need therefore, be devoted to the bulk of these hypotheses, and it will suffice to say that the prevalent opinion, in reality a reflection of that of Galen, was that phonation was effected by bringing the vocal bands within a short distance of each other, whilst pitch was regulated by the length and breadth of the interval. At the same time doubts were held as to whether variations in the capacity of the vocal tubes (trachea, pharynx, &c.) were not the main factor in determining gravity and acuteness of voice.

With respect to the action of the laryngeal muscles, Vesalius and Fallopius bestowed no acute consideration on this point, and virtually accepted the paradox (as it would seem to us) of Galen, that the thyro-arytænoid and arytenoid muscles alone acted as constrictors of the glottis, whilst the crico-thyroids, with the posterior and lateral crico-arytænoids were dilators of that passage. Fabricius, however, enters (23) with minuteness into this part of the subject, and in his exposition, in fact, does it first become intelligible how such erroneous views could be firmly maintained. Thus, granted two false premises, the whole theory of the intrinsic laryngeal movements is based on the clearest logic; first, the supposition alluded to above, that the vocal bands did not closely approximate for phonation, and hence the conclusion that the area of the *rima glottidis* would always be increased antero-posteriorly when contraction of the crico-thyroid muscle lengthened the distance between the thyroid and arytenoid cartilages; and, secondly, rotation of the arytenoid cartilages not being recognised, and horizontal rectangular notions only being allowed, the inevitable conclusion was adopted that the lateral and posterior crico-arytænoids alike acted in drawing the cartilages apart. Hence, although the last muscle is correctly reckoned as a dilator, its method of action is altogether misconceived. Although Fabricius is under the influence of these errors he yet makes an advance by surmising that some of the fibres of the lateral crico-arytænoids would be more likely to move the arytenoid cartilages towards each other. Another opinion of Fabricius deserves both mention and consideration, viz., he classed the thyro-hyoid muscle among the constrictors of the glottis and as the direct antagonist of the crico-thyroid, that is, as a dilator of the crico-thyroid space, and a rotator upwards and backwards of the thyroid cartilage. In this way he accounted for the rise of the larynx in emitting high notes, and *vice versa* for its depression in producing grave tones by combined action of the crico-thyroid and sterno-thyroid. In another suggestion Fabricius, however, makes some progress, *i.e.*, he perceived that an extra dilatation of the glottis was required in taking a full inspiration, whence he set down the actions of the larynx as three (24), namely, phonation, holding the breath, and over-dilatation of the glottis. He made the mistake, however, which probably only laryngoscopic inspection could remove, of supposing the extra dilatation was necessary in forced expiration as well as in inspiration. As regards the extrinsic muscles, he considers that in emission of acute tones the inferior constrictor of the pharynx, by pressing together the wings of the thyroid cartilage, aids materially in gaining the required constriction of the glottis.

Casseri treats very briefly the action of the laryngeal muscles, but nevertheless takes a novel view of the use of the crico-thyroid. He states (25), in fact, that he here dissents from the opinion of all other anatomists in considering that the effect of narrowing the crico-thyroid space is to make the voice more acute, by compression of the arytenoid cartilages. His conception of the question is, of course, vague, but is yet the first step in the right direction. In discussing the action of the glottis he expresses (26) very clearly the current notions which show that the vocal bands were not regarded as directly concerned in the production of sound, *e.g.*, "Since voice arises from elision of the air, and as this issues from the meatus of the glottis, at one time constricted, at another dilated, no sane person but will acknowledge this to be the province rather of the fissure and foramen of the glottis, than of its substance."

Morgagni discusses (27) at considerable length the mechanism of the larynx in deglutition and acute phonation, and is the first to attribute to the thyro-pharyngeus (inferior constrictor), stylo-pharyngeus, and thyro-staphylinus (palato-pharyngeus) their due share in this act. He also debates (28) the question as to whether the ventricles have

an influence in diversifying the tones of the voice. His conclusion is, that they are gradually constricted in the production of high tones by the combined progressive contractions of the thyro-, stylo-, and staphylo-pharyngæi.

Santorini makes no decided advance in defining the action of the laryngeal muscles. It may be mentioned, however, that he thinks the thyro-hyoid muscles, in tilting the thyroid cartilage backwards and upwards, also carry backwards the epiglottis, thus assisting in the narrowing of the glottis required for high notes.

Marin Mersenne (1588-1648), Jesuit and Professor of Philosophy at Nevers, was an industrious inquirer into the laws of sound and music. Having a great practical acquaintance with musical instruments, he was enabled to reject positively the supposition that alterations of size in the vocal canals effected change of vocal pitch. (29) Thus, he observes that according to the laws of sound generated in tubes, the length or capacity of the vocal channels would have to be doubled in order to produce the octave below any given vocal note. But such a change being a manifest impossibility, and as the human voice has a compass of two or three octaves, he demonstrated conclusively that variation of pitch was made independently of the air-passages connected with the larynx. He was also more inclined than his predecessors to take into account the vibration of the edges of the glottis in the production of sound, but his acoustic and experimental knowledge was too insufficient to allow of his solving this point. He foreshadows plainly, however, that a study of the action of musical reeds will alone give the clue to the acoustic nature of the larynx.

Antoine Ferrein (1693-1769), Professor of Anatomy, &c., at the Jardin du Roi, Paris, was the first who made acoustic experiments on the natural larynx, and by so doing he advanced the physiology of the organ more than any other investigator, not excepting Galen. He is, therefore, the founder of vocal physiology in respect of the larynx. On two important questions he threw both new and true light. (30) *First*, as to production of sound, he showed on the human larynx and that of several other animals that a close reproduction of the respective voices could be obtained by bringing the vocal bands together and blowing through the trachea from below, whether the organ were detached or in its place. At the same time, he pointed out that vibration of the vocal bands was the essential factor in generation of sound, as by touching them the sound was made to cease. Further, he remarked that intensity of voice depended on the force of the blast of air. *Secondly*, as to pitch, he proved that no alteration was gained by making differences in the width of the glottis when nearly closed, but only modification of the force of the sound; whereas, that if traction were made on the vocal bands by seizing the arytenoid cartilages with the fingers or forceps, almost any desired rise of pitch could be effected proportionately to the tension. Then he demonstrated that the function of the crico-thyroid muscle, in approximating the thyroid and cricoid cartilages, was precisely to bring about the graduated tension of the vocal bands in forming a musical scale—a fact which he ingeniously proved by the observation and discovery that if the finger be placed on the crico-thyroid space, it can be felt to close by degrees whilst the voice is raised from grave to acute tones. Further, he pointed out that the vocal bands follow the laws of vibrating strings as to the relations between pitch and length—*e.g.*, if shortened by one half or a third, their note would be elevated to the octave or sixth, &c. So far, then, these great and incontrovertible facts, though often afterwards sophistically disputed, were revealed by the experiments of Ferrein, but he also arrived at two erroneous conclusions—one on account of the deficiency of acoustical science in his time, and the other owing to the impossibility of his seeing the larynx in action during life. Thus, not understanding the acoustic nature of reed instruments, he decided that the current of air drew sound from the vocal bands, as the bow acts on the strings of the violin—a comparison which, though having some mechanical truth and good as a simile, is yet false in acoustics. Hence he regarded the edges of the glottis as being virtually strings, and called them *the vocal cords*, an improper name not yet altogether abandoned. This venial mistake has unjustly brought Ferrein into disrepute amongst modern writers who are generally acquainted only with this "string theory," which forms but a narrow appendix to his valuable labours. Ferrein's second error was that, on recognition of the fact that after closure of the crico-thyroid

space the voice could still be carried up in the falsetto register when further tension became impracticable, he ignored his own researches as to shortening, and stated that in this case a new vocal organ was formed by a peculiar contraction of the parts above the larynx.

The first anatomist who asserted the true action of the lateral crico-arytenoid muscles was Augustin Frederick Walter, an Englishman, Professor of Anatomy, &c., at Leipsic. In 1740 he stated (31) that they "drew forward the arytenoid cartilages, at the same time closing the anterior two-thirds of the glottis"—*i.e.*, the cartilaginous glottis. His demonstration, however, was received with incredulity at the time and ignored for half a century afterwards.

Willis, who elaborates his anatomical descriptions with diffuse hypotheses, thinks that the superior laryngeal nerve presides over upward movements of the larynx and trachea, as required in expiration, utterance of high notes, &c., and that the recurrens possess opposite functions, the anastomosis between the two providing for co-ordination in their action. "For the performance of this duplex motion," he remarks, "(like the hands of a pipe-player, of which one modulates the upper, the other the lower holes) two nerves are constituted—that is, the offshoots and branches of the recurrens borne from below move the cartilaginous rings downwards, and the nerve sent down from this plexus at once draws the superior rings upwards," &c. These speculations of Willis serve to show how backward the physiology of the innervation of the larynx was at this period.

*Pathology.*—In this division our attention is first engaged by a group of neo-Latin authors of uncertain date and personality, most of whom lived about the end of the thirteenth or beginning of the fourteenth centuries. Amongst these the chief names are Rolandi, of Parma; Lanfranc, of Milan; Brunus Longoburgensis, Gulielmo de Saliceto, and, latest of all, Guido de Cauliaco, who wrote in 1363. Unprogressive rather from lack of opportunity than inclination, they followed the practice of the Greeks and Arabians, relying mainly on the authority of the latter, and were the immediate progenitors of the moderns, for whose advances they paved the way by disseminating popular epitomes of their art. In these works they described the four kinds of kyanache or *equinantia*, as they termed the disease in their corrupt Latin, and sometimes related unusual personal experiences with their own judgments thereon.

In Rolandi (32) we find some practical remarks on a kind of growth in the larynx, which are doubtless the earliest definite reference to such a disease. "There is also," says he, "another affection which arises in the mouth near the epiglottis, called *folium*. One or two caruncles, thin and broad, of leaf-like form, situated round the windpipe, impede the voice, so that when the patient opens his mouth to speak they raise themselves and block the opening of the windpipe, subsiding, however, when the mouth is shut. Hence the patient is scarcely able to utter an intelligible word. The affection is never cured unless by the aid of surgery."

The medical writers of the next three centuries may also be considered collectively, as holding opinions almost identical, and of little or no originality with respect to laryngeal disease. Here, as in preceding times, but one malady of the larynx is practically taken into account, *viz.*, synanche or acute laryngitis; but, owing to the greater exactitude and familiarity of anatomical knowledge, its nature is more strictly and intelligibly defined. The principal pathological writers of this second group are Jacobus Hollerius, of Paris (flourished about 1520); Jacques Dubois, of Lyons (1478-1555), euphuistically called Sylvius, ultimately professor of medicine, &c., at Paris; Hieronymus Mercurialis (1530-1606), professor of medicine at Padua; Thomas Sydenham, of London (1624-1689), entitled the father of English medicine; with Fallopius and Fabricius already mentioned, and some others who need not be named till dealing with the treatment. The views of all these observers may be fairly summed up in a statement of Fallopius when concluding one of his chapters on the anatomy of the larynx:—"When the muscles of the larynx are inflamed a most acute angina is generated; for, when they are brought into a state of swelling, the exit of the breath is constricted on account of their large amount of substance, so that the animal is suffocated quickly." Fallopius (33) observed that hoarseness was an usual symptom in advanced syphilis (*raucedo syphilitica*), but did not go beyond the pharynx in searching for its cause.

We see, therefore, that during the greater part of this

period the advances in laryngeal pathology are scarcely appreciable, nor is it until we approach the threshold of the eighteenth century, that a decidedly wider apprehension of the subject is initiated. Michael Ettmüller (1644-1683), professor of surgery, &c., at Leipsic, appears to be better versed in this subject than his contemporaries. He makes allusion (34) to defects of voice arising from tumour of the larynx or in its vicinity; to aphonia from paralytic or convulsive lesions of the nervous muscles of the organ. He remarks that aphonia of a convulsive origin is observed "in hysterical and epileptic persons, likewise from worms." "A virgin," he states, "from inspiration of the smoke of an oil-lamp, fell into a paralysis of the larynx, with subsequent aphonia." He also mentions "a suffocative catarrh of infants, joined with an epileptiform motion, but with little or no cough." On the whole, however, his pathological conceptions, vague and obscure, do not show much practical advance beyond the somewhat similar ideas of Galen.

Hermann Boerhaave (1668-1738), professor of medicine, &c., at Leyden, the most celebrated physician of modern times, though the evidences of genius left by him to posterity do not equal those of some of his contemporaries, shows in his brief aphorisms (35) more discriminating views on disease of the larynx than any previous author. With the exception of acute laryngitis, there is little description, but yet we find clear and forcible suggestions of catarrh, abscess, cedema, cancer, paralysis, and spasm of the larynx. For example, he observes:—"Angina is oedematous, catarrhal, inflammatory, purulent, schirrous, cancerous, and convulsive." And further on:—"It occupies," amongst other parts, "the external, internal, common, or proper muscles of the larynx." And again he states:—"If the motor nerves of the organs of deglutition or respiration are prevented from exercising their functions, there arises a paralytic angina. . . . If any cause of convulsions occupies the muscles of the pharynx and larynx, a sudden suffocative angina is produced." (36)

John Fantoni (1675-1758), professor of anatomy at Turin, furnishes (37) some post-mortem descriptions of ulceration of the larynx, among which is, perhaps, the first ocular observation recorded in literature. In dissecting the body of a man he found "the arytenoid cartilages ulcerated around, and their size so increased that a very narrow passage was left in the larynx. The patient breathed with great difficulty, yet lived a long time in that state."

Gerard Van Swieten (1700-1772), pupil of and successor to Boerhaave at Leyden, afterwards Court physician at Vienna, has bound his literary existence to that of Boerhaave by throwing his own writings into the form of commentaries on the aphorisms of his master. These extensive and erudite commentaries consist of an expansion of each aphorism by logical deduction and by illustrative remarks borrowed from other writers, particularly Hippocrates and Galen. Van Swieten does not, however, appear to possess more insight into laryngeal disease than Boerhaave, and his elucidations can scarcely, therefore, be allowed to have advanced this subject. Yet he makes one statement which contains the first indication of glandular pharyngitis, laryngitis, &c., and even suggests a more than theoretical acquaintance with the affection of the mucous membrane. The following is the passage (38):—"The mucous recesses which are seated in the pharynx, oesophagus, larynx and trachea, if obstructed and swelled, may cause like disorders (to chronic angina), and at the same time, owing to their being diseased, there is a deficiency of mucus for lubricating the passages."

So far it is evident that the larynx occupied a very subservient position in pathology, and that, in fact, there was no definite and practical knowledge at all of the organ in disease. On this account, in the seventeenth century, its existence was almost ignored by the ordinary student of medicine, and it seems to have been regarded everywhere as an unnecessary refinement even to learn its anatomy and physiology. Such was the mouldering state of laryngology before the time of Morgagni, and from him we hear of it, because by his curiosity and penetration a revolution was affected. The circumstances attending (39) this remarkable event, which are fully narrated by Morgagni himself, were as follows:—"A virgin, set. 40, had long been asthmatic and affected with a weakness of voice, the cause of which was supposed to be a lung disease. She died suddenly during a violent attack of asthma, and the body was obtained for the anatomical theatre of Bologna. An autopsy was then made in which, in conformity with the conventional method of proceeding at that time (1704), the viscera of the abdomen

and chest with the contents of the cranium were subjected to a careful inspection. All those parts being found healthy, "every one," says the narrator, "was astonished who had diligently inspected the viscera, but much more so we who had dissected them. Then I demanded of Valsalva whether we should not also open the larynx, as by chance the cause of diminished voice, asthma, and death might be there hidden, for at that time the larynx was not opened in the course of public anatomy to show the horizontal glottis, ventricles, arytenoid glands, and articulations, parts which I had not yet discovered or restored. As he consented he ordered the larynx to be looked for among the parts not yet buried, and brought to me. And when I laid it open by longitudinal incision behind what we were seeking was at once manifest. For a whitish mass of ashy-looking pus, of a pultaceous character, like a cork, obstructed the cavity of the larynx far down below the glottis, and there the investing membrane of the larynx was ulcerated, as well as where it covered the nearest rings of the trachea, though to a less extent. Which facts, being demonstrated in the theatre on the last day of the anatomical course, gave great satisfaction to all present." Morgagni goes on to explain the presence of such plugs of inspissated pus or muco-pus by referring their formation to the ventricles, whence they might gradually be extruded so as to block the glottis.

After the occurrence of this emphasised case Morgagni always paid special attention to the larynx, and never failed to examine it in his post-mortem researches when there were any grounds for suspecting a morbid condition. He was enabled, therefore, subsequently to describe a number of cases in which the larynx was found to be diseased. As in these observations the pathological importance of the organ was first brought to light, and as they, in stimulating further investigation, became the foundation of modern laryngeal pathology it will be advisable to enumerate them briefly. (40)

1. In a man, set. 40, who died of low fever, along with somewhat similar appearances in some other organs, the larynx was found to be livid externally, congested internally, and swelled generally from a viscid serum in the sub-mucous tissue.
2. In a man beyond 40, affected with a hernia, who died suddenly from some intestinal spasm, the veins were distended with black blood, whilst the larynx and adjacent parts were "black, livid, and gangrenous."
3. In a man who died of hydrophobia, along with other evidences of stagnation and turgescence in the circulatory system, the larynx and contiguous organs were of a blackish-red colour, as if approaching gangrene.
4. Another case of hydrophobia in a man, set. 60: the throat lesions were almost limited to the surface of the epiglottis, which was "crisp and shrivelled."
5. In a man who was hanged the sterno-thyroid and thyro-hyoid muscles were ruptured, and the cricoid cartilage was fractured.
6. In a man, set. 55, who died of pleuro-pneumonia, there was, as well as general vascular turgescence, turgidity of the vessels in the pharynx and larynx.
7. In a man, set. 50, who suffered from pain and dysphagia without external evidence of disease, and who died apparently from suffocation, extensive "cancerous" swelling of the pharynx and larynx was found.
8. A very similar case in a young man, where, however, the tumours were ulcerated and the epiglottis perforated.
9. A fatal case of angina in a man, set. 33, where the larynx, as also the pharynx, was much inflamed, the epiglottis being considerably swollen, whilst a tumour filled with serum and stagnating blood, formed at the back of the cricoid cartilage, projected upwards higher than the arytenoid cartilage.
10. In an old man who had suffered many years with syphilis; besides pharyngeal and other lesions, the epiglottis and larynx generally were deformed with cicatrices, one of the arytenoid cartilages being dislocated.
11. A case of small-pox in which a pustule was found in the larynx.

Morgagni makes copious comments on all these cases, calculated to demonstrate forcibly their pathological importance. He further reports (41) two instances of aphonia in young women, one of which was cured by a fit of coughing provoked by an atom of foreign matter getting into the larynx whilst eating grapes. He surmised that they arose from the muscles of the larynx being "inert." (42)

Towards the close of this period cases of polypus of the larynx are first definitely described. We are told that in 1760 Köderik, of Brussels, extracted a laryngeal growth through the month. (43) A few years later Joseph Lieutaud (1708-1780), physician to Louis XVI., observed two instances (44) in making autopsies, a method of investiga-



tion to which he was ardently devoted. One case was that of a person who had suffered thirty years from asthmatic symptoms, and continually complained of an obstruction in the windpipe, which persistent efforts of coughing failed to remove. Death occurred suddenly from suffocation, and, on the body being opened, "a polypus attached to the larynx by various roots, pressing towards the glottis like a cork" was found. In the other case a boy, set. 12, died suddenly, after phthisical symptoms had long been present. At the autopsy a polypus growing from the upper part of the trachea by a pedicle, placed so that the breath would be likely to impel it against the glottis, was discovered. Lieutenant also reports the earliest instance of laryngeal phthisis that can be decidedly recognised as such. In the body of a youth who died of consumption he found, in addition to the usual pulmonary ravages, "a very foetid and foul ulcer of the larynx, with caries of the cartilages." (45) Several cases of foreign bodies in the windpipe and of ulceration in it, clearly associated with syphilis, are also due to this industrious observer.

- (23) *Op. cit.*, Pt. III., c. 7, &c.
- (24) *Ibid.*, Pt. II., c. 10, &c.
- (25) *Op. cit.*, L. III., c. 8.
- (26) *Ibid.*, L. I., c. 14.
- (27) *Epistolæ Anatomice ad Valsavam*, xi.
- (28) *Adversaria Anatomica Prima*, c. 16.
- (29) De L'Harmonie Universelle, Paris, 1687. L. I., prop. 13, &c.
- (30) *Histoire et Mémoires de l'Académie Royale des Sciences*, 1741, pp. 51, 60, &c.
- (31) *Programma de Hominis Larynge et Voce*, p. 6.
- (32) *Chirurgia*, I. III., c. 9.
- (33) *Tractatus de Morbo Gallico*, c. 23.
- (34) *Opera Omnia*, Londini, 1697, *Collegium Practicum*, sect. 14, p. 62, et seq.
- (35) *Aphorisma de Cognoscendis et Curandis Morbis*, 4th ed. Lugduni Bat. 1723, 783-819.
- (36) J. Delacoste of London, author of an English translation of Boerhaave (1715), commenting on this passage mentions (p. 198) a fatal case of spasm of the glottis in a boy of seven which he had at first set down as "a cramp of the very bronchia." John Platearius of Salerno, about 1290, reports a case of "sudden squinantia" in an adult which was cured by thrusting a key down the throat. It seems to have been an instance of spasm of the glottis. (*Practica*, Venetiis, 1467, Tr. xi. c. 2.)
- (37) *Observationes Anatomice*, c. 9. Quoted by Morgagni.
- (38) *Commentaria in Boerhaavii Aphorismos*, Lugduni Bat. Sect. 128, 1745.
- (39) *De Sedibus et Causis Morborum per Anatomen Indagatis*, Venetiis, 1700, *Epist.*, xv, 13.
- (40) *De Sedibus*, &c., *Epist.* iv., 26; v. 19; viii., 25, 27; xix., 18; xxi., 30; xxviii., 9, 10; xli., 3, 15; xlix., 22.
- (41) *Ibid.*, III., 15.
- (42) Morgagni also quotes a case from Targioni in which the epiglottis of a man had been entirely eaten away for some years without causing any marked inconvenience to the patient. (*Ibid.*, xxvii., 18). In 1700 Theophilus Bonetus, of Geneva, published a vast collection of cases, drawn from numerous authors, arranged in anatomical divisions. It is called the "Sepulchretum," and contains several instances of foreign bodies in the windpipe, with other throat cases, but no accurate observations of laryngeal diseases. Morgagni's great work, the result of more than half a century of labour, was not published till 1769; but cases of laryngeal disease described from autopsies were recorded before that date, probably through the impetus given to such researches by Morgagni in the actual course of his work. See, for example, Fantoni's "*Opuscula*," Geneve, 1733, p. 207, &c. (*Epist. ad Singetum*.)
- (43) *Herbiniaux*, *Journal de Médecine*, Paris, 1770.
- (44) *Historia Anatomico-medica*, Parisi, 1797, l. iv., obs. 63, 64; This work contains nearly 4,000 short descriptions of disease as seen at post-mortem sections. About 1,200 of these were the author's own work.
- (45) *Ibid.*, obs. 63.

(To be continued.)

## Clinical Records.

ST. BARTHOLOMEW'S HOSPITAL.

Case of Double Pneumonia (Right upper lobe, and left lower lobe).

Under the care of Dr. REGINALD SOUTHEY.

(Reported by Mr. ALBERT GRESSWELL, M.B. Oxon.)

MARTIN D., set. 27, by occupation a stone pavior, a well-nourished, largely-framed man, was admitted into Matthew Ward suffering from double pneumonia on May 20th, and was discharged well on June 16th. On admission his skin was dry and rough, face yellow, conjunctivæ were jaundiced, tongue dry and sticky, fauces natural, cervical glands not enlarged. Chest well shaped, and its movements shallow.

**Right Lung.**—There was dulness all over in front, and hyper-resonance behind intra-clavicular region. Fine crepitations also were heard over the front.

**Left Lung.**—Dulness all over behind, and hyper-resonance in front. Bronchial breathing over the lower axillary region, and bronchial breathing with crackling crepitations over the root.

**Heart.**—Impulse somewhat weak. Sounds clear. Marked reduplication of the second sound at the base over the second left costal interspace.

**Abdomen.**—Full. Not distended. Walls firm. Resonance tympanitic. The hepatic and splenic dulness not increased. Some wincing on pressure over the right hypochondrium.

Inguinal and axillary glands not enlarged.

Extremities, natural.

Patient said he had had pleurisy 12 years previously, and that the present complaints began May 13th, on which day he went to work at 6 a.m., feeling quite well; an hour afterwards violent shiverings set in, his vision at this time also became dim, giddiness and sickness followed by headache supervened, with severe pain in the loins. He left his work about noon and lay down, and in the evening he took some hot rum, which intensified his headache, and he then went to bed where he has been confined ever since. He continued to shiver and to vomit up to the time of admission, and he has eaten nothing since the onset, but has been very thirsty. He has had a painful cough, raising a red and also a deeply green sputum. His bowels were open only three times from the time of the onset to the time of admission, each time with difficulty, and the last time on the 17th inst., the motions were not light coloured, nor did they contain blood. He has not suffered from piles. Micturition has been frequent, and though he had not been accustomed to passing water nocturnally, he now did so three times every night, accompanied by pain in the lower part of the abdomen. Respirations 44, shallow; deep respirations being attended by some pain referred to the sternum. Pulse 136, bounding and soft. Temperature 103.8. Urine sp. g. 1015, containing a trace of albumen; acid deeply yellow in colour and containing also granular casts.

Ordered—D.L. Milk Oij., Brandy ʒij.

Hausustus Sod. tart. efferv.;—4tis horis.

The following daily notes record his progress while in the hospital:—

May 21st.—Very restless night. Drinks very freely of milk. Bowels not open. Respirations 39. Pulse 90, very irregular and markedly dicrotic. Tongue dry and cracked transversely.

Ordered.—Brandy, ʒvj;

Hst. sodæ tart. efferv., p.r.n.;

Sp. Chloroformi, ʒxx;

Ammon. carb., gr. iv.

Aq. menth. pip., ʒj. ter die.

22nd.—Very restless night. Wandering greatly in mind. Tongue moister this morning, but thickly covered with a brown fur all over the dorsum. Bowels not open. Takes plenty of milk. Conjunctivæ more jaundiced. Pulse 120, rather stronger, but still somewhat irregular. Ordered—Effervescing Carlsbad salts, ʒj.; in warm or cold water. Bis terre di si opus sit.

23rd.—Very restless and delirious through the night, tossing about, and at times attempting to get out of bed. Very thirsty. Tongue moister, but thickly furred over the greater portion of the dorsum with a brown, sticky coating. Perspired this morning, but skin is now quite dry. Pulse 126, rather stronger, and no longer irregular. Bowels not open. Bronchial breathing, with many crepitations, as on admission, over the left lung. Also bronchial breathing, somewhat marked by fine crepitations, over the right lung in front.

24th.—Very restless night. Got out of bed several times; delirious. Tongue still covered with a thick, brown, sticky coating. Sputa somewhat rusty, and at times very deeply green, but not so viscid. Pulse 132, regular, still soft, but the character of yesterday is maintained. Respirations 32. Bowels open freely.

25th.—Much better night than heretofore, but passed with some amount of delirium. He slept three or four hours. Perspired freely early this morning, and still is perspiring. Yellowness of conjunctivæ less marked. Pulse 132, somewhat softer, but still of fair volume. Respirations 36. Ordered—Eggs iij.; hst. ætheris, c p.r.n.; hst. morphisæ et hst. ætheris c ʒʒ ʒss. hœc nocte.

26th.—Slept a little, and early this morning he commenced to perspire, and has been still perspiring most freely. Very thirsty. Temperature fell from 103.6 last night at 8 p.m. to



## Special Articles.

### THE ARMY MEDICAL DEPARTMENT REPORT FOR THE YEAR 1883.

THE Report of the Army Medical Department for 1883, just issued, contains, as usual, a great deal of statistical information in reference to the British soldier, some of which, indeed, is, perhaps, more minute than useful. For the most part the letter-press is simply a repetition of particulars given in the statistical tables, to which are added abstracts of reports on the "sanitary conditions," in other words, the state of drainage, cleanliness, and water supply of particular stations and barracks. According to a general abstract given at page 2 of the Report, the following ratio to 1,000 strength throughout the whole army at home and abroad occurred in that year, viz., admitted 1,022; died 957; invalided 37. Of the troops in Egypt, the corresponding numbers were respectively 1,139; 34; and 84; equal to a total loss of 118 per 1,000 per annum by sickness alone; and irrespective of killed in action, and discharged for various reasons, non-medical in their nature. In June of that year cholera broke out at Damietta; in the course of the epidemic, which continued to rage more or less continuously till the end of August, there occurred 183 admissions by the disease among the troops. The type was described as having been severe, but it is particularly noted that "there was no unusual or special symptom noticed in the epidemic." This being the case we are startled to observe that of the cases above noted, the deaths mounted to 139, that is to a ratio of 70 per cent. of the admitted. It is evident that modern medicine is little, if at all, capable of combating this fearful disease, the rate of mortality of which in India whenever it exceeds one in three is considered remarkably high.

According to the table at page 83, the rates of sickness, mortality, and invaliding of the British forces serving in the Bengal Presidency in the year 1882, were respectively 1,314; 12; and 32; equal to a total rate of wear and tear by disease equal to 44 per 1,000 mean strength. By reference to the abstract given at page 205 the incidence of death and non-efficiency by invaliding in the several classes of men who make up a battalion is shown, and the results are somewhat remarkable. For example, whereas the rates of death per 1,000 were 23 in officers, and 12 in non-commissioned officers, they were only 11 in the rank and file; the invaliding in these classes being respectively 41, 25, and 31, equal to a total rate of wear and tear in that year of 64 per 1,000 in officers, 37 in non-commissioned officers, and 42 in rank and file. In other words, the rate of death among officers in 1883 was more than double what it was among common soldiers; that of invaliding nearly one-third greater. Nor are these proportions materially affected by the comparative statistics for the previous ten years given in the same abstract. If now we turn to the abstract given at page 264, we find that there is no apparent accord between the rates of deaths and of invaliding at particular stations and in particular bodies of troops. For instance, mortality was small, sick non-efficiency by invaliding was large in the 1st Dragoon Guards at Meerut; 6th Dragoon Guards at Sealcote; Royal Artillery at Peshawur; Bareilly and Mooltan, Infantry at Fort William, and Rourkee. The death-rate was large at the same time that invaliding was small in the Royal Artillery at Ferozepore, Infantry at Benares, Nurshera, Bareilly and Rourkee. Both the death and invaliding rates were large at several stations, as in the Royal Artillery at Rawul, Pindee, Fort Lahore (particularly high), Fort Attock, while, as if to bring the circumstance into more permanent relief, no similar discrepancy occurred among the infantry.

These circumstances naturally suggest various questions, to none of which, do any particulars which appear in the report before us suggest an answer. How does it happen that officers who have the means of living more completely under what are called hygienic conditions than the soldiers, whose surroundings are in all respects cleanly, whose food and whose drinks are of the best quality obtainable on the spot, and who, moreover, are not called upon to do sentry duty in all times and seasons as are the rank and file, nevertheless, die and are invalided in greater proportion than the latter? Sanitary science of itself does not give the required reply. In the second place, what explanation are we

97-6 this morning at 8 a.m. Breathing more easily, not so shallow, 30 per minute. Pulse 88, very soft, and of smaller volume. Drinks freely. Tongue moist, but still covered with a thick white fur. Bowels not open. Scarcely any bronchial quality of breathing-sounds over the right lung, but numerous fine crepitations over the front. Bronchial breathing still over the left lung root; numerous fine crepitations over the left lung behind below the spine of scapula, and over the left lower axillary region.

27th.—Good night. Feels stiff in the joints of the legs, and some stiffness all over. Pulse 90; respirations 30. Skin since last morning has been very moist.

28th.—Good night. Stiffness of legs has gone off. Skin is dry; pulse stronger, 96. A few crepitations over right lung in front, and left lung behind at base. Ordered—D. L. milk Oij.; brandy ʒij.; eggs ij.

29th, 30th, 31st.—Very good nights. Pulse 94, stronger, but smaller. Respirations 24. Skin dry, and much less yellow than previously. Conjunctivæ also much less yellow. Raises a little sputum, containing red streaks and no longer green. Creaking over left lower axillary region. Ordered D. D., milk Oij.; pudding, eggs ij.

June 1st and 2nd.—Very good nights. Takes well. Pulse 88; respirations 22. No abnormal physical signs in lungs.

3rd.—Very good night. Takes well. Bowels not open. Pulse 82; respirations 24. Ordered—Hst. quin. c. pot. i. d. t. d.; pil. coloc. c. and pil. rhei c. ʒʒ, grs. v., hōc nocte.

4th.—Doing well. Pulse 78, stronger and fuller. Respirations 24. Yellowness of skin and conjunctivæ has almost disappeared.

5th.—Very good night. Takes well. Bowels open once. Urine contains *no albumen*. Pulse 72; respirations 24. Ordered—D. C. milk, pudding, beef-tea; and hst. quinæ c. pot. i. d. t. d. The patient continued steadily to progress till June 16th, when he was discharged well. He took with him hst. quin. c. pot. i. d. (sufficient for seven days).

*Remarks.*—The jaundice of the patient seems to have been of recent origin, and indeed was part of his illness. His account to the effect that he had noticed a yellowness of the skin for four weeks, but had not noticed a yellowness of the conjunctivæ until the day of admission seems to be inconsistent, for jaundice is generally noticed in the conjunctivæ earlier than in the skin. His jaundice may be attributed to the pyrexia, for jaundice is said to accompany marked pyrexia; or, with show of probability, it may be attributed to a diaphragmatic pleurisy, which is frequently attended by some degree of jaundice. The markedly green colour of the sputum may have been perhaps due to the same cause as the general sallowness, and the yellowness of the conjunctivæ. As regards the administration of stimulants. The patient's pulse was very soft on admission, and his tongue very dry; stimulants were therefore ordered. On the following day the stimulants were increased, and a favourable effect seems to have followed, for next morning his tongue was moister and his pulse not so compressible. He distinctly "stood" the stimulation well; he indeed was better, and the *post hoc* was thought to be *propter hoc*, therefore the stimulants were continued. The patient took his effervescing mixture with great eagerness; he said it refreshed him considerably, and left him more inclined to take of nutriment. The disease ended critically, i.e., the temperature fell suddenly, and the fall was accompanied by a profuse perspiration. Such an ending is almost always favourable and justifies a happy prognosis, and certainly all the cases of lobar pneumonia which have been marked by a crisis in Dr. Southey's wards during the last year did well after the crisis. I may perhaps except one case, a boy in "Matthew," whose temperature fell by crisis, and remained low for some days, and then suddenly rose to a great height. This, however, was apparently owing to being severely frightened by a patient in the next bed, who was suffering from delirium tremens. The temperature of this boy varied for some days, oscillating up and down after the fright.

M. STRAUS finds that the proportion of tuberculous calves does not reach 1 in 100,000. So the danger of tuberculosis in obtaining vaccine from these animals is practically nil.

to have for the circumstance brought to light, that the incidence of death and invaliding is not necessarily in accord at the stations indicated? In these days when it is more or less the custom to look upon disease as being a specific entity, rather than as a condition, how are we to explain the circumstance indicated by that theory? No reply presents itself.

Still adhering to the statistics of the troops in the Bengal Presidency, we refer to the abstract given at page 192. Of continued fevers, in a strength of 34,395 men there occurred 4,001 cases and 88 deaths, of which number 274 admissions and 84 deaths were by enteric. Paroxysmal fevers being grouped together it becomes impossible to separate cases of severe remittent, from those of ordinary attacks of ague, which come and go without especial risk to the life of the patient. Taking the group however, as given in the statistical Returns, including as it does, dissimilar elements, there occurred 12,756 admissions by paroxysmal fever, and in that number 14 deaths. Taking the cases returned as enteric, the statistics show that the rate of mortality by that fever was nearly one in three of those attacked, while that of other forms of continued fever was little over one case per thousand. How is this? Was treatment futile in the one, and remarkably successful in the other form of fever? Some cases that proved fatal, and those that assumed severe types of fever returned as enteric, those less severe as continued. The Returns give no information on either of these points.

Comparing the prevalence of enteric fever in 1883 and in previous years (p. 86), an increase was shown to have occurred, whereas, according to the theory of its etiology, a decrease should have been shown to correspond with the continued progress of "sanitation." As though the disease was more or less prevalent throughout the year, the greatest prevalence occurred in the second and third quarters, that is, during the hot and rainy seasons. This circumstance is not to be accounted for on the zymotic, although it readily is so on the climatic theory of the disease, conditions of conservancy were alike at all seasons, but the general conditions which constitute climate varied, and so did the prevalence of "enteric" fever. At Lucknow also (p. 86) "35 attacks and 7 deaths occurred in the Derbyshire Regiment, which had arrived in India from Egypt in November, 1882, and was composed principally of very young soldiers. The source of the disease could not be ascertained, the sanitary condition of the barracks was excellent." Why! the source of the disease is plainly indicated in the paragraph quoted, namely, the fact of a number of young soldiers being exposed to a hot and rainy season in India. But preconceived theory has led to that circumstance being altogether overlooked, to inquiries being limited to only one series of conditions, and now these cannot be found, as in India they never can, to a wall that "the source of the disease cannot be ascertained. With regard to the remarks on this head contained in the Reports before us, they furnish a striking example of how, in order to support a theory popular at the times, facts are constrained and interpreted in a particular way. With regard to treatment pursued in cases of illness these Reports contain very scanty information, and yet, surely it is of importance that they should contain full particulars on this, the chief subject to which the attention of the Army Medical officer can be directed.

## The Annual Meeting

OF THE

## BRITISH MEDICAL ASSOCIATION.

THE second visit of the Association to South Wales, after a lapse of twenty-two years, may be taken to have been one of more than average success. The locality selected for the meeting, though not specially interesting in itself, was within reach of many scenic attractions, and as Cardiff is in the highest degree a centre of prosperous and active business all that money could do to make the visit of the Association a successful one was done. While the members of the profession who were its host on this occasion made it

manifest that no effort of theirs had been spared which could add to the enjoyment of their guests. We cannot, indeed, speak too warmly of the enthusiasm displayed by the President and Local Committee who performed their duty as entertainers not only with warm-heartedness and liberality, but with a degree of administrative ability which ensured for the entertainments, which they arranged, a complete success, and deserved the sincere acknowledgements of those who partook of their hospitality.

The attendance of members was not as large as usual, a fact which arose, we imagine, from the length and intricacy of the railway approaches of Cardiff from the North of England, and from Scotland and Ireland. Five hundred and sixty members had previously notified their intention to be present, of whom Scotland was represented by 14, and Ireland by 20 members. The usual continental, colonial, and foreign visitors were not as numerous as usual.

### THE FIRST GENERAL MEETING.

The opening general meeting which took place on Tuesday at half-past three was a very full one, much interest being excited by some of the propositions contained in the Report of the Council.

In issuing their first report under the new constitution the Council expressed a hope that the Association might be as successfully governed in the future as in the past. The new constitution, by placing the whole policy and management of the Association under the direct control of the members is, they venture to think, more adapted than the old to its increased wealth and numerical importance.

To this proposition every member of the Association would enthusiastically assent if it were true in fact as it is in theory, but unfortunately it appears, for reasons to which we shall presently refer, that the practical realisation of the intention of the new constitution exists at present entirely in the imagination of the Council, the "policy and management" of the Association being in no important respect altered from what it was under the old constitution. The roll of members show an increase of 423 new names during the year past, raising the entire strength of the Association to the very handsome total of 11,249. The distribution of the constituency of the Association is worthy of notice. The London and the Lancashire and Cheshire districts contribute over 900 members each, and the south-eastern district nearly 500 members, while all Ireland produces but 499 (of whom 250 are from Belfast), and Scotland but 340 members.

The revenue of the Association for the past year was £22,256. The expenditure, inclusive of losses, amounted to £19,937, leaving a surplus of £2,319, which raises the total invested funds of the Association, exclusive of trust funds, to £19,541.

### A NEW PRINTING-OFFICE AND CLUB.

Being in possession of this handsome reserve fund, the Council has forthwith proceeded to get rid of it by purchasing, at a cost of £15,000, a new site for printing offices and for buildings which will serve the purpose of a metropolitan club for the members, and they propose, we believe, to expend £10,000 more on the necessary buildings. It was this proposal which brought the members together at the general meeting, and it was hotly resisted by Dr. Dix and Dr. Bampton, the representatives respectively of the Hull and Plymouth branches, who maintained, firstly, that it was unnecessary and inexpedient for the Association to engage in the risks and responsibilities of a large printing establishment; and, secondly, that while it was highly desirable that

a suitable London club-house should be provided for the Association, it was quite unnecessary and unwise to expend £15,000 in the purchase of a site in the Strand—the most expensive part of London, and a position by no means suitable for a club.

The advocates of this expenditure acted with great discretion in mixing up the propriety of establishing an Association Club with the controversy as to the speculation in printing—for to the former proposition there was no opposition, and the printing office scheme was thus carried through without difficulty. There can be no question that the Association has reached a period of its history at which it should have a local habitation creditable to its influence, and, inasmuch there is no pressing demand for money for other purposes, it may be justifiable to expend the entire accumulated funds on such a club. These funds, if judiciously invested in buildings, will be locked up but not lost, and it is perhaps as well that they should be thus protected from the danger of expending them for ephemeral purposes.

The printing speculation is another affair, and respecting it we have only to say that, assuming that the financial and commercial results of it have been thoroughly thrashed out by competent accountants and persons experienced in printing, and assuming that a substantial saving in the cost of production of the *Journal* is to be expected, the speculation is justified. We must believe that the matter has been fully inquired into, and those who so believe ought to approve of the speculation. But if this thing were to be done upon any other grounds, the Association should unhesitatingly condemn the expenditure.

The arguments put forward by some of the Council speakers were simply puerile and calculated to create the doubts which they were intended to remove.

Eventually, the recommendation of the Council that this expenditure should be made passed by a large majority in the following terms:—"That the Council authorise the Sub-committee to continue its labours, and to offer a sum, not under any circumstances to exceed £15,000, for a freehold site, or £800 a year for a leasehold site of not less than 80 years, and that before concluding any bargain the Sub-committee report to a meeting of the Council."

#### ADMISSION OF HOMŒOPATHS.

The question of retaining homœopaths as members of the Association is reported on as follows:—"The Council have had under their consideration the subject of admission and retention of homœopaths as members of the Association during the past year. An inquiry has been made throughout the thirty-three branches, and the result has been that there is evidence to the effect that a large majority of the members are adverse to the admission of homœopaths as members, but an equally large proportion are opposed to the idea of the expulsion of those members who have already gained admission into the ranks of the Association. Your Council, therefore, feel that this decided expression of opinion by the branches should guide the future action of the Association."

While we fully approve the suggestion that the Association should abstain from making martyrs of the homœopaths by expelling them, we regret very much that the Council did not offer some suggestion more satisfying than the naked proposition that "this expression of opinion should decide the future action of the Association," a method of dealing with the subject which indicates a great want of nerve power in the Council. It has been ascertained

beyond doubt that the Association at large objects to the admission of homœopaths, and yet no rule is proposed which shall, in the future, afford protection against such intrusion. Any branch may, without hesitation, set at nought this very mild "expression of opinion," and may send forward the name of a homœopath for membership, and, he being admitted by the Central Council in ignorance of his character, may retain his membership without breach of any rule whatever. It seems obvious that the Council has no active desire to give binding effect to the determination of the Association in this matter, and it will be necessary to re-open the question on the first occasion with a view to the enactment of a rule which will for ever set the matter at rest.

#### THE REPRESENTATION OF THE BRANCHES IN THE CENTRAL COUNCIL.

The proposals for facilitating the attendance of the representatives of branches at the Central Council Meeting, with which most of the members are probably familiar, are—*a.* That of Mr. Dix, that the branches shall pay the railway expenses of such members, and *b.* That the branches shall be at liberty to appoint as their representatives persons resident not within the district of the branch, but somewhere within easy access of London. The former of these proposals did not meet with general approval, and for obvious reasons, *firstly*—because, the railway fare is but a small fraction of the sacrifice which a representative makes in going to London, and its repayment to him would not, therefore, in any great degree facilitate his attendance. *Secondly*—That if he were a man whose time were of little value, and who could ill afford to pay his way, it would be better to send someone else, and if he were engaged in a lucrative practice and, nevertheless, willing to sacrifice his time and his fees, the payment of his railway fare would not be desired by him. Mr. Brown's proposal to allow branches to appoint representatives resident in or near London was quite unexceptionable, and ought to have been at once accepted.

It would, in no way, deter a branch from appointing a local man if they could get one willing to serve, while it would ensure representation of those branches which could not find such a man amongst its members. The logic of some of the Council opponents of this proposition was quite ludicrous. One senile exponent of the Council's policy objected to the payment of the rail-fare of a man from Cardiff, because it would not be possible to pay the rail-fare of a man from Jamaica, and he further objected that a London man must necessarily misrepresent a provincial branch being, apparently, unable to understand that a misrepresented branch could meet that objection by removing him at the end of the year,

The proposal was, of course, outvoted by the Council.

#### THE POLITICAL HELPLESSNESS OF THE ASSOCIATION.

The motion of Dr. Jacob, which asked the Council to organise the political influence of the Association at the coming General Election, in order to advance medical interests in Parliament, irrespective of all political or sectarian considerations whatsoever, was dealt with in a way which was most discreditable to the Council, and which has made clearly manifest the determination of that body to crush out every proposition which does not emanate from itself, no matter whether the Association at large approves of it or not. Dr. Jacob moved this resolution, and it received such support from the meeting that the President stated from the chair that the members being apparently unanimous in its favour, he would put the question to a vote

without hearing speakers (of whom there were several) in support of it. When he was about to do so, the Editor of the *Journal* stood up and gave the cue to the councillors present to leave the room, in order that the motion might be counted out, and this hint, being backed up by the chairman of the Medical Reform Committee, the Council left their seats in a body, and the Editor then moved that the meeting be counted out, which was accordingly done. The Editor and his following have, no doubt, congratulated themselves on having by this smart, but not very reputable, trick defeated the intention of the members of the Association, and prevented any inconvenient questions being asked of would-be M.P.s as to their views on certain burning affairs—especially as to their alliance with the syphilis-propagation associations. But it will be as well to recollect that it is scarcely wise for them to display so publicly their disposition to maintain the despotism of the *coterie* who now lead the Association by the nose. A count-out trick of this sort does not protect them from the necessity of facing the question on another occasion, but, on the contrary, prevents them meeting it with *clean hands*.

#### THE ADDRESSES AND THE SECTIONAL WORK.

With the exception of the inaugural address of Dr. Edwards, the President, the public orations delivered at the general meetings were things to be read, not heard. Brevity was not their characteristic, nor was their method of delivery calculated to grasp the attention of the auditors. In fact, notwithstanding that they were delivered by men of the highest repute and excellent in material, they were exceedingly dull. To this, as we have said, the President's was an exception, because it dealt with a variety of subjects, and was concise and explicit. Dr. Roberts, of Manchester, gave the address on Therapeutics, taking as his subject "The Feeding of the Sick," and Dr. Jones Dyke, of Merthyr Tydvil, devoted his Public Health Address to the sanitary statistics of that town, Dr. Wilks's address on Medicine treated on the "Causes of Disease, and Reparative and Destructive Processes."

Of the contents of the museum and the entertainments provided for the amusement of the members of the Association we cannot now speak as fully as they deserve, and we shall therefore reserve them as the subject of our sketch of the meeting next week.

#### POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

The annual meeting of this Association was held in the lecture room of the public hall. Dr. Joseph Rogers, the chairman, presided. The President's address was in the main a review of questions and disputes that had arisen during the year affecting the action of poor-law unions towards medical officers. In regard to the Lunacy Act Amendment Bill, the President particularly quoted Section 5, which provides that an order for the admission of a lunatic into a workhouse should be made on the application of the relieving officer, supported by a certificate under the hand of a duly qualified medical officer, not being an officer of the workhouse, and by the certificate of the medical officer of the workhouse. This provision should be resisted on the ground that it was a gratuitous affront to, and a reflection on, the medical officer, who was to have the care and custody of the lunatic for fourteen days or more. On the whole, the council felt that the Bill was framed in the harshest, and most unjust, and most ungenerous spirit towards workhouse medical officers, and called on such officers to prevent Clause 10 and Sections 1 to 7 becoming law. The honorary secretary (Dr. J. W. Barnes) stated in his report that the

membership was increasing, and great interest had been taken by the members in the work of the association. They were also financially in a better state, having about £40 or £50 to the good. They still found medical officers holding aloof, however. One reason was, doubtless, the fear that they might be brought into conflict with the guardians through the interference of the Association. It should be understood, in answer to such a fear, that the Association would never dream of taking up a case without the consent of the medical officer. Alluding to the Bill for the disqualification of medical relief, Mr. Barnes denounced it as retrograde, and as one of repression of Poor-law medical officers. Votes of thanks were passed to the conductors of the *Lancet* and of the *British Medical Journal*, and to the President for his instructive address, as well as for the interest he showed in the objects of the Association.

#### THE IRISH GRADUATES ASSOCIATION.

The Irish Graduates Association held its annual meeting at 12.30 on Wednesday at Cardiff, the chair being occupied by Dr. Waters, of Chester, ex-President, the President, Professor Stokes, being unavoidably absent. The nomination by the Council of Dr. Macnaughton Jones as President for the ensuing year was unanimously adopted by the Association. The report noted a large increase of membership from 132 to 257, and expressed the hope that before long it might be possible to provide rooms in London for the meetings of the members. It also suggested that the number of stated meetings should be three instead of two annually, the chief of which is to be held on St. Patrick's Day. Professor Balthazar Foster, of Birmingham, had been compelled by the increase of his public engagements to decline the Presidency, and to withdraw from the Chairmanship of the Council. The financial report, showing a satisfactory increase in the cash balance in the hands of the treasurer, was presented and adopted. A revised code of rules of the Association were read from the chair, and after some amendment were adopted as the future law of the Association. A vote of thanks to the secretaries and treasurer was warmly adopted.

**The Mortality of Foreign Cities.**—The annual death-rates per 1,000 in the principal foreign cities, according to the last weekly returns communicated to the Registrar-General, are as follow:—Calcutta 17, Bombay 26, Madras 31, Paris 20, Geneva 16, Brussels 23, Amsterdam 22, Rotterdam 22, The Hague 19, Copenhagen 17, Stockholm 18, Christiania 26, St. Petersburg 29, Berlin 35, Hamburg 25, Dresden 21, Breslau 45, Munich 38, Vienna 28, Prague 33, Buda-Pesth 31, Rome 21, Turin 25, Venice 26, New York 26, Brooklyn 25, Philadelphia 22, and Baltimore 20.

**Vital Statistics.**—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 19.5 per 1,000 of their population, and were—Birkenhead 15, Birmingham 16, Blackburn 18, Bolton 11, Bradford 16, Brighton 9, Bristol 13, Cardiff 19, Derby 14, Dublin 19, Edinburgh 14, Glasgow 24, Halifax 18, Huddersfield 18, Hull 14, Leeds 16, Leicester 36, Liverpool 21, London 20, Manchester 24, Newcastle-on-Tyne 26, Norwich 10, Nottingham 17, Oldham 15, Plymouth 16, Portsmouth 14, Preston 27, Salford 18, Sheffield 17, Sunderland 21, Wolverhampton 11. The highest annual death-rates from diseases of the zymotic class in these towns were—From measles, 2.3 in Manchester and 3.7 in Newcastle-upon-Tyne; from whooping-cough, 1.6 in Preston and 1.7 in Birkenhead; from scarlet fever, 1.0 in Newcastle-upon-Tyne and in Preston, and 1.4 in Leeds; and from diarrhoea, 3.6 in London and in Preston, and 18.4 in Leicester. The deaths from diphtheria were 19 in London, and but 9 in the thirty other towns. Small-pox caused 14 deaths in London and its outer ring and 1 in Liverpool.

REGISTERED FOR TRANSMISSION ABROAD

## The Medical Press and Circular

Is published every Wednesday morning. Price 6d. Post free, 5d.

POST FREE TO ANNUAL SUBSCRIBERS . . . . .	£1 2 0
"    IF PAID IN ADVANCE . . . . .	1 1 0

Post-office Orders and Cheques to be drawn in favour of—

A. A. TINDALL, 20 King William Street, Strand, London, W C.  
A. H. JACOB, 3 Molesworth Street, Dublin.

Agents for Scotland:—

MACLACHLAN & STEWART, South Bridge, Edinburgh.  
A & W. STENHOUSE, Hillhead, Glasgow.

Sole Agent for the Continent:—

JOHN F. JONES, 31 Bis, Rue du Faubourg Montmartre, Paris.

ADVERTISEMENT SCALE—Whole Page, 25 Os. 0d. Half Page, £2 10s. 0d.; Quarter Page, £1 15s. 0d.; One-eighth Page, 12s. 6d.

Small Announcements of Practices, Assistancies, Vacancies, Books, &amp;c. of Seven lines or under, 4s. per insertion; 6d. per line beyond.

Considerable reductions are made from the foregoing Scale when orders are given for a series of insertions. Letters in this department should be addressed to the Publishers.

SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIÈRE, Rue Hautefeuille, Paris—post free in advance, £1 3s. 6d. per annum.

SUBSCRIPTIONS FOR RUSSIA are received by Messrs. RAJOHMAN and FRENDELER, 18 Senatoren Street, Warsaw—post free, £1 5s. 0d. per annum.

SUBSCRIPTIONS FOR THE UNITED STATES are received in New York by Messrs. WILLMER &amp; ROGERS; Philadelphia, by Dr. BRISTON: post free in advance, 54 dollars (£1 3s. 6d.) per annum or direct from the Offices in this country for the same amount, if remitted by International Post-Office Order.

## The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 5, 1885.

### THE INFLUENCE OF ENVIRONMENT ON DISEASE.

THERE is a growing tendency in the profession to regard the annual meeting of the British Medical Association more in the light of a pleasant social *réunion* than as a strictly scientifically inclined gathering, and it must be confessed that there is a good deal to lend support to such an opinion. Consequently also on the distinctly pleasure seeking nature of the excursions, a tone in harmony with its aims is observable in many of the addresses that are delivered in connection with it; and it is no slight tribute of praise to record that the two-fold object of instruction and entertainment is often very successfully secured in the compositions in question. At the meeting which was brought to a close at Cardiff last Saturday many papers were read which can justly claim to be regarded as excellent; and we would especially mention the Address on Medicine prepared by Dr. Wilks. Its learned author does not claim for it, nor would he be pleased to hear the assertion made, that it is suggestive of any new thing; but it is much in these days to have presented to us familiar thoughts in such guise that they must give cause for renewed reflection on subjects familiarised by long acquaintance.

The influence exerted by the environment on the

physiological life of the individual is, at all times, a fascinating subject of study, and it is likely ever to remain a productive field of observation for all philosophic practitioners of medicine, leading constantly to new and valuable observations of the relations between cause and effect. The circumstances of surroundings must of necessity be undergoing constant changes and ever-varying alterations as the progress of civilisation outdo the elementary novelty in the social life of nations; and inasmuch as the delicate organism of science is framed to react to each strange influence which, when oft repeated, grows into custom, so will there be presented to the physician an unending series of bodily indications of the working of such influences, with a corresponding succession of phenomena bearing with more or less directness on the production of healthful and on pathological processes. It is wisdom that suggests the importance of viewing every fresh "discovery" from such a standpoint as is shadowed forth in these reflections; and it is wise to bound the speculative instinct within the limits that experience has proved to be judicious, not permitting fancy to carry us a further distance than can be retraced when a check arrives to overthrow the calculations based upon data which have been accepted as fixed without their being sufficiently confirmed in fact. The illustration to this end afforded by the history of the bacillus controversy, to which Dr. Wilks adverted is very apt to the occasion. There has been, and there still is, danger of too rapid formation of conclusion in this connection, and while still we are not certain of the final halting place to which science is conveying us, it is well to maintain a retrospective attitude lest the rush of conviction should carry us beyond the limits of safety in regard to the treatment of those afflicted with pulmonary disease.

The Address to which we have referred is admirably calculated to serve the purpose it was designed to meet; without introducing abstruse problems of physic it provokes reflection on the principles that underlie disease, and it offers an impressive caution against too enthusiastic adoption of theories which still await the movements of extended observation and experience to lend them weight. We can afford to listen to many such instructive essays, and we shall never act injudiciously by accepting them as guides in thought and in action.

### FEEDING THE SICK.

It is often—we might even say always—a matter of wonder to commencing practitioners of medicine that no specific instruction has been given to them while students on the subject of sick-room dietetics. At once when they enter on the practical duties of professional life they find themselves called upon to answer the question, probably put by their first patients, "And now, Doctor, what shall I eat?" The young physician needs no reflection to convince him that the inquiry is not merely a natural one, but that it is in a majority of instances a supremely important one, and that on the manner in which he answers it the well-doing of his patient will principally depend. Then it is that he looks back on the long course of his studies, and strives in vain to recall that he has

ever received any systematic information in this essential department of physic. Scattered observations, and occasional descriptions of the kind of food appropriate for particular cases of disease he will probably remember to have heard during the course of a clinical lecture, or falling from the lips of the physician during his visits to the wards; but such fugitive utterances are, he feels, in the hour of need, of small service to extricate him from the difficulties of his situation, and he consequently is compelled to fall back on the limited resources of his recollection in order to satisfy the anxious demand of his client for instruction in the way of eating and drinking.

The present system of teaching medicine is in this respect sadly deficient; and whether the cause is to be found in a misappreciation of the importance of the subject, or in a want of adequately informed instructors, it is one that calls for early remedy. And this is the more necessary since the public is rapidly becoming more or less acquainted with the principles of nursing, and thus in a position to criticise the shortcomings of medical attendants in the same direction, so that it behoves the profession to be alive to the possible loss of esteem that may be occasioned by the ignorance of commencing practitioners on the subject of sick-room diet. Fortunately, however, there is the appearance of awakening to the necessities of the hour on the part of at least a few of those who are in the present ranks of teachers; and most of all are we indebted to Dr. W. Roberts, of Manchester, for both exposing the truth and for showing the manner in which the faults of the past may be remedied in the future. Dr. Roberts communicated one of the most important papers read at the Association meeting at Cardiff last week to the Section of Medicine on "Feeding the Sick." In this admirable address Dr. Roberts has given in outline a vast amount of information, armed with which the practitioner need not fear embarrassment when met with a request for directions as to the feeding of his patient. It was not of course possible in a single communication to embody all that can be said with advantage on so large a subject; but the principles expounded and the details as to forms of food to be administered together constitute a solid and invaluable contribution to practical therapeutical science, and an unquestionably serviceable guide to the general practitioner.

Dr. Roberts' teachings, however, will we trust, have a more widely extended effect than that of assisting the efforts made by those who immediately profit by them. Though we have not yet in our great schools of medicine any systematic instruction on the subject we are discussing, it is by no means improbable that it will ere long obtain a recognised position in the curriculum. Indeed, if the doctor is to hold his own, it must be so, for the haphazard education he receives now-a-days in the science of dietetics is the prime cause of the disagreements among physicians in their advice to patients on the question of food and drink, and of which the public justly complain. Dietetics is a most important branch of therapeutics, and as such it must henceforth be recognised.

THE Baly Medal presented by the Royal College of Physicians of London has this week been awarded to Mr W Kitchen Parker, F.R.S.

## Notes on Current Topics.

### Metropolitan Hospital Sunday Fund.

THE Council of the Hospital Sunday Fund met at the Mansion House on Friday last to receive the report of the Committee of Distribution. Sir Sydney Waterlow, M.P., in the absence of the Lord Mayor, presided. The awards recommended included 154 institutions, being an increase of six over last year, and of forty-nine since the awards were made in 1873. After allowing for liabilities and the usual current expenses, the amount available for distribution was £33,444, and of this total £32,084 was recommended to 101 hospitals and 53 dispensaries. On the motion for the adoption of the report, the Rev. Dr. Allon called attention to the fact that in the University College Hospital only those who were members of the Church of England were admitted as probationers for the nursing, which was thus in the hands of one sect, while the University College Hospital participated in a fund to which the members of all churches and persons of all creeds contributed. He moved that the amount of this year's award (£1,293 15s.) should be withheld from University College Hospital until it made nursing arrangements satisfactory to the Council. He was afraid that, unless this question was satisfactorily settled, half the Nonconformists of London would secede from the fund.—The Rev. R. J. Simpson coincided with the views of Dr. Allon, and seconded his motion, but thought they could not withdraw this year, as the award had been made. After some further discussion, in which Mr. Kitto, Mr. Christie, and others took part, Dr. Allon accepted a suggestion of the Chairman, that he should put his motion in the following form:—"That no further grant be made to University College Hospital until the General Purposes Committee of the Fund have fully considered the correspondence in reference to the system of nursing complained of, and reported thereon to the Council." To this it was proposed to add the words—"and have also reported whether any other institution receiving awards from the Hospital Sunday Fund is nursed upon a system similar to that adopted in University College Hospital."

The establishment of the Hospital Sunday Fund has undoubtedly brought the general public into closer contact and sympathy with hospital life, but this possibly has its drawbacks as well as its advantages. The discussion which has taken place with regard to the nursing of University College Hospital seems to support this view. The complainant in the first instance with regard to the nursing was probably unaware of the fact that the hospital and the sisterhood which has for so many years done the nursing are two perfectly distinct institutions. The authorities of the hospital pay for and expect to be well nursed; they know nothing of, and have in fact nothing to do with, any of the rules laid down by the sisterhood for those who desire to join its nursing staff. The hospital has to do with the cure of the patients admitted to its wards; and we all know how much good nursing assists in the attainment of this object. The Anglican Sisterhood has carried out its work and duties to the satisfaction of every one connected with the hospital, and we think the Hospital Sunday



Fund could not with any show of honesty have withheld the grant recommended by its own Committee. We quite agree with our contemporary the *Spectator* that "it seems to us that for such a work as nursing an *esprit de corps* founded on a religious creed is far better than an *esprit de corps* founded solely on the desire to relieve suffering, and much better than no *esprit de corps* at all." To carry Dr. Allon's argument to its legitimate conclusion must lead to the employment of those without any creed at all. Agnosticism is as good as anything else to some people.

#### The Testimonial to Dr. Bradley.

WE are glad to see that the movement initiated by us in favour of Dr. Bradley, of Brimington, is gaining strength. If the legal decision in this case had remained unchallenged the safety of every medical practitioner would be assailed. We owe it to Sir W. Harcourt that this decision has not been reversed. But to prevent a moral reversal by public opinion even Sir W. Harcourt is powerless. A very influential meeting was held at Cardiff on Thursday last, when resolutions were passed sympathising with the unfortunate victim, and binding the meeting to raise a fund in his favour. Considerable sums have been already promised, and among the first announced on the spot were £10 10s. by Mr. Marston Buzzard, Q.C., M.P., who defended Mr. Bradley on his trial, and is, therefore, more conversant with the case than any outsider, feels very strongly on the subject; Sir W. Jenner, Bart., M.D., £10 10s.; Mr. Lawson Tait, £10 10s.; Editor of the *Medical Press*, £3 3s.; &c.

Having from the first taken a lively interest in the case, and personally, and by deputy, presented the case in all its bearings to both present and past Home Secretaries, it affords us sincere pleasure now that our efforts have been crowned with success in the release of one whom we believed, and still believe, to be an innocent victim of a hysterical patient and a wrongly directed jury, to commend the testimonial fund to our readers. No amount of money, however large, can of course wipe out the indignity of conviction and imprisonment, but it will at least afford some solace to our *confrères* to know that the profession are satisfied of his innocence, and are determined to express the same in the only practical manner within their power. We commend the letters published in our last week's issue on this subject to the attention of our readers.

#### The Recent Appointment to the Castlebar District Asylum.

ON Monday, the 27th, Mr. Biggar, M.P., put a long series of questions to the Chief Secretary upon the recent appointment to which we referred the week before last in these columns. Mr. Biggar wanted to know how many medical men connected with the English lunatic asylums' service have been promoted during the past ten years to Irish asylums; what number of Irish asylum doctors have been promoted to English asylums? What was the service of the two superintendents prior to their being taken from English asylums and appointed to the Castlebar district asylum, namely, Dr. Conolly Norman, appointed in 1882 or 1883, and Dr. Finigan in 1885; what was the service of the ten principal candidates for the Irish asy-

lum service, namely, Dr. D. Exeter Jordan, of Castlebar; Dr. Taylor, of Dundrum; and Dr. Myles, of the Richmond Asylum, Dublin; what was the official position—and the pay attached to it—held by the medical men in England previously to their appointment by Lord Spencer to the important posts of superintendents of Irish asylums; and whether Earl Spencer directed Dr. D. Exeter Jordan to remain in charge of Castlebar asylum for a period of nearly four months; if so, could he explain for what reason did Earl Spencer appoint as superintendent to the Castlebar asylum another doctor brought from England over the head of Dr. D. Exeter Jordan? To this the Chief Secretary replied that Lord Spencer selected Dr. Finigan, assistant at the Northumberland Asylum. Dr. Finigan is an Irishman and a Roman Catholic, and has very good testimonials. Dr. Jordan, who was consulting physician at Castlebar, was a candidate for that asylum. He acted as *locum tenens* during the vacancy. Dr. Taylor has been assistant at Dundrum for ten years, and Dr. Myles at Richmond for six years. He understood that it is not unusual to appoint outsiders to those posts. Except in the cases of transfer, candidates are generally invited by public advertisement, the object being to secure the best men. This statement is not in the remotest degree a reply to Mr. Biggar's question nor to our complaint. It simply reiterates the fact that Lord Spencer did pass over three experienced and trusted officers of the Department in order to promote a gentleman who, on the Chief Secretary's showing, had no knowledge of Irish lunacy administration, and respecting whom all we know is that he "has very good testimonials." The promotion of Dr. Conolly Norman is entirely a different matter, for he had served long and efficiently in Irish asylums, and had been engaged in England only for a short interval. The fact is admitted that merit, experience, and good service are habitually ignored in the Irish lunacy service in favour of political jobbery, and we shall lose no opportunity of protesting against such motives for dispensing patronage.

#### Paralysis of the Sympathetic.

DR. LEWINSKY reported a case of the above at the last meeting of the Berlin Medical Society. The patient was a woman who had suffered from gastric ulcer, and who as a child had a small goitre which had increased in size during the last ten years. At the time of reporting it was the size of a goose-egg, was seated on the right side, and had curved the trachea to the left. The right upper eyelid drooped, the pupils were diminished in size, the eye lay deeply within the orbit. The fundus oculi was normal. The right side of the face showed almost complete absence of sweat secretion, and the temperature was 0.2° C. lower than on the left. The forearm and hand were occasionally swollen. The temperature of the right hand was 2° C. lower than that of the left. The patient came under observation a second time with hæmatemesis and parotitis. The latter went on to suppuration, and required incision. The secretion of sweat was less and the temperature lower on the right than on the left side. The speaker claimed that the symptoms presented were typical of paralysis of the sympathetic, that the interest of the case consisted in the

long continuance of the cedema without disturbance of the circulation and with normal sensibility and mobility. As regarded the locality of the lesion, the supposition that it was produced by pressure of the goitre would not be far astray.

#### Visit of Her Excellency the Countess of Carnarvon to the City of Dublin Hospital.

THE Countess on Monday, the 27th of July, visited the hospital, attended by her Excellency's suite. She was received by Dr. Hawtrey Benson, physician to the hospital, and by Mr. Wheeler and Mr. Fitzgibbon, surgeons to the hospital, Dr. Banks and Mr. Tufnell, the consulting physician and consulting surgeon, and Dr. Arthur Benson, ophthalmic surgeon. There were also present Mr. Brown, house surgeon, and Miss Beresford, lady superintendent. Her Excellency visited the wards, and evinced much interest in the hospital, and also in the nursing institution which is attached to it, which, it was explained, had been founded only fifteen months since, but had proved to be of the greatest value to the hospital. Her Excellency promised to visit the nursing institution at a future period.

#### Death of Professor Schalger.

PROFESSOR LUDWIG SCHLAGER, Director of the Wiener Landes-Irrenanstalt, Gastein, one of the most distinguished alienists in Austria, died on the 24th ult.

#### The Study of Morbid Anatomy.

THE supreme importance of affording facilities for the study of pathology and morbid anatomy, though theoretically admitted in this country, is not recognised by the authorities in a manner that offers any practical advantages to investigators, and the means for accomplishing the vast amount of work that is notwithstanding done amongst us owes its origin to private enterprise or to the action of private corporations. It is inconceivable what large opportunities are annually lost in London alone of prosecuting studies that would yield an abundant harvest of knowledge in this connection, and solely because of the difficulty that is experienced of convincing the powers that be how much would be gained to science by providing the necessary means of enabling a special pathologist to utilise the materials provided, unfortunately in abundance, for such work by the indigent and criminal classes of the community. In Berlin such opportunities have been provided in the most satisfactory manner in connection with the new Morgue which has recently been completed. A wing of this building is to be devoted to the service of the University Institute of Public Medicine, and to this end provision has been made for a complete suite of post-mortem rooms, laboratories, lecture rooms, and all necessary offices. This institute was originally founded by the famous medico-jurist J. L. Caspar, and the post of Director formerly held by him is now filled by the Town and Forensic physician of Berlin, Professor Loman. Possibly our great towns will by-and-by be no less well provided than Berlin with well-appointed buildings devoted to the study of public medicine, and until this time arrives the importance of such an improvement ought to be constantly insisted upon.

#### The Criminal Law Amendment Bill.

It will give general satisfaction to all classes of the community to learn that the Criminal Law Amendment Bill is assured of passing into law during the present session of Parliament, and on the one important clause contained in it, that, namely, fixing the age up to which the law throws its protection over young girls, the compromise arranged between contending parties is sufficiently reassuring. From thirteen the limit of consenting age is now extended to sixteen, and public opinion will certainly be much more generally satisfied with that decision than if the claims of those who urged eighteen, and even twenty-one, as the age, had been adopted. On many grounds sixteen years possesses advantages in its favour which could not be urged at present in behalf of a higher limit, although it is impossible not to wish that the state of society permitted legislation in behalf of women irrespective of the question of years. We have, however, to keep in view the injury that will be rendered possible under an Act of the nature of that framed to amend the criminal law, and to admit the likelihood that danger to innocent persons will be increased in proportion as the test of years is accepted as the principal basis of judicial proceedings. It is the medical profession which is most open to false accusations in this respect, and its members have only too much cause to be always on their guard against the designs of unprincipled women, as is proved by more than one case of trumped-up charges against practitioners. We accept the change in the law, however, as a salutary one, and for the sake of what good it may possibly do, the profession willingly incurs the extra risk to itself, conscious that the public is always ready to protect its members against those abominable charges which do nevertheless occasionally succeed in bringing temporary disgrace and sore trouble on perfectly innocent men.

#### Prosecution under the Pharmacy Act.

IN the Sheriff Court at Linlithgow, on the 25th ult., John Paris Duguid, watchmaker and jeweller, Bo'ness, was charged at the instance of Mr. Richard Bremridge, 17 Bloomsbury Square, London, registrar of the Pharmaceutical Society of Great Britain, with committing an offence against the 15th section of the Pharmacy Act, 1868, by having on 7th February last, in the premises known as "The Medical Hall," Bo'ness, sold a quantity or kept an open shop for the sale of chloral-hydrate, or a preparation thereof, the same being a poison under the Pharmacy Act, the accused not being a duly registered pharmaceutical chemist and druggist under the said Act. Mr. Strachan, solicitor, Bo'ness, appeared for the accused, and stated the following objections to the complaint:— (1) That the instance was not good, on the ground that the prosecutor was a foreigner, and had not the concurrence of the Procurator-Fiscal; (2) that the complaint did not specify to whom the poison was sold; (3) that the complaint did not set forth the exceptions of the statute, and say that the accused did not come within either of them; (4) that the complaint libelled two alternative offences, either of which could be committed separately, and did not distinguish between selling and keeping an open shop; and (5) that the complaint did

not specify alternatives of punishment. Sheriff-Substitute Melville repelled all the objections, and the accused tendered a plea of not guilty. Evidence was heard at considerable length, and at the close his Lordship held the accused guilty of selling chloral-hydrate, and found him liable in a penalty of £5.

#### The Disadvantages of Prepared Foods.

DR. W. ROBERTS, in his address to the British Medical Association on "Feeding the Sick," made reference to the numerous prepared foods for infants and invalids in which so large a trade is now carried on. He pointed out that these foods, one and all, must necessarily be derived from a limited number of well-known flours, including wheat, barley, oats, maize, pea, lentil, and one or two others. While admitting that these various foods possessed undoubted excellencies, and that they severally are adapted to different cases and conditions, Dr. Roberts, however, insists that it is a great disadvantage that they are all practically secret compounds, and that on this account they are unfitted for the use of the physician. Both the latter and his patient would be more favourably situated if the attendant were able to order a food the exact composition of which was known beforehand, and consequently its effect on the system pregauged, instead of being compelled to trust blindly to a mixture of which he can only approximately guess the contents. In the same way as secret remedies are eschewed by medical men because of the uncertainty attending their composition, so, argues Dr. Roberts with much justice, is there reason for a physician to be chary of ordering his patient a food of which the precise composition is not publicly declared. The question that this opens up, is a very important one, which has not hitherto been sufficiently considered; and it remains to see whether purveyors of the better known foods will not find it most to their own interest to remove the bar of secrecy from their particular preparations.

DRS. TILT, Heywood Smith, Fancourt Barnes, and Bantock, and Mr. Knowsley Thornton have been elected corresponding members of the Gynæcological Society of Boston, U.S.A.

### Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

ABERDEEN, BANFF, AND KINCARDINE BRANCH OF THE BRITISH MEDICAL ASSOCIATION.—At a meeting of this Branch of the British Medical Association, held in the Christian Institute Buildings on Saturday, the 25th ult., Dr. Angus Fraser, in replying to the toast "Success to the Royal Infirmary," which was proposed by Dr. Lyon, animadverted in strong terms on the Managing Committee of the institution. He wished that Aberdeen could boast of a better Infirmary than the present one, which was hardly a credit to the town. The Committee of Management were invested with powers twelve months ago to better the condition of the institution, but they had, he was sorry to say, never put them into practical shape. The Infirmary was in a discreditable state, and it would not be improved until they took

more stringent steps to put it right. The existing state of matters had been repeatedly placed before the Committee plainly and distinctly—indeed they had stated the case so strongly that they had been asked not to exhibit the true condition of things to the public gaze, as it was feared that were the inhabitants of Aberdeen to understand clearly how the matter stood it would create quite a revolution in the public mind, and people would not be satisfied till remedial measures were effected. He was sorry to speak in this manner of the Royal Infirmary, but really if things were not soon attended to they would have to adopt the policy of a certain London journal, and just speak the truth. The Managers, as he said before, had received powers which they had failed to implement. To give an instance of how the management was conducted, the Managers made a rule to the effect that a porter was to be employed at the lodge whose age would not exceed 50 years, and who would be expected to devote a portion of his time to the cultivation of the shrubs and flowers attached to the Infirmary, and they immediately thereafter violated the rule by appointing a man upwards of 70 years of age. That was an example of how things were carried on, and how was it possible, he asked, to improve such Managers?

THE UNIVERSITIES (SCOTLAND) BILL.—A deputation representing the London Committee of the Association of the General Council of the University of Edinburgh had a private interview with Mr. Dalrymple at the House of Commons on the 30th ult. in reference to the Scottish Universities Bill. They presented a petition from the Association, and stated that while generally favourable to the Bill, and desirous to see it passed into law this session, they desired its amendment in certain important particulars. Especially they wished to see an increase in the number of members of the University Council upon the University Court, a strengthening and extension of the powers and functions entrusted to the Court, and the transference to it of the management of all University funds and business at present held by the Senatus. Mr. Dalrymple entered at some length into these various questions, and while the conversation was proceeding he was joined by Dr. Webster, who repeated his statement that he intended to adhere to his opposition to the Bill. Mr. Dalrymple assured the deputation that the views they had expressed would be carefully considered, but he pointed out that there was a more powerful agency working against the Bill than even Parliamentary opposition—and that was time. Any public body, he added, who pressed against a Bill so beneficial in many of its provisions incurred a serious responsibility.

HEALTH OF EDINBURGH.—The mortality in Edinburgh for the week ending with Saturday, the 25th ult., was 62, and the death rate 13 per 1,000. Diseases of the chest accounted for at least 30 deaths, and zymotic causes for 5, of which 1 was due to fever and 1 to measles. The intima-tions for the week comprised—fever 11, diphtheria 1, scarlatina 11, and measles 46.

MORTALITY IN GLASGOW.—The deaths in Glasgow during the week ending with Saturday, the 25th ult., were at the rate of 24 per 1,000 per annum of the population, as compared with 22 in the previous week, and 22, 23, and 25 in the corresponding periods of 1884, 1883, and 1882 respectively.

GLASGOW TOWN COUNCIL.—At a meeting of the Glasgow Town Council, held on the 29th ult., Dr. Russell, the officer of health, reported that during the fortnight ending July 18th, 1885, there were 427 deaths registered, as compared with 454 in the fortnight preceding, a decrease of 27. The

number of deaths of persons aged below 1 year was 119 in place of 96, and of persons aged 60 and upwards, 59 in place of 61. Of the total deaths, 44 in place of 42 per cent were of children below 5 years of age. Of children at school age (viz., 5 to 13 years inclusive) there were 37 deaths registered, as compared with 34, viz.:—1 typhus, 2 enteric fever, 3 scarlet fever, 1 whooping-cough, 1 diphtheria, 7 consumption, 5 acute diseases of the lungs, and 17 from miscellaneous causes. The number of deaths from infectious diseases of children was 33 in place of 51—viz., 24 from whooping-cough, 6 from scarlet fever, and 3 from measles. No cases of small-pox were registered. The number of cases of fever registered was 14 in place of 24—viz., 10 of enteric fever, 3 of typhus, and 1 undefined. There were also registered 67 cases of scarlet fever, 52 of whooping-cough, 42 of measles, and 3 of diphtheria, of which 39 were removed to hospital, and the remainder kept under supervision at home. There were at present in the hospitals, Belvidere, 100 cases of scarlet fever, 41 of enteric fever, 25 of measles, 21 of whooping-cough, 11 of typhus, and 3 of small-pox—in all 201 cases as compared with 195 this day fortnight, and 343 at the corresponding period of last year. During the fortnight 58 cases were admitted to the Fever Hospital, 45 dismissed well, and 6 died. One case (suspected, but found not to be small-pox) has been admitted to the Small-pox Hospital, and 2 dismissed well.

UNIVERSITIES OF EDINBURGH AND ST. ANDREWS.—**MR. ERICHSEN'S CANDIDATURE.**—There has been issued to the members of Council of these Universities a circular, signed by Professor Douglas Maclagan, of Edinburgh, and Professor T. S. Baynes, of St. Andrews, as chairmen of Mr. Erichsen's General Committee. It states that for more than a third of a century Mr. Erichsen has devoted himself to the cause of science, and, as a surgeon, has risen to the front rank of his profession. His treatise on the "Science and Art of Surgery" is a recognised text-book in England and America, and it has been translated into most of the languages of Europe. The circular alludes to his ability and clear powers of exposition, his appointment as Professor of Surgery and Clinical Surgery at University College, London; his knowledge of the working of the system of the Scottish Universities and of their great medical schools; his sixteen years of office as a member of the Council of the Royal College of Surgeons of England, of which he was President in 1880-81; his appointment as a Surgeon-Extraordinary to Her Majesty the Queen, and the honours conferred on him by learned and scientific institutions, home and foreign, including the high honour of LL.D. from the University of Edinburgh, in recognition of his high character and attainments. From these facts (the circular continues) it will be seen that Mr. Erichsen's professional training, life-long experience and familiarity with most academic and educational subjects, render him in all respects singularly well fitted to enter Parliament, and to represent efficiently, not only the great interests of science, learning, and education, but more especially the great medical schools, upon whose future fame and progress the prosperity of the Scottish Universities so much depends. The chairmen have every reason to believe that his sound judgment, great experience, and judicial habit of mind will be of the utmost service to the Universities, and that their highest and best interests will be safe in his hands. A list annexed to the circular contains the names of about 450 graduates resident in Great Britain and Ireland, many of whom are men of great eminence in their several professions. With this circular there has been sent to the medical graduates a letter signed by Sir James

Risdon Bennett, as chairman of the London committee, who remarked that Mr. Erichsen's career, character, and position in the profession are so well known and appreciated that it would be unbecoming to adduce any special proofs of his eminent fitness to represent medical science in Parliament. As upwards of 3,600 members of the General Council of these Universities—more than one-half of the constituency—belong to the medical profession, it is to them that they venture to appeal and to suggest that, on the present occasion, feelings of party politics should be made to give place to the higher considerations of the national advantage to be secured by the return to Parliament, as the representative of these Universities, of one so capable to represent science, especially in its medical aspect, as Mr. Erichsen.

**BRIGADE-SURGEON T. RUDD**, of the Army Medical Staff, who was favourably mentioned in despatches for his services in the Indian Mutiny, has assumed the duties of Principal Medical Officer at Woolwich, vacant by the death of Deputy Inspector General Barnett.

**MR. HENRY FITZGIBBON**, Surgeon to the City of Dublin Hospital, and to the Westmoreland Lock Hospital, has announced his intention of seeking the Vice Presidency of the Royal College of Surgeons in Ireland at the election in June, 1886.

## Correspondence.

### THE CONJOINT EXAMINATION SCHEME FOR IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have read with surprise the paragraph headed "The Conjoint Examination Scheme for Ireland," which appeared in the *Medical Press and Circular* of July 29th, 1885. You commence that paragraph by stating that the "negotiations for establishing a conjoint examination by the Colleges of Physicians and Surgeons in Ireland has (*sic*) completely broken down;" and, subsequently, referring to the proposed division of the surplus funds, you state that, "On this occasion the College of Physicians has taken higher ground, and has refused to accept any less share than half the money, and has therefore sent back the scheme to be again reported on *sine die*."

This is not an accurate account of what has taken place.

On Wednesday, July 22nd, 1885, the President and Fellows of the King and Queen's College of Physicians held a special meeting to consider the report of a combined committee of the College of Physicians and College of Surgeons, appointed for the purpose of considering and reporting upon an Outline Scheme for a Conjoint Examination, proposed by the Royal College of Surgeons in Ireland for consideration by the King and Queen's College of Physicians.

At this special meeting the report of the combined committee was received, and the College went into committee in accordance with the usual practice. By consent, paragraph 10 of the Report was first taken into consideration. It runs as follows:—

"The surplus from fees, after payment of the expenses of the examinations, shall be divided between the Colleges—the King and Queen's College of Physicians receiving three-eighths and the Royal College of Surgeons five-eighths."

After a prolonged discussion, it was resolved "that paragraph 10 of the Report of the Combined Committee be referred to a Committee consisting of the Censors and the Finance Committee, to report to the College with reference to the financial results likely to ensue." It was further resolved "that the College do adjourn until the report of the Committee on the financial relations of the proposed Conjoint Scheme to this College" (*i.e.*, the College of Physicians).

With the request that you will be good enough to insert this reclamation in the next issue of the *Medical Press and Circular*,

Yours faithfully,  
JOHN WILLIAM MOORE.  
M.D. Univ. Dub., Fellow and Registrar.  
King and Queen's College of Physicians in Ireland,  
Dublin, August 1st, 1885.

[While we acknowledge that Dr. Moore's statement is officially and technically accurate, we are also aware that our representation of the matter is practically and substantially correct. The motion to adopt the Conjoint Scheme was resisted by a majority of the Fellows present, who insisted that nothing less than an equal division of the funds between the two Colleges should be entertained. The advocates of the Conjoint Scheme fought against the proposition to refer back the report for elucidation of the financial point, but they were defeated, and the speakers against the scheme made no secret of their determination to defeat it, no matter what the report of the Committee might be. Their vote was avowedly equivalent to a vote to "read the Bill a second time that day six months." If the Committee reports at all it must report that the College of Physicians stand to lose several hundreds a year by this Conjoint scheme, and thus the already dominant majority against the scheme will be fortified in their opposition to it. We consider ourselves fully justified, under the circumstances, in stating that the negotiations have broken down. Neither the Council of the College of Surgeons nor the College at large would for a moment entertain the proposition for an equal division of the surplus, inasmuch as such a concession would not only humiliate the College, but would increase its loss under the scheme from about £600 a year to £1,000.—ED.]

### Literature.

#### FACE AND FOOT DEFORMITIES. (a)

IN writing a book now-a-days, when so many rush into authorship, it may be asked the object of the present volume, considering the amount of literature we have already on the same subjects. And without altogether attempting to dissuade surgeons with reasonable ambition from rushing into print, we think, however, that when it is decided to write a book, the author should first consider whether he can throw any new light on a given subject, or whether what he writes will be worth reading. After a careful perusal of 195 pages we have come to the conclusion that we find nothing very new in this volume. The title of the work, to say the least of it, is somewhat indefinite, but the author attempts to justify the selection when he says—"It may be asked why I should associate the face with the foot, as these are the two extreme parts of the body? Chiefly because deformities of these members of the body being more manifest than deformities elsewhere, they constitute a greater hindrance to success in life. They not only deform, but deface, by reason of their great disfigurement, the artistic proportions of those parts of the body upon which the eye of the observer or critic most loves to rest." The author has included so many subjects under the two groups that he has been forced to be so brief and superficial concerning many of the subjects mentioned that the information thus given fails to be instructive or interesting.

We may appear to have been unnecessarily severe in our notice of the author's labours—for we are aware of the labour of bringing out such a volume—but we venture to hope that future editions may rectify many of the defects the present issue contains.

The book is illustrated with some very well executed original chromos and monotonos. Some of the woodcuts are quite familiar with, but they are nevertheless well selected.

(a) "Face and Foot Deformities." By Frederick Churchill, C.M., Surgeon to the Victoria Hospital for Children. With illustrations of New Appliances for the Cure of Birth Marks, Club-Foot, &c. London: J. & A. Churchill. 1885.

#### CLINICAL NOTES ON CANCER: ITS ETIOLOGY AND TREATMENT. (a)

THIS little work of ninety-three pages seeks to convey as briefly as possible the author's practical experience of several years' work among cancerous patients. No attempt has been made at elaborate descriptions or exhaustive investigation, but the impressions received through constant familiarity with everyday cases, and the deductions to which they give rise in the author's opinion are set down "without prejudice." In the chapter on the cause of cancer the author endeavours to prove the error in believing that heredity has anything to do with the production of the disease, but rather inclines to the belief in the neurotic origin of most cases of alveolar cancer. We are inclined, however, not to agree with the author in this theory. All subjects in connection with the disease are plainly and practically stated, and although one may differ here and there with the author's views, the book will prove useful to those interested in the study of this dread malady.

#### ST. THOMAS'S HOSPITAL REPORTS. (b)

THE present volume has been brought out with the same care as last year, containing some valuable and practical papers. The first paper, on "Some Records of Surgical Experience," from the pen of Mr. F. Le Gros Clark, F.R.S., is well written, and alludes to a variety of important subjects met with in surgical practice. Many other contributions on medicine, and surgery, with special reports from the skin, obstetrical and ophthalmic departments for the year 1883 are also found in these Reports, and will well repay a careful perusal.

### Medical News.

Royal College of Physicians of London.—The following candidates, having passed the necessary examinations, were admitted Members on Thursday last, July 30th:—

Anderson, John, M.D. St. Andrews, 105 Gloster Place, W.  
Fox, Richard Hingston, M.D. Brussels, 43 Finsbury Circus, E.C.  
Halliburton, William Dobinson, M.D. Lond., 135 Gower Street, W.C.  
Shadwell, Arthur, M.B. Ox., Brighton.  
Thomson, St. Clair, M.B. Lond., 18 Gloster Walk, W.  
Woodriddle, Leonard Charles, M.B. Lond., Guy's Hospital, S.E. 1

The following were admitted Licentiates on July 30th:—

<p>Allan, James Hugh Brodie Angior, Thomas Matthews Austin, Herbert Ward Barker, William J. Townsend Bent, George Broekat, Andrew Alexander Chapple, Aubrey Durant Chittenden, Thomas Hillier Clarkson, Frank Cecil Clendinnen, Frederick John Curgenven, John Sadler Dagg, Trevor Augustus Dearden, William Francis Dodd, Walter Henry Du Bulson, Edward William Evans, John Morgan Foulerton, Alex. G. Russell Gough, John Harley Gow, Duncan, M.D. Toronto Habgood, William Hore, Harry George Standish Hunton, Alfred William Jaboor, Habeeb Jaboor, Hanna Jacobson, Thomas Brander Jarvis, John</p>	<p>Jervis, Arthur Lloyd, Percival Allen Lynch, George W. Augustus Moore, Walter Henry Bernard Oliver, John O'Reilly, Archibald Thomas Parsons, Harry Compton Pring, Frederick Arthur Pritchard, Joseph J. Gasler Rayne, Herbert Edward Rushbrooke, Thomas Schofield, Gerald Shadwell, Harry Winstanley Smith, George Francis Smith, John Steinthal, Walter Oliver Sykes, Thomas Hindle Wagstaff, John Philip Walker, Henry Secker Walton, John White, Frank Faulder Whiteley, Daniel Flockton Williams, Campbell Williams, Edward Lloyd Wilson, Albert Woutersz, George Justin.</p>
--	---

Aberdeen University.—On the 31st ult. the following received the degrees of M.D., and M.B., and C.M.:—

*The Degrees of M.D.*  
William Barron, M.B., C.M.; Clarence William Haig Brown, M.B., C.M.; Alexander Campbell, M.B., C.M.; Robert John Gollie, M.B., C.M.; William Cooper, M.B., C.M.; Herbert William Tolver Crow, M.B., C.M.; Francis Carteret Gayton, M.B., C.M.; Alfred Hodgson, M.B., C.M.; Andrew Hostie, M.B., C.M.; James Leith Leslie, M.B., C.M.; Alexander Macgregor, M.B., C.M.; Alexander MacLean, M.B., C.M.; Deputy Surgeon-General; Thomas Marsden, M.B., C.M.; William Adam Michte, M.B., C.M.; James Thomas Mitchell, M.B.,

(a) "Clinical Notes on Cancer: Its Etiology and Treatment." By Herbert L. Snow, M.D. (Lond.), Surgeon to the Cancer Hospital, Brompton. London: J. & A. Churchill.

(b) "St. Thomas's Hospital Reports." New Series. Edited by Dr. Seymour J. Sharkey, and Mr. Francis Mason. Vol. XIII. London: J. & A. Churchill. 1884.

C.M.; Charles Louis Isidore de Sellan, M.B., C.M.; William Simpson, M.B., C.M.; William Henry Stewart, M.B., C.M.; William Stuart, M.B., C.M.; George Vincent, M.B., C.M.

*The Degrees of M.B. and C.M.*

Alfred William Alcock, Charles Spencer Anderson, John Anderson, M.A.; Matthew Ferguson Anderson, William Robert Cheves, John Christie, M.A.; David Macdonald Brown, Charles Alexander Butchart, Alexander Gray Connan, Andrew Hunter Cowan, John Stuart Davidson, Edward Greaves Wooding Deane, John Duncan, M.A.; John Francis Scott Fowler, Frederick Arthur Foy, David M. Gill, Henry William Godfrey, James William Mackenzie Gunn, M.A.; Herbert John Hargrave, Albert Edward Henderson, George Nicol Henry, John Watson Hutcheon, John Charles Davidson Irvine, James Eddington Jeffris, Francis Grice Jones, John Marshall Lamb, M.A.; John Mackenzie, John Marsden, Alexander Milne, James Black Milne, James Shaw Milne, William Vincent Morgan, Thomas George Paterson, Arthur Edward Paterson, Patrick Whyte Rattray, M.A.; George Scott, David Simpson, M.A.; William Bulmer Simpson, John Rutherford Skinner, Arthur Greatorex Smith, William Gordon Stott, M.A.; Alex. James Stuart, Peter Alfred Sullivan, David Taylor, Andrew Whyte.

Of the above-named candidates, John Marshall Lamb, M.A., Alexander Milne, Patrick Whyte Rattray, M.A., Arthur Greatorex Smith received their degrees in medicine and surgery with highest academical honours; Alfred William Alcock, John Stuart Davidson, Henry William Godfrey, George Nicol Henry, Francis Grice Jones, James Black Milne, Thomas George Paterson received their degrees in medicine and surgery with honourable distinction. The John Murray medal and scholarship was awarded to Patrick Whyte Rattray, M.A., as the most distinguished graduate of this year. At the same time, Charles Mitchell Aird, Leslie Durno, John Malcolm, James Murray, Cecil Robertson, John Hutton Stenhouse were certified as having passed all the examinations, but did not graduate.

**Royal Colleges of Physicians of London.**—At the meeting of the College on Thursday last the following officers were elected:—Censors: Drs. Habershon, W. H. Stone, J. E. Pollock, and W. H. Dickinson. Treasurer: Dr. Dyce Duckworth. Registrar: Sir Henry Pitman. Harveian Librarian: Dr. W. Munk. Assistant Registrar: Dr. Alchin. Curators of the Museum: Drs. Weggs, Lionel Beale, Bastian, and Curnow. Finance Committee: Drs. Hare, William Wood, and Edward Liveing. Examiners in Chemistry and Chemical Physics: Mr. C. W. Heaton, Dr. Thomas Stevenson, Dr. Bernays, Dr. W. J. Russell, and Mr. William Foster. Examiners in Materia Medica, Medical Botany, and Pharmacy: Drs. Brunton, Mitchell, Bruce, Frederick Taylor, William Murrell, and D. B. Lees. Examiners in Elementary Physiology: Drs. William Ewart, and V. D. Harris. Examiners in Physiology: Drs. John Harley, Leonard Woodriddle and Schäfer. Examiners in Osteology and Anatomy: Drs. Carrington and Jas. Anderson, and Mr. Henry Morris. Examiners in Medical Anatomy and Principles and Practice of Medicine: Drs. Lionel Beale, Sturges, Sutton, Church, Cheadle, Pye-Smith, Green, Bastian, Cayley, and Whigham. Examiners in Midwifery and Diseases peculiar to Women: Drs. Jervis, John Williams, and James Watt Black. Examiners in Surgical Anatomy and Principles and Practice of Surgery: Messrs. George Pollock, John Couper, and Marcus Beck.—At the same meeting the following was presented:—"The Committee have to report that they have fully considered the question referred to them, viz., the advisability and practicability of granting the title of Doctor to persons who have obtained the diplomas of the two Colleges. They have also considered the memorial, signed by more than 600 teachers, practitioners, and students in medicine, and referred to them, advocating the amalgamation of the two Colleges into one Royal College of Medicine, for the purpose of granting degrees in Medicine and Surgery. After careful deliberation the Committee have unanimously agreed to the following resolutions as expressive of their opinion on the subject: 1. That it is desirable that persons examined by the Royal College of Physicians of London and the Royal College of Surgeons of England conjointly, and found duly qualified, should, in virtue of that examination, have a degree in Medicine and Surgery conferred upon them. 2. That the curriculum of study and the examinations to be undergone for the licence of the Royal College of Physicians of London and the diploma of the Royal College of Surgeons of England are equal to those required by most of the universities for degrees in Medicine and Surgery. In conclusion, the Committee are of opinion that, should the two Colleges approve the foregoing resolutions, means could be found for giving effect to them."

**Royal College of Surgeons of England.**—The following

candidates, having passed the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on July 23rd:—

Acock Harry, L.K.Q.C.P.I.  
Angior, Thomas Matthews, L.S.A.  
Brentnall, Frederick, L.K.Q.C.P.I.  
Bowman, Reginald, M.B. Edin.  
Bowman, Henry Claxton, L.S.A.  
Clarke, John Michell, M.B. Cantab.  
Collinson, Frederick W., M.B. Ed.  
Crowther, John Woodward, L.S.A.  
Gibson, John Lockhart, M.B. Ed.  
Hughes, Alfred William, M.B. Ed.  
Lamont, John Charles, M.B. Ed.

Lees, Edwin Leonard, M.B. Ed.  
Lightford, Charles Louis, M.B. Ed.  
Parker, George, M.B. Cantab.  
Porter, William Ernest, M.B. d  
Proud, Frederick, M.B. Durh.  
Beece, Richard James, L.S.A.  
Robertson, Ernest, M.B. Ed.  
Shackleton, Herbert, L.K.Q.C.P.I.  
Thomson, Henry Alexis, M.B. Ed.  
Warnock, John, M.B. Ed.

The following were admitted on July 24th:—

Achard, Alexander Louis, L.S.A.  
Bronner, A., M.D. Heidelberg  
Buss, Howard Decimus, L.S.A.  
Clarke, J. St. Leger, L.K.Q.C.P.I.  
Cones, John Archibald, L.S.A.

Fitch, Charles Dennis, L.S.A.  
McLachlan, John, M.B. Ed.  
Stephen, William H. G., M.B. Ed.  
Sykes, T. Hindle, L.R.C.P. Lond.  
Thompson, Stephen Robert.

The following were admitted on July 27th:—

Bigger, W. Grimshaw, L.S.A.  
Brockett, Andrew A., L.E.C.P. Lond.  
Buxton, Edward, L.E.C.P. Ed.  
Jarvis, John, L.E.C.P. Lond.  
Kauffmann, Otto Jackson, L.S.A.

Oliver, John, L.R.C.P. Lond.  
Eushbrooke, Thomas, L.S.A.  
Schofield, Gerald, L.R.C.P. Lond.  
Smith, Samuel Gordon, S.A.  
Whiteley, D. F., L.E.C.P. Lond.  
White, John Hall, L.R.C.P. E.

The following were admitted on July 28th:—

Blakemore, Benjamin, L.K.Q.C.P.  
Brown, Lewis, L.S.A.  
Dobson, Leonard C. Talbot, L.S.A.  
Grant, James E. R., L.K.Q.C.P.  
Lees, William, L.S.A.

Luckham, Levi Stephenson, L.S.A.  
Moore, William G., L.R.C.P. Ed.  
Saville, Henry W. Brooks  
Wingrave, Thomas, L.S.A.  
Winship, William A., L.S.A.

The following were admitted on July 29th:—

Burton, Frederick W., L.E.C.P. Lond.  
Clarkson, Frank C., L.E.C.P. Lond.  
Du Buisson, Ed. Wm., L.E.C.P. Lond.  
Gell, Henry Willingham  
Hickey, Evan Lewis, L.S.A.

Hore, H. St. Geo., L.R.C.P. Lond.  
Jones, Thomas Slater  
Moore, Walter H. B., L.R.C.P. Lond.  
Saw, Francis Albert, M.B. Durh.  
Smith, John, M.R. Edin.  
Taylor, Charles Henry, L.S.A.

**Royal College of Surgeons in Ireland.**—The following candidates have passed the July examinations for the Licence of this College:—

*Second Examination.*

Abbott, John  
Beamish, Benjamin  
Bewley, Alfred W.  
Boyce, Chas. E.  
Brabazon, Edw. O.  
Byrnes, John J.  
Casey, Joseph W.  
Cowen, Thos. E.  
Cox, Stafford M.  
Cremin, Wm.  
Grumley, James  
Delany, Rowland  
Fraser, Edward  
Frizell, Wm. A.  
Glynn, Eugene  
Gore, Wm. E.  
Graves, Wm. E.  
Hamilton, John G.  
Greene, John F.  
Hayes, Henry B.  
Hewitt, Richard J.  
Hughes, Chas. J.  
Hust, Richard E.  
Johnston, George A.

Ludlow, Victor E.  
Lyons, Chas. J.  
Magner, Daniel  
Mulqueen, John  
Mardin, James  
M'Dermott, Henry  
Meek, John E.  
M'Naboe, John J.  
Murphy, Denis P.  
O'Connor, James  
Hill, Francis  
Pentony, Eugene P.  
Shanley, Michael  
Shehan, Thomas A.  
Skelly, Laurence  
Sparling, John E.  
Sprowle, Arthur B.  
Stewart, John.  
Swan, James H.  
Taylor, Wm. K.  
Teahan, Timothy  
Trant, James  
Wynne, Wm. P.

Twenty-five were referred.

*Third Professional Examination.*

Barton, Thos.  
Roiger, Patrick  
Cluterbuck, Austin B.  
Connellan, Thos.  
Corcoran, Edward  
Dick, Wm. B.  
Geary, Michael J.  
Goodman, Thos. G.  
Hopkins, Bartley H.  
Hugo, Richard N.  
Jacob, Edmund J.  
Langan, John  
Long, Sinclair  
Mathews, Henry J.  
M'Dermott, Philip

Nally, Jeremiah E.  
O'Brien, John W.  
O'Donohoe, Francis G.  
O'Loghlin, Denis J.  
Pennafather, Richard  
Power, Everard M.  
Reid, Francis J. D.  
Roas, Wm. L.  
Scott, Wm. J.  
Strangman, Thos. H.  
Wilson, Thomas H.  
Woodwright, Charles  
Woodwright, Wm. H. E.  
Yeates, Edward.

Twenty-one were referred.

**Phosphoric Acid.**—This acid is now extensively and successfully used as a substitute for citric and tartaric acids in mineral waters, not only on account of its relative cheapness, but also because of its freedom from lead and other objectionable impurities. Phosphoric acid and the acid phosphates of ammonia, potash, and lime are also offered as substitutes for tartaric acid and cream of tartar in baking powders.



## Notices to Correspondents.

**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.

**READING CASES.**—Cloth board cases, gilt-lettered, containing 26 strips for holding each volume of the *Medical Press and Circular*, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

**LOCAL REPORTS AND NEWS.**—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

**DR. BURTON.**—We think it would be wiser not to give insertion to the article unless it is particularly desired, and then a few alterations would of necessity have to be made in it. The strictures are, however, more than deserved.

**DR. MACPHERSON.**—A gentle laxative will be found much more serviceable in such cases than the purging medicines you mention. The daily use of an enema of warm water persevered in for a few mornings ought first of all to be tried.

**MR. DIBBINS.**—There is not any sufficient reason why the course you have adopted should be persevered in. If your opponent persists in such unprofessional practices, it will better become you to show your own appreciation of the rules which influence practitioners in their relations towards each other.

**DR. CORNISH.**—Many thanks for your offer, which, however, we cannot just now avail ourselves of, owing to unusual pressure on our space.

**W. G. G.**—Not unless you can produce receipts for the payments in each case.

**MR. MANLEY.**—You are in error in thinking that the prescription was incorrectly copied. We have carefully compared it with the original, and they agree in every particular. Have you assured yourself that the dispenser was not to blame in the matter?

**MR. THOMAS (Burnley).**—You will find an admirable address on the subject in Sir James Paget's "Lectures and Essays" on cases that bone-setters cure; and Mr. Howard Marsh also has written some valuable articles in connection with the same subject.

**DR. PARKINSON.**—The formula is an old one, and is superseded by more than one of the antipyretic remedies recently introduced to the notice of the profession.

**MR. WINDER.**—The "Liquor Cinchona (Pauli)," introduced by Messrs. Savory & Moore, is a most admirable preparation, and we cannot recommend anything more likely to fulfil the requirements you have laid down.

### THE CASE OF DR. BRADLEY.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—As the recent conviction and imprisonment of Dr. Bradley has practically ruined him, it has been kindly suggested by a number of members of the profession and others, including Sir Wm. Jenner and Mr. Marston C. Buzzard, Q.C., M.P., that a fund be raised for the purpose of helping him to recommence practice. Would you kindly allow an appeal to be made on his behalf through the columns of your journal? Dr. Bradley has a delicate wife and one child, who are now entirely dependent upon the charity of friends and relations. I shall be happy to receive subscriptions, and will give any explanation required.

I remain, yours faithfully,

RICHARD JEFFREYS, M.R.C.S.

Eastwood House, Chesterfield,  
July 28th.

[Our correspondent's letter was evidently penned before he had seen a similar proposal advocated by us editorially and in a letter by Dr. Martin, of Sheffield, in our last week's issue. It, however, affords us gratification to receive this additional and disinterested proof of goodwill towards Dr. Bradley, and to express a hope for an unbounded success to the fund.—Ed.]

**MR. HIBBERT (Liverpool).**—We have not seen the results referred to, but from the most recent experiments of Loesen it has been proved that there exists a close relationship between the alkaloids tropine, cocaine, eugonine, and isotropine.

**L.R.C.P. (Edinburgh).**—It may now be considered as impossible for the Bill to pass during the present session.

**FATHERFAMILIAS** will find all the information he seeks on reference to our Students' number, published Sept. 2nd, 1884.

### OPERATION DAYS AT THE LONDON HOSPITALS.

**MONDAY**—Hospital for Women, 3 p.m.—Metropolitan Free, 3 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Orthopedic, 3 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Mark's, 2 p.m.  
**TUESDAY**—Cancer Hospital, Brompton, 3 p.m.—Guy's, 1.30 p.m.—St. Mark's, 9 a.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Westminster, 3 p.m.—West London, 3 p.m.  
**WEDNESDAY**—Great Northern, 3 p.m.—London, 2 p.m.—Middlesex

1 p.m.—National Orthopedic, 10 a.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Samaritan Free Hospital for Women and Children, 2.30 p.m.—St. Bartholomew's, 1.30 p.m.—St. Mary's, 1.30 p.m.—St. Peter's, 3 p.m.—St. Thomas's, 1.30 p.m.—University College, 2 p.m.

**THURSDAY**—Central London Ophthalmic, 1 p.m.—Charing Cross, 2 p.m.—Hospital for Diseases of the Throat, 3 p.m.—Hospital for Women, 2 p.m.—London, 2 p.m.—North-west London, 2.30 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. George's, 1 p.m.

**FRIDAY**—Central London Ophthalmic, 3 p.m.—East London Hospital for Children, 2 p.m.—Guy's, 1.30 p.m.—King's College, 3 p.m.—Royal London Ophthalmic, 11 a.m.—Royal South London Ophthalmic, 3 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Thomas's (Ophthalmic Department), 2 p.m.

**SATURDAY**—King's College, 1 p.m.—London, 2 p.m.—Royal Free 9 a.m. and 3 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Bartholomew's, 1.30 p.m.—St. Thomas's, 1.30 p.m.

## Vacancies.

Clonmel District Lunatic Asylum.—Assistant to Resident Medical Superintendent. Salary, £150, with apartments, &c. Election August 10. (See advt.)

Croydon General Hospital.—House Surgeon. Salary, £100 per annum, with board, &c. Applications, with testimonials, to the Hon. Sec., not later than August 7.

Lincoln County Hospital.—House Surgeon. Salary, £100 per annum, with board, lodging, &c. Applications, with testimonials, to the Secretary, on or before August 15.

Mason Science College, Birmingham.—Demonstrator in Physiological Department. Applications on or before August 20.

Royal Berkshire Hospital, Reading.—House Surgeon. Salary, £90 per annum, with board and lodging. Applications, with testimonials, to the Secretary, by August 15.

Stockton-upon-Tees Hospital and Dispensary.—House Surgeon. Salary, £200 per annum. Applications, with testimonials, to the Secretary, not later than August 24.

Truro Union.—Medical Officer and Public Vaccinator for the District of St. Just. Salary, £20 per annum. Applications, with testimonials, to the Clerk, on or before August 11.

## Appointments.

DYSON, W., B.A., M.D. Lond., Physician to the Sheffield General Infirmary, and Joint Lecturer in Medicine at the Sheffield School of Medicine.

HEYCOCK, F. R., M.D., M.C., F.R.C.S. Ed., Honorary Surgeon to St. Peter's Hospital for Stone, London.

JONES, J. H., M.B., M.R.C.S., House Surgeon to the Clinical Hospital for Women and Children, Manchester.

LITTLETON, F. R., M.R.C.S., Medical Officer for the Aahbourne District of the Aahbourne Union.

MYERS, C. J., M.R.C.S., L.S.A. Lond., Medical Officer for the South District and Workhouse of the Louth Union.

WASSER, G. M., M.R.C.S., L.S.A. Lond., Medical Officer for the Third District of the Okehampton Union.

WOODROFFE, A. W., M.B. Dub., L.R.C.S. I., Medical Officer for the South-Western District of the Billesden Union.

## Births.

CARLETON.—July 26, at Delvin, Co. Westmeath, the wife of William Carleton, B.A., M.B. Dub., L.R.C.S.I., L.M., &c., of a son.

MORTON.—July 27, at Wallasey Villa, Croydon, the wife of Shadforth Morton, M.D., M.R.C.S., of a son.

O'FLAHERTY.—July 28, at Kingstown, the wife of Richard G. O'Flaherty, M.D., of a daughter.

## Marriages.

BROWNE—HITCHINS.—June 25, at Octacamund, India, Surgeon-Major W. R. Browne, M.D., Indian Medical Service, to Edith, eldest daughter of Colonel Hitchins, late Bengal Royal Artillery.

LONG—BIANCHI.—July 30, at Christchurch, Blackfriars, Surgeon J. W. F. Long, Army Medical Staff, to Alice, daughter of Robert Bianchi, M.R.C.S.

## Deaths.

BARNETT.—July 24, at Eastbourne, Sussex, from illness contracted on field service at Suakin, Deputy Surgeon-General Oliver Barnett, C.I.E., Army Medical Department.

CHAPMAN.—July 23, at Kirbymooraid, Richard Chapman, M.D., F.R.C.S. (M.R.C.S. in 1819), aged 88.

CROZIER.—July 26, at Twickenham, George Crozier, M.R.C.S., late of Hindon, Wilts.

ELLIS.—July 22, at Westward Ho, North Devon, after a long illness, Robert Ellis, M.R.C.S., L.S.A. Lond., late of 63 Sloane St., London, aged 62.

GILLITTLE.—July 25, at Whitehall, Pontesbury, from a fall from his horse, Alfred Allen Gillittle, M.R.C.S., aged 96.

SHEPHERD.—July 26, at Brunt How, Amblede, Augustus Burke Shepherd, M.D. Oxon., Physician to St. Mary's Hospital, London, aged 46.

TIMMINS.—July 23, at Priory Street, Carmarthen, John Aaron J. Timmins, M.D., aged 42.

WITCHELL.—July 26, at The Acre, Stroud, Edwin Aubrey Witchell, M.B., C.M. Edin., aged 24.

# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 12, 1885.

CONTENTS.		PAGE	PAGE
<b>ORIGINAL COMMUNICATIONS.</b>		<b>LEADING ARTICLES.</b>	<b>Edinburgh University.—Graduation Ceremonial</b> ..... 153
The Emergencies of Surgery. Being a Course of Lectures Delivered in the Meath Hospital and County Dublin Infirmary. By Lambert Hepenstal Ormsby, M.D., F.R.C.S., Lecturer on Clinical and Operative Surgery, Surgeon to the Meath Hospital and County Dublin Infirmary, Surgeon to the Children's Hospital, &c. .... 138		<b>SURGERY: PAST AND PRESENT</b> ..... 147	<b>Health of Edinburgh</b> ..... 153
The Attitude of the Medical Profession in regard to the Signing of Certificates for Asylum Commital, and to Lunacy Legislation. By A. R. Turnbull, M.B. Edin., Medical Superintendent of the Fife and Kinross District Asylum ..... 139		<b>THE ABOLITION OF POOR-LAW OFFICERS IN IRELAND</b> ..... 148	<b>CORRESPONDENCE.</b>
History of the Progress of Laryngology from the Earliest Times to the Present. By Gordon Holmes, M.D., Physician to the Municipal Throat and Ear Infirmary, London; Consulting Physician to the Sheffield Ear and Throat Hospital ..... 142		<b>THE POLITICAL HELPLESSNESS OF THE PROFESSION</b> ..... 149	<b>Susceptibility to Strychnine</b> ..... 153
<b>TRANSACTIONS OF SOCIETIES.</b>		<b>NOTES ON CURRENT TOPICS.</b>	<b>LITERATURE.</b>
<b>ACADEMY OF MEDICINE IN IRELAND—</b>		<b>Mr. Erichsen in Scotland</b> ..... 150	<b>Surgical Delusions and Follies</b> ..... 154
<b>Treatment of Stricture by Internal Urethrotomy</b> ..... 145		<b>Suicide of Dr. O'Connor</b> ..... 150	<b>Eljah the Prophet of Fire</b> ..... 154
		<b>The Royal Free Hospital</b> ..... 151	<b>OBITUARY.</b>
		<b>A New Cure for Cancer</b> ..... 151	<b>Patrick William Earl, of Dublin</b> ..... 15
		<b>Medical v. Legal Coroners</b> ..... 151	<b>Medical News</b> ..... 156
		<b>The late Dr. Graham, of Liverpool</b> ..... 151	<b>NOTICES TO CORRESPONDENTS</b> ..... 156
		<b>The Apothecaries' Hall of Ireland</b> ..... 151	<b>Operation Days at the London Hospitals</b> .. 156
		<b>The International Pharmaceutical Congress</b> 151	<b>Births</b> ..... 156
		<b>Removing Microbes from Water</b> ..... 151	<b>Marriages</b> ..... 156
		<b>Heat as an Oxytocic</b> ..... 152	<b>Deaths</b> ..... 156
		<b>SCOTLAND.</b>	
		<b>The Criminal Law Amendment Bill</b> .... 152	
		<b>Ridiculous Error in Diagnosis by a Medical Student</b> ..... 153	
		<b>Mortality in Glasgow</b> ..... 153	

## Original Communications.

### THE EMERGENCIES OF SURGERY.

Being a Course of Lectures Delivered in the MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY.

By LAMBERT HEPENSTAL ORMSBY, M.D., F.R.C.S.,

Lecturer on Clinical and Operative Surgery, Surgeon to the Meath Hospital and County Dublin Infirmary; Surgeon to the Children's Hospital, &c.

#### LECTURE I.

##### INJURIES OF HEAD AND FACE.

INJURIES of the head are at times followed by the most alarming symptoms, even when the appearance and size of the injury are of the most apparently trivial character. The patient after a fall or blow may seem to recover the shock, and to suffer no bad effects. However, in the course of a few hours the patient may become comatose. Mr. Guthrie mentions on this subject "Injuries of the head affecting the brain are difficult of diagnosis, doubtful in their character, treacherous in their course, and for the most part fatal in their results." It must, however, be borne in mind that the truth of this observation does not always follow, for in some exceptional cases, no matter how severe the injury may appear, the patient may recover without a bad symptom, and in the whole course of surgical practice no case presents itself to the surgeon ready for any emergency so important as these forms of injury. No hasty diagnosis should be formed, no heroic line of treatment adopted more than an anxious careful attention to each symptom as it arises. Mr. Liston has also stated with reference to this subject "that wounds of the head of the most trivial character are not to be despised, or of the most severe not to be despaired of."

Contusion of the scalp may result from falls or blows from blunt instruments, the immediate effect of such an injury is great swelling, tension and pain; the integument

over the spot becomes glazed and tender, in a few hours it may become discoloured by extravasation of blood into the subcutaneous tissue. Children are very liable to such injuries by falling off chairs or tripping when at play and their head coming in contact with some hard substance. Anxious mothers and nurses are in the habit of applying a variety of nursery remedies for such to keep down the swelling and prevent the skin turning black.

*Treatment.*—Immediately after the injury the local application of a small piece of ice, or the application of a flat piece of steel or iron, or a flat stone. Almond oil or camphorated oil is also a favourite remedy to apply to the part at once. The application of vinegar and water or a spirit lotion on lint is also most useful. Where the skin is not broken, clearing out the bowels with a mild saline purge. A non-stimulating diet and perfect quietness would be about all that need be done in slight cases. In severe contusions where a large blood tumour immediately forms, the diagnosis and treatment may be more perplexing, for it must be remembered that this has frequently been mistaken for a depressed fracture of the skull, and *vice versa*. In general terms the diagnosis can be made out pretty well by the history of the case. In a bloody tumour of the scalp if it is carefully examined with the finger it is found that there is a circumscribed tumour present with a well defined firm margin, and in the centre of which the finger, as it were, sinks into a soft depressed centre. In a fracture with depression the circular margin is not at all so apparent, and the depression is hard instead of soft to the touch, and if the depression has existed for any time it is most probable symptoms of compression will be present.

Treatment for severe contusions consists in the application of cold evaporating lotion to cause the extravasated blood to be absorbed. In other cases suppuration may take place in the tumour, and when this is evident an incision must be made, and a free exit given to the matter. Erysipelas and diffuse abscess of the scalp may occasionally follow such injuries, whether trivial or

severe, together with inflammation of the brain and its membranes.

*Pott's Puffy Tumour* indicates the presence of a collection of pus situated between the dura mater and the cranium, with a puffy and swollen condition of the epicranial aponeurosis following a severe blow or contusion. When this condition is present probably slight symptoms of compression will begin to make their appearance.—*Treatment*.—Keep the patient in bed in a dark room on light and non-stimulating diet. When evidence of compression appears the operation of trephining over the seat of the injury to give exit to the matter should be performed without delay.

*Wounds of the Scalp* are of common occurrence whether the result of falls or blows with blunt or sharp cutting weapons. As a rule these wounds bleed very profusely, in some instances the smaller branches of the temporal and occipital arteries are severed and require to be commanded either by pressure, ligature, forson, or acupressure needle. A portion of the scalp may be considerably torn and partially detached, as after mill accidents or railway smashes.

*Treatment*.—In a clean-cut incised wound, remove all dirt or foreign matter that may have found its way into the wound. Cut the hair very close about the edge of the wound, and evenly approximate its edges with good adhesive plaster. Do not apply sutures in an old maxim you are expected to follow. Some part of the scalp may slough, however. This will be repaired by healthy granulating tissue. Abscesses may form, which must be evacuated as soon as recognised. All hæmorrhage stopped by pressure or other means; edges of wound brought evenly together; the patient kept quiet; the bowels kept moderately open by saline purges, and light, non-stimulating diet ordered for the first few days—comprises nearly all that need be done in a case of the kind.

*Erysipelas of the Scalp*.—A complication that occasionally arises after a contusion, a punctured or incised wound of scalp. Much depends on the state and constitution of the patient at the time of the accident, as well as the sanitary and hygienic conditions, which may be at fault. The premonitory symptoms of erysipelas coming on are as follows:—Locally, wound becomes glazed and dry, no pus appears on edges; a deep red blush over the part is very apparent, also tingling, heat, and swelling, giving rise to much pain. Constitutionally we have a high temperature, a dry, furred tongue, a quick pulse, loss of appetite, high-coloured and scanty urine, headache.

*Treatment*.—A linseed poultice should be applied if the swelling is very great with a swollen and puffy condition of the epicranial aponeurosis. Incisions should be made with caution, to relieve tension, and warm fomentations. The bowels should be kept clear, and iron, quinine, opium, and strong beef-tea administered internally.

*Fractures of the Skull*.—Of this we have many varieties. Generally, however, it is divided into fracture of the vertex and fracture of the base. Of the vault, or vertex, we have *depressed*, a small portion of bone is driven inwards, and *non-depressed*, where there is no separation or depression, but just simple linear fissure of the cranial bones in one or more directions. The outer table may be furrowed or grazed by the passage of a ball across the skull. Much of the scalp must be necessarily torn and separated from the bone, which will in all probability produce necrosis, sloughing, abscess, ulceration, and sympathetic inflammation of brain and membranes.

*Treatment*.—The same as adopted in other head injuries. Wound treated on general principles. Contusion of the scalp with depressed fracture without a wound. This kind of injury may puzzle one what to do. But the general rule in surgery is to adopt the following course: Where you have no wound, no symptom of compression, but with depression wait for symptoms to arise before attempting to trephine or elevate, as before doing anything, you must necessarily convert a simple fracture into a compound. 2. Where you have a wound in the scalp communicating with the seat of depressed fracture

elevate or trephine, whether you have symptoms of compression or not. Sir Wm. McCormac mentions on this subject what I may be allowed to quote with advantage: "One point regarding which opinions vary somewhat is respecting the treatment of depressed fracture unaccompanied by symptoms and with an external wound. Where there is no wound he would be a hardy operator who should cut down upon a depression in the skull in the absence of any symptom of compression. When there is a wound, however, the case is different; but even here I question much if the surgeon ought to do more than simply remove such loose fragments as can readily be got at."

Fracture of one table singly without the other is sometimes spoken of as regards the inner table, but its frequency is a matter of considerable doubt, and Guthrie mentions he has never seen it occur without positive marks of injury on the bone or pericranium.

*Treatment for fractures of all parts of the vertex, it must be remembered, that as regards the result, recovery is far more likely to occur than those of the base. If it is merely a linear fracture the patient should be kept quiet, cold water dressing applied. Sometimes profuse suppuration follows, when it is advisable to apply a light linseed-meal poultice. If a portion of bone has been driven in on the brain, together with the missile or bullet that produced the fracture, an attempt should be made to remove it. The fragments sometimes get displaced for some little distance under the cranium, away from the opening, in which case the removal is difficult, and any undue manipulation or exploring may drive the foreign body farther in on the brain, to be followed by greater injury and fatal cerebral mischief. By gentle manipulation with a probe, elevator, and forceps it is sometimes easy to remove the fragments. And in all cases elevation should be adopted and practised in preference to trephining where feasible, as the operation is much more simple and much less dangerous to the patient. The operation of elevation is thus performed:—If the wound is not large enough it may be increased by incision with a scalpel. The epicranial aponeurosis should be gently raised with a forceps, so as to see clearly the amount of depression and the line of fracture. A probe may then be passed between the fissure so as to ascertain whether the depressed portion is movable or not. If it is, the elevator is then gently insinuated in the fissure and the finger placed flat at edge of wound acts as a fulcrum for the elevator or lever to work on. If a sharp point of a spicula prevents the elevator being used this portion may be sawn through with a Hey's saw. After removal all hæmorrhage must be arrested, which generally wells up out of the wound, cold water dressing applied, and the patient carefully watched. Suppose this operation of elevation cannot be adopted, he must then have recourse to the more severe form of procedure, viz.:—*

*The operation of Trephining*.—Before commencing such an operation the surgeon will provide himself with the following:—1. A razor, to shave the hair; 2. Scalpels; 3. Two medium sized trephines; 4. Hey's saw; 5. Elevator; 6. Brush to clear the wound and trephine of bone dust; 7. Probe; 8. Dissecting or dressing forceps; 9. Quill or toothpick to explore the groove made by trephine; ligatures, lint, ice, bandages, artery forceps, and tenaculum, sponges, &c., ether inhaler.

If the spot of the skull can be selected it is well to remember there are certain parts of the cranium it is recommended not to apply the trephine, viz., over sutures, over venous sinuses, near anterior angle of parietal bone, over middle meningeal artery, near base of skull. In many cases, however, the surgeon is compelled to apply the trephine where he finds the seat of depressed fracture, but he can still bear in mind that the trephine can be applied even if a wound is made for him in a direction as far removed as possible from any structure which should be necessarily avoided.

The operation is thus performed: Place the patient in the recumbent position, in a situation where the surgeon

will have good light. If the patient is unconscious an anæsthetic need not be given. Shave the hair some distance round the wound or the situation where you intend to operate. If a wound is already present enlarge it in whatever direction it will give sufficient room. If you find in making this incision you cut a small vessel arrest it at once either by torsion, ligature, or acupressure needle, as the blood welling out of the wound will only destroy your vision of the parts beneath and distract you. If no wound is present you must either make a V or a T or a + incision in the scalp, then gently raise the epicranial membrane, having bared the bone clearly all round, so as to ascertain exactly the extent of the depression, then apply the trephine, placing *two-thirds* on the crown of the sound or non-depressed bone, and *one-third* on the depressed; by so doing, you will avoid the danger of displacing or depressing the splintered bone down on the membrane of the brain. The trephine at first must be firmly pressed down into the skull so as to allow the centre pin to penetrate into the outer table, the trephine is then gently rotated in half turns by a to-and-fro motion. When the cutting edge of the instrument has fairly cut through the out-table the centre pin must be withdrawn and firmly fixed, the depth of the trephine must be carefully and constantly explored with toothpick or probe, so as to see whether the section is nearly completed or not, and the instrument should now be moved in a most gentle and delicate manner in order to prevent the dura mater being suddenly wounded. When the section is complete the circular piece of bone is removed and the elevator is then applied, taking care to use the finger as a fulcrum, *not* the edge of the wound. All loose fragments of bone, bullets, foreign bodies, extravasated blood or pus must be removed, all hæmorrhage arrested, the edges of the wound brought evenly together with *plaster, not with sutures*, a pad of lint, cold water dressing, and a bandage applied; patient placed in a dark room, and kept in perfect quietness, completes the treatment.

The operation of trephining the skull may be called for in cases of compression due to—

1st. Depressed bone where elevation cannot be performed.

2nd. Extravasation of blood in linear or diffused fracture.

3rd. The formation of pus within the cranium, either sub-cranial or what is usually indicated by Pott's puffy tumour, where the vascular connection of the dura mater and the inner surface of the bone is interrupted and separated, intra-meningeal where the pus is situated in the cavity of the arachnoid or pia mater. Intra-cerebral where an abscess forms in the substance of the brain caused by the presence of foreign bodies, such as splinters of bone, bullets, &c.; or it may arise from direct injury, or after a fracture even without depression.

In fracture of the skull from bullet wounds, where the bullet itself, clothing, or other substances have been driven into the brain or too deeply into the soft tissues exterior to the cranium, if such foreign bodies can be easily seen and felt it is better to remove them, but if they cannot be felt or seen it is far wiser to leave them alone than have recourse to immediate operative interference, as suppuration will in all probability assist in removing such offending substances. Curious and heroic exploratory incisions for bullets and foreign matters may be far more detrimental to the patient's chance of recovery than the original injury itself. It is better for the surgeon to content himself here by doing too little than doing too much.

*Fracture of the Base of the Skull.*—This form of fracture is by far more serious than those of the vertex. It is generally caused by falling from a height on the vault or vertex, when the base generally fractures. This form of fracture is called by the French fracture by *contre-coup*, signifying that while the blow is received at one portion the fracture takes place at the opposite. Persons may sus-

tain such an injury by falling out of a window into an area, falling down a flight of stairs, or off a scaffolding. The patient when he is picked up may appear to suffer from shock and concussion, and may partially recover so as to converse with those about him, in fact, a person has been known to walk some distance to hospital while suffering from a most extensive fracture of the base produced by falling into the hold of a ship, and being in a very excited state the case was mistaken (for a short time), by the attending pupil for a case of semi-intoxication. In two days all the symptoms of compression set in and the man died on the third day after the injury, and a most extensive fracture of the base was found extending through all the cranial fossæ at both sides of the skull.

Therefore, in all head injuries with the history of a fall from a height pay the greatest attention to all matters of detail, and keep the patient at perfect rest, treat any symptoms that may arise, do not make a *hasty diagnosis*, and give a *most guarded prognosis*. It is sufficient for anxious inquirers to be told that all head injuries are necessarily dangerous, but some varieties need not to be despaired of. Rules are occasionally laid down by surgeons for specifying more particularly the exact seat of the fractures in the base by the signs and symptoms present. Such rules, I fear, are only approximately correct, however they may occasionally help one to form a diagnosis. If the fracture is confined to the *anterior cranial fossa*, the fissure extending through the orbital plate of the frontal and lesser wing of sphenoid, the signs are as follows:—Ecchymosis of the upper eyelid, sub-conjunctival extravasation, bleeding from the nose, and nearly all the symptoms of compression of the brain present either very soon after the injury or setting in in the course of a few hours, among which may be mentioned a hot, sweating skin, stertorous and whiffling breathing, slow and labouring pulse, dilated pupils, insensible to light, with more or less unconsciousness.

(To be continued.)

## THE ATTITUDE OF THE MEDICAL PROFESSION IN REGARD TO THE SIGNING OF CERTIFICATES FOR ASYLUM COMMITMENT, AND TO LUNACY LEGISLATION. (a)

By A. R. TURNBULL, M.B., Edin.,

Medical Superintendent of the Fife and Kinross District Asylum.

AMONG the powers entrusted to the registered and legally recognised members of our profession is that of giving certificates in cases of mental unsoundness. And though for each of us as individuals it is optional to use or not to use this power, yet I think I am warranted in saying that for the medical profession collectively the exercise of the power is not left optional, but is by implication laid upon us as an imperative duty, for the whole system of legislative measures which provide for the control and care of the insane, starts from the principle that the insanity shall first be duly attested by one or more medical men.

Medical certificates of mental soundness or unsoundness may be required for various purposes. Thus we may be called upon to give them in reference to testamentary capacity before the making of a will or before entering on important business engagements; for the appointment of curators to manage the property of a patient; in establishing the competence or non-competence of persons for pleading in courts of law, or the responsibility or irresponsibility of a person charged with crime, &c., but more especially the medical certificates form the basis of the legal action by which the insane are, when it is

(a) Read at a Meeting of the Fifeshire Medical Association at Dunfermline, on 1st May, 1885.

thought right, deprived for a longer or shorter time of their personal liberty and placed under asylum control; and it is to this special action that I wish more particularly to refer to-day.

In former times the custody of the lands of idiots or insane persons was invested in the king, whose duty it was to provide necessaries for the affected persons, and after their death to hand over the property to the rightful heirs. But there was no definite procedure required by law for ascertaining the insanity with the view of placing the person under control. It seems to have been left to those who were directly concerned with the patient to take any steps they thought necessary; and this must have been a very haphazard method. In 1744, by the Vagrant Act (England), two justices were authorised to secure any furious or dangerous lunatic, and order such to be locked up and, if necessary, chained. In 1774 it was for the first time enacted that a medical certificate should be given before the admission of a patient to a madhouse. Since that date various measures have been passed, dealing with asylums and the control of the insane; and in all of them it has been an essential principle that one or more medical certificates shall be required for the detention of every patient, whether private or pauper.

It is hardly necessary here to emphasise the principle which makes the existence of the insanity a question to be decided by trained medical opinion instead of by untrained lay opinion, as the right and proper one. Insanity is a *disease*, a derangement of certain structures and functions of the body, just as much as inflammation of the lung is, and is to be investigated on the same principles; and it differs from other diseases only in that it affects the social and legal relationships of the patient more profoundly than any other form of bodily disorder can do. He would be a bold man who would assert that the existence of inflammation of the lung can be ascertained as competently by the common sense of twelve laymen and a learned judge as by a skilled medical man; and yet the assertion so often made that the question of insanity is one for such lay judgment differs only in degree, not in principle, from the former absurd proposition. Now, too, that we are alive to the great importance of an early recognition of insanity, with a view to early treatment and the prevention of untoward results, the diagnosis of the disease is more than ever one for medical men.

It has lately been suggested that the power of giving certificates for asylum detention should be restricted in certain ways; that for example one of the two certificates required should be given by a public medical official appointed for a district, or that every case after being sent to the asylum should be visited within a certain time by such an official, and the continued detention be dependant on his ruling whether or not the patient is a proper subject for asylum control. It scarcely comes within the scope of the present paper to consider the advisability of such a change in the mode of procedure; and I shall, therefore, not dwell on it here further than to say that for my own part I believe the plan of certification or examination of every case by a public officer for the district would be found cumbersome in practice and disadvantageous in various ways, and that the present plan of having the certificates given by any two legally qualified medical men is preferable to it.

But the power thus entrusted to our profession of giving certificates for asylum committal, carries with it a very serious responsibility. Medical men have of late been frequently sued in the law courts for giving such certificates. Some have been found liable in heavy damages; and in other cases, though the action of the medical man has been justified, yet the necessity for defending the suit has entailed on him very serious expenditure. It is not a new thing to have such prosecutions, for there were instances of such actions in 1849 and 1862; but they have been much more numerous of late. Naturally there has been much feeling roused in the profession; and as there

is the possibility that any person who has been certified may afterwards bring an action at law and involve the doctor in the expense of defending the suit, even when the insanity and the necessity for control at the time were not doubtful, many medical men are now inclined to refuse ever to give any certificate of lunacy.

These recent lawsuits have also been the occasion of some strong remarks by English judges on the looseness of procedure in lunacy committals, and on the dangerous facility with which any person may be deprived of his liberty and immured in an asylum. For some years past there has been a considerable feeling in England that the Lunacy Statutes were defective in various points. It has been alleged that cases occurred in which asylum detention was prolonged after the necessity for it had passed away, though the report of Mr. Dillwyn's Parliamentary Committee of 1877 states that in the evidence brought before them such unwarranted detention had not been proved in any case. The recent proceedings in the law courts have again stirred popular attention in the matter; and further legislation has been called for. In March of this year a bill was introduced by the Lord Chancellor in the House of Lords for the amendment of the Lunacy Acts. This measure will affect the position of the profession in England in regard to lunacy proceedings; and as our position in the matter, and the legal responsibility incurred by us in signing lunacy certificates, must be of interest to us all, I have ventured to bring the subject before you for discussion to-day. There can, I think, be no doubt that the profession ought to have clear views on the subject, and should exert its influence to secure that the legislation on a matter so intimately affecting our patients and us should be put on a sound and practical basis, in the interests of our patients, ourselves, and the state in general.

In lunacy, as in other diseases, the interests of the patient call for early recognition and early treatment of the disorder, and for the adoption of measures which will as far as possible save the patient from the hurtful consequences of his disease. In some instances it is possible to treat the patient satisfactorily at home, without any appearance of restraint or interference with liberty more than in the case of any ordinary illness. But more frequently the loss of self-control and the irrational actions which spring from the mental unsoundness, causing danger to the patient and to others, make it necessary to restrict his personal liberty, to remove him from home and place him under asylum control; and when this is required, the sooner it is done the better for the patient and everybody connected with him. Early treatment then, early control if necessary, are essential in the interests of the patient. It must devolve upon the medical attendant to advise when such special control is required, and to give his aid in carrying out the measures for securing it; and he should be duly protected in the discharge of his duty. And in the interests of the State there should be such regulations as will reduce to a minimum the possibility of using the power of asylum committal in any unnecessary and improper way. The legislation dealing with the committal of patients to asylums should, therefore, be based on the following principles:—

1. For the sake of the patient the procedure should be as simple and expeditious as possible.
2. There should be such safeguards as will prevent abuse of the power of committal.
3. As the State requires medical men to act in the matter, it should give them due protection in their conscientious discharge of the duty laid upon them.

Let us see how far these principles are carried out at the present time.

1. *Simplicity and Expedition.*—There is some difference between the procedure for asylum committal in Scotland and in England. In Scotland, for every case, whether private or pauper, it is necessary to have a petition, statement, two medical certificates, and sheriff's order. The petition is addressed to the sheriff, and asks authority for patient's detention in an asylum. In the

case of a pauper patient it is signed by the inspector of poor; for a private patient it is signed usually by a relative or guardian, and it is necessary to state the relationship in which the petitioner stands to the patient. The statement gives a number of particulars regarding the patient and his illness, and must be signed by the person who signs the petition. The petition, statement, and two medical certificates are together laid before the sheriff; and he signs an order which authorises patient's transmission to and reception into the asylum. By the use of a special medical certificate, called the certificate of emergency, the patient can be detained in the asylum for three days without a sheriff's order. This permits of immediate treatment in urgent cases, and obviates the short delay incurred in getting the sheriff's order.

In England, for a private patient an order, statement, and two medical certificates are required. The "order" is more properly a "request for admission" addressed to the superintendent of the asylum; and on receiving this order, along with the statement and two medical certificates, the superintendent can admit the patient. The order can be signed by any one who has seen the patient within one month previously, and who is ready to affirm that the patient is a person of unsound mind. (It thus corresponds to the petition, and is quite different from the sheriff's order, of the Scotch procedure.) In the case of a pauper, the patient must be taken before or visited by a justice of the peace, who calls a medical man to his aid. If the medical certificate is given, the justice, on being satisfied that the pauper is a lunatic, makes the necessary order for his admission to the asylum. If the pauper cannot be seen by a justice of the peace, an officiating clergyman and the relieving officer or overseer may visit him, and their joint order authorises the removal to the asylum after the medical certificate has been signed. A statement signed by the relieving officer or overseer accompanies the order. Thus for a pauper lunatic only one medical certificate is usually required. If two certificates are produced, the justice has then no option, but must sign the order.

The new Bill for England proposes to enact that for pauper patients the order from an officiating clergyman and the relieving officer or overseer shall not any longer be valid for asylum committal. Hence all pauper lunatics must in future be examined by a justice of the peace, and committed on his order. In the case of private patients a petition (signed by a relative if possible) must be presented, along with the statement and two medical certificates, to a judge of county court, stipendiary magistrate, or justice of the peace, having jurisdiction in the place where the lunatic is; and the judge, magistrate, or justice shall give the necessary order after having satisfied himself that the evidence adduced is sufficient to warrant it. Provision is made for temporary asylum detention under an urgency order, until the permanent order can be obtained.

In all these modes of procedure the written opinion of one or more medical men that the case is a proper one for asylum treatment is an essential part. This is as it ought to be. So far as simplicity and expedition are concerned, the present English practice for private patients would seem to be best adapted for securing early treatment of the patient. But the intervention of the sheriff in Scotland is not found in practice to cause any prejudicial delay in securing treatment, or any unnecessary publicity in the proceedings; and when we come to consider the attainment of the other principles which have been laid down, we shall find that his intervention is of great service. The proposal to make the future procedure for private patients in England more like the Scotch procedure, by requiring a magistrate's order, is therefore, I think, judicious and wise.

It is important to point out that in the proposed new English procedure for private cases, and in the Scotch procedure for both private and pauper cases, the patient is not examined personally by any one except the medical men who give the certificates. The existence of the

insanity and the propriety of asylum treatment are left to the doctors for decision, and properly so; and the magistrate or sheriff gives his order on consideration of the documentary evidence submitted to him.

But the procedure for English pauper lunatics is not on the same footing. Though one medical certificate is given, the justice has to examine the patient personally, and satisfy himself of the insanity before he grants his order. Here a vicious principle is introduced, for lay opinion is brought in to decide a question that ought properly to be left to trained medical examination. If the lunacy is so striking as to be readily detected by the lay observer, no harm may be done. But if the case is at all a doubtful or difficult one, the justice may not be able to recognise the insanity, and then one of two things follows. Either in deference to the medical certificate the justice sinks his own opinion, and signs the order without having satisfied himself of the patient's insanity, in which case his examination has become merely perfunctory, and the patient's fate is decided virtually by the opinion of one medical man, who has not been corroborated or corrected by any other skilled examiner. Or on the other hand, if the justice conscientiously refuses to give his order, much valuable time may be lost, much trouble caused, and in some cases great danger incurred. Instances of both results are not wanting. From the accounts which have appeared in the newspapers of the action brought in the case of Mr. Charles Hillman, of Lewes, it would appear that the justices considered their examination of the alleged lunatic to be of a purely formal character—they were content with looking at the patient through a glass door; and it has been urged that in so doing they only followed the use and wont of previous years. Again, not long ago a case occurred in which a nurse became insane, and was certified by the medical attendant; but the justice could not satisfy himself of the insanity, and refused the order for committal to the asylum until further inquiry could be made. The nurse had therefore to be permitted to return to her usual work; and before the following day she had placed a child on the fire and injured it very severely. Those who are familiar with alienistic work know well in what a large number of cases insanity may exist to a marked degree and be of such a nature as to require special control, while yet it cannot be detected by the untrained observer, because it is not accompanied by those striking characteristics which are popularly but erroneously supposed to be always present in lunacy. For pauper cases, then, it cannot be said that the procedure is simple and expeditious, and favourable to the interests of the patient; and it would, I think, be a very great improvement if the practice for paupers in England were made the same as for private patients, by requiring two medical certificates and a magistrate's order, just as in Scotland the procedure for the two classes is identical.

2. *Safeguards in the Procedure.*—The statutory form of the medical certificate is of importance in this connection. It requires a statement of opinion (1) that the person is insane, and (2) that he is a proper subject for asylum treatment, and (3) it requires a statement of the grounds on which this opinion has been formed. These grounds or reasons are arranged under two heads—(A) facts indicating insanity observed by the medical man himself, and (B) facts indicating insanity communicated to him by others. Every certificate must contain facts observed by the doctor; the facts communicated by others are useful as corroborative evidence, but are not essential. The third requirement of the certificate is very important, for a due compliance with it makes it almost impossible that the medical examination can be made in a careless or merely perfunctory way.

It is often asserted that under the present English statutes any person may be shut up in an asylum, if only some one will sign an order and get two medical certificates. This cannot be said in so many words in Scotland, for here the sheriff's concurrence is required. The new



Bill for England proposes to follow the line of the Scotch procedure by making a magistrate's order necessary.

The intervention of the magistrate is an important feature. We still see that the asylum committal can be carried out only with the sanction and co-operation of medical men; and it is virtually they who set the procedure in motion. But they are not, any more than any other unofficial citizen, authorised to interfere with the legal liberty of their fellow-subjects; and it is therefore much better that the actual warrant for asylum detention should come, not from them, but from a magistrate or official who has been duly entrusted by the State with the power of suspending the liberty of the subject when the public weal demands it.

Furthermore, the intervention of the magistrate may be made to supply a very efficient safeguard against the abuse of the power of asylum committal, if he acts in a judicial, not merely in a ministerial, capacity. On this point there is evidently much difference of opinion in our profession. Some of the medical papers urge that it is derogatory to the profession to have to submit its certificates to the inspection of a magistrate; and many medical men hold that it should be sufficient to state simply that the patient is insane and requires asylum treatment, without being required to give evidence in support of the opinion. But there is much to be said in favour of the opposite view. A case of crime and a case of lunacy are not parallel in any way except in that the person charged is to be deprived of his liberty. Now no one charged with crime, even if he were taken in the act, can be detained for any length of time without being brought before a magistrate, who ascertains that there is sufficient presumptive evidence of guilt to warrant his detention until he can be formally tried. Why should not the liberty of the alleged lunatic be safeguarded as much as that of the alleged criminal, by requiring evidence to be shown for the propriety of asylum detention?

Again, if the question of the insanity were being examined into in open court, the judge would not simply take the opinion of the medical witness that the person is insane, and allow him to leave the box. He would naturally go further, and ask on what grounds the opinion had been formed, and would expect the witness to be able to point out the features in the person's conduct and conversation that show him to be insane; and in this way he would get a statement of facts sufficient to give the presumption that the diagnosis of insanity is well founded. In our customary lunacy procedure the patient is for the sake of his own interests not examined personally in court, and the evidence is received in written form, in affidavits as it were, instead of being taken orally; but there should be the same care in dealing with it as in the examination in open court. According to the doctor's skill in detecting and pointing out the indications of the mental unsoundness will naturally be the value attached to his verdict of insanity. If, for instance, he can bring out a definite delusion and show that it affects the patient's conduct and makes it irrational, his opinion will practically decide the question. If, on the other hand, a doctor were to state in court that a certain person is insane, and in support of his opinion could only allege the fact that the person wagged his head, he need hardly be surprised if the judge were to rule that very little, if any, weight could be given to an opinion put forward on such insufficient grounds. Why should the very same evidence, when given in a certificate, be accepted as valid and sufficient, as it must be if the intervention of the magistrate in a judicial capacity is not permitted? Common sense tells us that insanity was never yet diagnosed from wagging of the head alone, and that the doctor must have had other grounds for concluding that the person is a lunatic. He may find it exceedingly difficult to express these grounds in writing; but in omitting to do so he has failed to comply with the third requirement of the statutory certificate, and therefore his certificate is invalid and ought to be refused.

It must be clearly kept in mind that the magistrate is not here asked to pronounce directly on the insanity or on the propriety of asylum treatment. That is left to the medical men. The magistrate has simply to deal with the evidence incorporated in the certificates, and has to consider whether that is sufficient to warrant him in accepting the doctor's opinion without further inquiry, and in giving his sanction for asylum committal. It is of course, impossible to indicate by a hard-and-fast line what amount of evidence should constitute sufficiency. It must be left to the discretion of the magistrate, just as it is left to the discretion of the doctor to decide what amount of insanity constitutes fitness for asylum treatment; but it may safely be said that here law and common-sense should be identical. Those to whom it is proposed to submit the certificates have been trained to deal impartially with evidence, and it is altogether unlikely that they would use their discretionary power in any such way as would injudiciously or unjustly hamper the action of medical men.

No medical man considers it derogatory to give expert evidence in a court of law. Similarly, there is nothing derogatory in submitting the certificate to the inspection of the magistrate, especially as the certificate is nothing more or less than written expert evidence. Public opinion calls for due safeguards in lunacy procedure, and so long as the interests of our patients and the honour of our profession do not suffer, we are scarcely warranted in resisting the imposition of these safeguards. Another argument in favour of the introduction of the magistrate, as we shall afterwards see, is that it gives protection to medical men in their signing of lunacy certificates.

(To be concluded in our next.)

## HISTORY OF THE PROGRESS OF LARYNGOLOGY FROM THE EARLIEST TIMES TO THE PRESENT.

By GORDON HOLMES, M.D.,

Physician to the Municipal Throat and Ear Infirmary, London; Consulting Physician to the Sheffield Ear and Throat Hospital.

Il importe beaucoup de connaître l'histoire de la science à laquelle on s'attache.—Boerhaave.

### EPOCH I.—THE PRE-LARYNGOSCOPIC AGE.

(Continued from page 123.)

DURING the years 1747-48 an epidemic of angina raged at Cremona, mostly attacking children, many of whom undoubtedly suffered from croup. Martino Ghisi, of that city gave at the time a good account (1) of this disease, which is barely suggested by the descriptions of previous writers, (2) as he then observed it. In one case he saw the false membrane expectorated in the form of a cast of a trachea and bronchi; in another he inspected it *in situ* on opening the windpipe. Ghisi's essay, however, long remained in obscurity and was only unearthed after the attention of the profession had been universally roused by the next author.

In 1765 Dr. Francis Home, of Edinburgh, published a little work (3) in which croup is pictured in its full features. Twelve instances are given and the peculiar crowing voice, whence probably the disease was named by popular onomatopoeia, is prominently mentioned. Several autopsies were obtained. In the first case so examined Home remarks:—"To my great surprise the whole superior internal surface of the trachea was covered with a soft, thick preter-natural coat or membrane, easily separable from it, and generally lying loose upon it, and purulent matter lodged below and round it. "This condition was continued into the ramifications of the bronchial tubes. The subjacent parts were red, but there was no great degree of inflammation."

*Treatment.*—In this period the therapeutics of laryngeal disease show little or sensible advance. It may be noted, however, that the value of mercury (originally introduced into medicine by the Arabians as a skin remedy) in syphilis

was recognised in the fourteenth century, and it was extensively used by Fallopius and others as a specific in that disease.

The operative treatment of kyanche progressed steadily throughout this period, and was almost brought to perfection in the eighteenth century. Amongst the most primitive group of modern surgeons in the thirteenth and fourteenth centuries for the relief of cases in which a deep-seated abscess of the larynx seemed to threaten suffocation. Thus, Rolandi directs the practitioner to tie a string to a piece of hard-boiled flesh and let the patient swallow the morsel to a certain distance. The operator then drags it up again by the string with such force as may be likely to burst the abscess. Rolandi gives no clue to the surgical method to which he alludes for curing the laryngeal growth called *folium*. We may suppose, however, that the vulsellam recommended by Otius (4) and other ancient writers for extracting fish spines and other foreign bodies from the tonsils would be employed.

Lanfranc (5) describes a severe case of kyanche in a female who appeared on the point of suffocation after many days' illness. Diagnosing an abscess in or near the larynx, he made an incision "between the chin and the larynx," when some matter was discharged and the dyspnoea relieved. Subsequently it was found that the necessary food in liquid form could not be swallowed properly, but issued in great part from the wound. Feeding by means of a pipe passed down the pharynx was then resorted to and recovery ultimately ensued.

Pietro de Albano (1350-1316), one of the earliest occupants of the chair of medicine at Padua, is the first of the moderns to mention laryngotomy, and he devotes a considerable space (6) to arguing the propriety of performing it, ranging the opinions of preceding writers over against each other with a view to reconcile contradictions. He calls the operation *subocamatio* (from the Italian word *ocannare*, to cut the throat, commit suicide, &c.), a name which was used colloquially for centuries afterwards. His essay is a purely literary one, and he has no experiences of his own to offer.

Guido de Cauliaco (7) is the only other author who, previous to the sixteenth century, alludes to laryngotomy. He gives a brief account of it taken from the Arabic writers, but has evidently no personal knowledge of the operation.

Antonio Benivieni, of Florence (1440-1502), recounts (8) a case almost identical with that of Lanfranc, but occurring in a male patient. When death by suffocation from a deep-seated abscess without visible signs seemed imminent, he made an incision "in the upper region, under the very jaws, and also above the neck; and, when much sanies had rushed out, the disease was so much ameliorated that both breath and food were taken by the fauces, &c." This case is often quoted as the first known occasion on which the windpipe was actually opened, a distinction to which it evidently has no claim. (9)

We now come to a real instance of laryngotomy, the first recorded in direct terms, and not improbably the first instance in which the operation was really put in practice. Antonio Musa Brasavola, (1490?-1554?), professor of philosophy at Ferrara, dared this, to him at least, unprecedented procedure in surgery, and thus describes (10) the signal event:—"When there is no other place by which we can supply air to the heart itself . . . it is necessary to incise the throat under the abscess, so that through the foramen air may be taken and expired. We, with these hands, the sacred master barber not daring, made an incision in one who was on the point of death, and he was restored to health. This matter seemed so arduous to the most illustrious Alphonso III., Duke of Ferrara, that he thought it worthy of him to visit the patient and see the foramen."

Many decades, however, passed before the surgeons of the period became courageous enough to follow the example of Brasavola. In such cases the usual practice was to attempt giving exit to the matter by cautiously pushing a curved knife downwards towards the larynx. Hollerius (11) advises the use of a wooden one. Ambrose Paré (1509-1590), court physician at Paris, figures (12) a metal one, which resembles a modern sharp-pointed bistoury, but is about the size of a small table-knife. Paré, however, as is well known, was a bold surgeon, and he not only recommends laryngotomy, but he is the first to state that the cartilaginous rings may be cut, as he had seen the parts heal well after the infliction of this injury in warfare, &c.

Fabricius bestowed much thought on laryngotomy, (13)

but he remarks that the surgeons of his time, "being terrified" by the more or less pronounced disapproval of so many of the Greeks, Latins, and Arabians, "dared not to undertake the operation." "And I," he pursues, "following their footsteps have never performed it." Nevertheless, through his natural ingenuity and knowledge of anatomy he devised some improvements in the method of executing it. Thus, he shows that the incision through the superficial structures had best be vertical in order to avoid wounding any vessels, nerves, &c., and he directs that the proposed position of the cut should be first marked with ink. He also counsels the application of hæmostatics to the wound so that all bleeding may have ceased before the trachea is opened. Further he is the first to advise the introduction of a canula, a straight one with wings externally, and of such length as not to touch the posterior wall of the trachea for fear of causing pain and cough. He considers that this tube may remain in for three or four days, and also recommends (14) its use in cases of cut throat.

Casseri is another who modifies (15) laryngotomy from theoretical considerations. In his directions he seems to follow Fabricius, though he makes not the least reference to him in his work on the larynx. He shows the stages of the operation and the instruments required in a series of realistic figures. A double-edged pointed knife, like a dagger, is pictured for penetrating or stabbing between the third and fourth rings of the trachea. A canula appears, one of his own invention, which approaches in form that now used. This tube has a collar or projecting edge with holes on each side to receive strings to be tied round the neck, and it is bent rather abruptly at an obtuse angle (about 115°). The obliquely vertical portion tapers slightly towards the point where it is perforated by a small hole, and the sides adjacent are pierced by six or eight other such holes.

The second person who, as far as literary records go, is known to have opened the windpipe is Sanctorius Sanctorius (1561-1636), practitioner at Venice and professor of medicine at Padua. "He perforated the trachea between the third and fourth rings with the instrument (16) he used for drawing the water under the umbilicus of dropsical persons without pain, and he kept it in for two days." (17) The patient made a good recovery.

We next meet with Nicolas Habicot (18) of Paris, (1650?-1624), civil and military surgeon, attached to the Hotel Dieu. Being naturally dissatisfied with the long incorrect term *laryngotomy*, he renamed the operation *bronchotomy*, from *bronchus*, the ordinary word for the windpipe in the Greek writers. In the first two decades of the seventeenth century he performed bronchotomy three times: in the case of a boy, who, for fear of being robbed, tried to swallow a package of money, which became jammed in the pharynx; of a female who received a bullet in the larynx, and of a boy stabbed in and near the windpipe. All the cases recovered. Habicot made a crucial incision on the trachea, which he opened in thin persons between the second and third rings, and in fat subjects a space lower down. He used a short, straight tube, like that of Fabricius, which he represents with a small hole at the rounded inner end, and a slit underneath. He placed a band of "woven material" over it externally "to break the quality of the air," that is, to act as a respirator.

After the date of Habicot bronchotomy may be regarded as having attained the position of a standard operation, and it would be easy to produce a score or two names of surgeons, who described, advised, or performed it during the succeeding fifty years. No more space need, therefore, be occupied in distinguishing this array of authors and practitioners, and henceforth I shall only mention such surgeons as materially modified, improved, or extended the use of bronchotomy.

In 1673 Frederick Dekkers, professor of medicine at Leyden, proposed (19) to open the trachea with a trocar, and canula, and invented an instrument for the purpose. He hoped that this abbreviated method would so facilitate the operation that the most timid practitioner would not hesitate to perform it. Nevertheless his plan has only found favour in some special emergency, and surgeons have almost always evinced their preference for slow and deliberate dissection of the parts, so as to be fully aware of the structures incised.

In 1714 George Detharding, professor of medicine at the Hague, suggested (20) bronchotomy in cases of apparent drowning, on the supposition, now refuted, that a spasmodic

closure of the larynx by depression of the epiglottis or otherwise was the chief cause of suspended respiration. No examples are reported in which the proposal was carried out.

Laurence Heister (1683-1758), professor of surgery, &c., at Altorf, afterwards at Helmstadt is the author of the first complete and systematic text-book of surgery. (21) His work was translated (22) into all the languages of civilised Europe, and held its sway amongst schools and practitioners as the highest authority during the greater part of the last century. Heister gives a full and clear account of *tracheotomy*, (23) a name he devised as more correct than bronchotomy, which he thinks must be associated with the bronchial tubes. (24) He gives the details of a case of his own, and mentions three methods of operating, viz., the ordinary one of the period, that of Dekker, and by simply thrusting a scalpel direct into the trachea and then inserting a tube. Heister is the first to include division of one or more rings of the trachea in his description. He adopted this procedure, but does not claim it as his own innovation. He and his contemporaries seem to recognise only the short, straight canula, which was sometimes a little flattened so as to be slipped in more readily. With respect to the estimation in which tracheotomy was held in his time, Heister observes:—I am not altogether ignorant that many physicians are adverse to this operation, either esteeming it dangerous, deadly, or inhumane; but those gentlemen are greatly mistaken . . . . those are both ignorant and timorous who rashly neglect this safe, easy, and often salutary operation," &c. This very decisive opinion, so widely disseminated owing to the great popularity of Heister's text-book, must have rendered impossible the growth of opposition in the rising generation; and when we find Boerhaave and his *alter ego*, Van Swieten, counselling bronchotomy as the orthodox course in suffocative kyanche, it is evident that opponents could scarcely come forward after this time without being accused of irrational prejudice.

In 1730 it was first suggested to use a double canula. The operation had been successfully performed for suffocative laryngitis in a youth by George Martin, of St. Andrew's, and it was found very distressing to the patient to have the tube taken out frequently to clear it of the constantly collecting mucus. Hence the operator remarks (26), "I cannot but think it an ingenious proposal of one of our ministers here to make the pipe double, or one within the other, that the innermost might safely and easily be taken out and cleansed when necessary without any molestation to the patient."

In 1745 Morgagni drew attention (27) to the situation, previously ignored, of the isthmus of the thyroid gland below the cricoid cartilage, and sometimes covering the greater part of the trachea, so that the operator in tracheotomy might be prepared to meet this obstruction, and move it out of the way.

Home (28) recommended that tracheotomy should be tried in croup, in order that the removal of the false membrane might be attempted through the artificial opening.

#### FIFTH PERIOD.—From the Death of Morgagni to the Introduction of the Laryngoscope.—1771 to 1858.

The ample materials brought to light by Morgagni, Ferrein, and other investigators of the last period, would almost suffice to construct the science of laryngology, but the crude mass demanded a large amount of inference and verification before it could be accepted as final, and reduced to such form and order as would render it available for clinical practice. To this task the period we are entering was for the most part devoted, for, in fact, there remained but little in the way of absolute discovery to reward fresh researches in connection with the larynx. But while the growing importance of laryngology attracted a yearly increasing number of observers, the efforts put forth did not always tend manifestly to advance the topics treated of; views of a retrograde character, especially in physiology, were sometimes brought forward with the greatest sincerity, and new-born truths were often obscured by the specious reasoning of prejudiced or short-sighted opponents. The enumeration alone of all the authors in the domain of laryngology would occupy several pages, and, amidst the wide entanglement of proposition, objection, and mere verbosity, it is often extremely difficult to discern, pursue, and at length to extricate the slender thread of progress.

*Anatomy.*—The anatomy of the larynx being almost complete, with the exception of certain details not easily demonstrable, and more or less in the region of conjecture, we shall not find much further work worth recording under this heading.

About 1780, H. A. Wrisberg, professor of anatomy at Gottingen, relegated the small bodies called "arytænoid glands, by Morgagni, to the class of cartilages." He states, (29) "I have thought for some years that two new cartilages or corpuscles, similar to cartilages, should be reckoned during the parts of the larynx." Describing their position in the ary-epiglottic fold he gives them the name of "cuneiform" or wedge-shaped. He appears unaware of Morgagni's views, as to their nature.

The determination of the veritable distribution of the laryngeal nerves, scarcely indeed finally settled, engaged the attention of more than one anatomist. In 1791 the description of some of the cranial nerves, by C. S. Andersch (30), a pupil of Haller, were published. The dissections of the nerves of the larynx were by far the most perfect yet made, nor have they since been surpassed. Here for the first time is pointed out the branch given by the recurrents to the ary-tænoid muscle. He attributes no muscular branches to the superior laryngeal nerve, except that the crico-thyroid, and traces most of its filaments, even after they have penetrated muscles, to the mucous membrane.

Very perfect dissections of the nerves were also made in this period by Joseph Swan (31), of London, about 1830. Amongst the rest he displays the laryngeal nerves, from different points of view, in several large and well finished lithographs with a minuteness and accuracy never before attempted.

In 1828, C. Mayer (32) noted the existence of two fibro-cartilaginous nodules (now called the anterior sesamoid cartilages) of an ovoid shape, about half a line in length, embedded in the ends of the vocal bands at their attachment to the thyroid cartilage.

The existence of an epithelium on mucous and other internal membranes was doubted until 1838, when Jacob Henle (33), then professor of anatomy at Zurich, as a result of the advance in the construction of microscopes, proved that it is the invariable covering for all surfaces of the body. He made three kinds of epithelium, viz., pavement, cylindrical and ciliated, that of the larynx belonging to the last class, which is the same as the cylindrical with the addition of cilia. He states (35) that these are most evident in the larynx on the anterior wall, whilst on the posterior wall and sides they only commence immediately above the superior vocal ligaments. As Henle remarks, however, the cilia in the respiratory tract had been previously noticed by Valentin and Parkinje.

(1) Guillaume de Ballon or Ballonius is vaguely stated by some authors to have described croup in obvious terms as early as 1578 in connection with pertussis. On searching his works, however, I find nothing more pregnant than the following sentence:—"Others (i.e. of those attacked by *quinta* or pertussis) died with great difficulty of breathing, and at that terrible and irremediable" (*Epilemorium et Ephemeridium* L. II., Ostiva, 1578, Opera Quina, Venetia, 1734, T. I., p. 157 *et seq.*).

(2) *Lettere Mediche* Cremona, 1749, No. 2.

(3) *An Inquiry into the Nature, Causes, and Cure of the Croup*, Edinburgh, 1766.

(4) *Op cit.*, L. III., c. 7.

(5) *Ibid.*

(6) *Ars Completa Totius Chirurgiæ*, Tr. III., doct. II., c. 5.

(7) *Conciliator Differentiarum Philosophorum præcipue Medicorum*, Venetia, 1473, Dif. 188.

(8) *Chirurgia Magna*, Tr. II. doct. II., c. 3.

(9) *De Abditis Nonnullis ac Mirandis et Sanationum Causis*, Florentia, 1507, p. 88.

(10) K. Sprengel (*Geschichte der Chirurgie*, Halle, 1806, Bd. I, p. 180, &c.) and others who had relied on his authority. Lanfranc's case, nearly two centuries before is not noticed by him. But there are other inaccuracies in this writer, in what he says of Rolandi, for example, who does not even seem to have heard of section of the wind-pipe, as he states that in wounds of the neck "a perforation of the gullet or trachea, however slight is fatal" (*loc cit.*).

(11) *In Libros de Ratione Victus in Morbis Acutis Hippocratis Commentaria*, &c., Venetia, 1546, L. IV., sect. 35, p. 114.

(12) *De Morbis Internis*, Parisia, 1571, L. I., c. 23, fol. 91.

(13) *Opera Chirurgica*, Francoparti ad Manum, 1694, L. VII., c. 8, p. 133, &c.

(14) *Operationes Chirurgicæ*, c. 44.

(15) *De Vulneribus* Appendix.

(16) *Op cit.*, L. I., c. 20, p. 110.

(17) Reported by Julius Malvacino in his collections *Medico Phynceæ*, Venetia, 1822, p. 188, sect. 212.

(18) Sprengel (*loc cit.*), on his own responsibility, calls it "Paré's tube." The tube figured by Paré (*loc cit.*, c. 12) for use in ascites has a broad collar with strings, is curved like a quadrant, tapers slightly, and has a small hole at the rounded inner end.

- (19) Question Chirurgicale par laquelle il est démontré que le Chirurgien doit assurément pratiquer l'Operation de Bronchotomie, Paris, 1680.
- (20) Exercitationes Practicæ de Curandi Morbi Methodo, Leidæ, 1678, p. 241.
- (21) In Haller's Disputations Chirurgicæ, Lausanne 1755, T. II.
- (22) A General System of Surgery, 3rd ed., London, 1748.
- (23) Originally published in Germany (1719) a Latin version for international use was soon prepared, but ultimately to fit the book for students of the smallest linguistic acquirements, it was rendered into the vernacular tongues of Italy, France, Spain, and England.
- (24) Vol. II., p. 6.
- (25) Heister is, of course, wrong here, as the bronchial tubes are τὰ βρόγchia not βρόγχοι. Bronchotomy is correctly derived to imply cutting the windpipe without reference to a particular part.
- (26) Philosophical Transactions (Royal Society), London, 1730, p. 448.
- (27) Epistolæ Anatomicæ, &c., ix., 33
- (28) *Op cit.*
- (29) In Haller's Primæ Linæ Physiologiæ, ed. by Wrisberg, Goettingæ, 1780, p. 157.
- (30) Fragmentum Descriptionis Nervorum. Ed. by Sæmmering; in Ludwig's Scriptores Neurologiæ Minores, Lipsiæ, 1792, T. II. p. 113.
- (31) A Demonstration of the Nerves of the Human Body, London, 1830, p. 20 Pl. xvi., etc.
- (32) Meckel's Archiv., 1826. S. 193, J. Henle now states they are only of elastic tissue. Handbuch der Anatomie, Brannschweig, 1866, Bd. II., p. 230.
- (33) Müller's Archiv. für Anatomie, Physiologie, &c., Berlin, 1883, p. 103.
- (34) *Ibid.*, 1885.
- (35) Jourdan's Encyclopédie Anatomique, Tom. vi., Paris, 1843, p. 253.

(To be continued.)

## Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.

SURGICAL SECTION.

MEETING HELD FRIDAY, MAY 22ND.

The President, Dr. E. H. BENNETT, in the Chair.

### TREATMENT OF STRICTURE BY INTERNAL URETHROTOMY.

MR. THORNLEY STOKER read a paper on the treatment of stricture by internal urethrotomy. He advocated the more frequent use of that operation in cases of well-established organic stricture, where recurrence took place after gradual dilatation, where that treatment could not be borne owing to the irritation it set up, or where the circumstances of the patient demanded speedy relief. He stated that in 1871, when he became a hospital surgeon, the practice in Dublin leaned to the use of the so-called immediate dilatation in those cases where rapid treatment was determined on; but that, since then, the use of urethrotomy had become more general, and he believed bursting to have been practically abandoned by Dublin surgeons, and that he made his communication to the Academy to mark a local epoch in treatment. He had burst 18 strictures in his earlier practice, and had been so impressed, both by his own cases and by those of other surgeons, with the liability to rapid recurrence after this operation, that he had relinquished it in favour of urethrotomy. Mr. Thornley Stoker mentioned that he had out 25 cases with Maisonneuve's instrument, and in no instance had a bad result or cause for grave anxiety, except in one case, where somewhat severe hæmorrhage took place and required the retention of a large catheter in the urethra. He gave his reasons for preferring urethrotomy done from before backwards, after the fashion of Maisonneuve, and recommended the incision to be made in the roof of the urethra. He argued that a catheter should not be retained in the passage after the operation unless hæmorrhage took place. On this latter point he placed much stress, and attributed to its observance the freedom he had found, in all his latter cases, from rigors and inflammatory trouble; while in some earlier ones which he referred to, the retention of a catheter had, in his opinion, been the cause of such mischief.

The PRESIDENT believed most surgeons would concur in Mr. Stoker's opinion that internal urethrotomy should replace the forcible laceration of the urethra. For his own part, he would not incur the risk of dealing with stricture by forcible rupture. He inquired the grounds upon which Mr. Stoker preferred the section on the pubic side of the urethra to that on the floor of the urethra—in other words, his reasons for

asserting the upper tissues were healthy, while the lower were diseased. One of the advantages of Civiale's instrument was that the surgeon could divide with it either above or below.

Dr. BARTON regarded the subject as having special interest since his early days, when he had the benefit of the teaching of Hutton, who was a skilful director of the catheter, and conducted all operations of the urethra with elegance and precision. Contrary to Mr. Stoker's view that gradual dilatation was a temporary measure, and in the ultimate result unsatisfactory, his own experience was that it was the best treatment, if it could be adopted; and year by year, as he treated more difficult cases, he found its scope and range greater than he at first supposed. Indeed, he was convinced there was but a limited number of cases that could not be treated by gradual dilatation, if only the surgeon possessed patience as well as dexterity. The patient and gentle use of the bougie and catheter would overcome almost all the complications which the disease presented; and as to the ultimate result, he believed that if the treatment were carried sufficiently far, it would leave as permanent a result as any other means yet discovered. In the case of a gentleman who returned to this country after ten years' absence, he passed a No. 8 instrument easily; and in the case of a medical gentleman whom he treated for a very tight stricture, he found it remained perfectly open after six years. Therefore, gradual dilatation gave as great an amount of permanence as any other method, and internal urethrotomy would not give as good. Again, despite Mr. Stoker's remark that internal urethrotomy was not a dangerous procedure, he had seen fatal results follow. He agreed, however, that that method gave more rapid results, but not more permanent. There were cases in which gradual dilatation could not be adopted, and in which the surgeon had to choose between bursting and internal urethrotomy. His choice in such cases would be in favour of internal urethrotomy. Both were open to risk, and could not be compared with dilatation. Again, there were other cases requiring external urethrotomy. In every case, before selecting any other method of treatment the surgeon should sedulously, carefully, and tenderly try gradual dilatation.

Mr. STOKES said the subject was one which for a number of years had engaged his attention. In 1864 he introduced into Dublin Maisonneuve's operation, which he had learnt from the distinguished French surgeon himself. Although Mr. Stoker was apparently unaware of the fact, he had published papers in the *Medical Press*, the *Dublin Medical Journal*, the *British Medical Journal*, and other periodicals, in which he fairly put forward the alleged advantages of that operation. Speaking from an experience of sixty-seven cases during the past twenty-one years, although his opinion of the operation was still very high, he did not think it should be looked upon in the light of Mr. Stoker's paper as a royal road to the cure of urethral stricture. But he agreed with Dr. Barton that the chances of recurrence of the disease were not greater after the older and safer treatment of gradual dilatation. Mr. Stokes also thought it better to retain a catheter in the urethra for some time after the operation, otherwise the recurrence of the stricture was, as a rule, rapid. That was also the opinion of Maisonneuve. In reference to the mode of division, he agreed with Mr. Stoker in thinking the upper wall of the urethra was the best to be divided, not only for the reasons he put forward, but also those of Maisonneuve, that there was much less danger of any lodgment in the urethra, or any infiltration taking place after the operation, when the upper wall was divided than when the lower one was. By passing in a large well-oiled bougie immediately afterwards the sides of the wound were dilated, assuming a triangular or conical form, with its base below and apex above. This became filled with lymph, and a wedge-shaped cicatrix formed, which was not at all so likely to take place if the wound was allowed to close after the division of the stricture. Notwithstanding the favourable results he had had, out of the sixty-seven cases there were only ten in which he was able, after a considerable period, to determine that no recurrence of the stricture had taken place. He had performed the operation on the same individual twice, and yet there was a recurrence of the stricture, which he subsequently treated by gradual dilatation. He believed with Mr. Barton that although dilatation was the most tedious, it was certainly the safest method; and he also agreed with him, with Hutton, and Prof. Smith, in maintaining that there was a

better chance of absorption of the new material by the steady, continuous, gradual pressure caused by the frequent introduction of the instrument than by any cutting operation whatever. It was dangerous to advocate the operation of internal urethrotomy to the exclusion of the slower and safer method of gradual dilatation. But he certainly endorsed Mr. Stoker's observation in reference to the great superiority of internal division over the immediate dilatation of Perrève or Holt, done with the instrument devised by the late esteemed secretary of the Surgical Society, Mr. Richardson. In his communications he had given his reasons for considering the internal division of the stricture superior and more scientific than the rude tearing open of the urethral stricture—a method which gave rise necessarily to a lacerated wound in the urethra, the length, depth, and extent of which the surgeon knew not.

Mr. ORMSBY observed that Mr. Stoker deserved thanks for bringing before the Section such a practical subject. He had himself performed all the operations described—the gradual dilatation, the forced, the internal urethrotomy, and the external. The treatment depended more on the patient than on the stricture, some being suitable for one and some for another method. Every surgeon agreed that gradual dilatation, where it could be performed, was the best method. But if the patient wanted to have the treatment carried out rapidly and efficiently, internal urethrotomy with Maisonneuve's instrument afforded the best result. Mr. M. Colles had stated that all strictures were liable to return. As an instance, he mentioned, in his own practice, the case of a man who had had Holt's operation performed at one hospital, Richardson's at another, and at the Meath Maisonneuve's. It was, therefore, probable, no matter what method was adopted, that the stricture would recur if the patient did not take the precaution either of going at once to a surgeon, or providing himself with a bougie to pass occasionally. He agreed with Mr. Stokes as to the advantage ascribed to Maisonneuve's method, especially in preventing the urine coming into contact with the fresh cut surface. He performed the operation without an anæsthetic.

Dr. BALL pointed out that in the use of Maisonneuve's instrument there was danger of injuring other portions of the urethra by the sharp edge of the knife. He knew of a fatal case in which the *post mortem* examination showed that the entire length of the urethra, from the meatus to the bladder, was slit with the instrument, the wound being deepest in the healthy parts. That danger, however, was obviated by a modification invented by Teavan, of London—namely, a triangular sheath over the cutting edge.

Mr. CORLEY spoke from twenty-seven years' experience, since he was a pupil of the late Mr. Taggart, who was a thick and thin advocate of gradual dilatation as the safest method, and was so particular and careful that he would have the word "gentleness" inscribed on the handle of every catheter that the junior practitioner used. When he was first attached to Jervis Street Hospital division or bursting was fashionable; and though he never saw a fatal result from it, he knew that fatal results had occurred. The fact that a fatal result sometimes followed a particular operation he regarded as of little importance, since he knew it to occur following gradual dilatation; and Murray Bradwood's book gave, as a common sequence to passing the catheter, urethral fever, catheter fever, pyæmia, and septicæmia. For the same reason, he took exception to Mr. Stokes' caution about passing the catheter in the surgeon's study. When he came to the Richmond Hospital, he found the cutting operation which was introduced by Mr. Stokes most favoured. With his experience of the three methods, he had come seriously and fairly to the conclusion that the cutting operation, as done by Maisonneuve, was the best and safest, and obviated a number of inconveniences that certainly belonged to gradual dilatation. There were several cases met with in which a long period of trial occurred before getting in the catheter; for instance, one in the Richmond Hospital, given up as hopeless after six weeks, when Mr. Stokes succeeded in introducing a catheter. The cutting method was rapid for the patient, satisfactory to the surgeon, and as free from danger as any other.

Mr. THOMSON said the real question to decide was whether stricture was curable, or, rather, how near could they approach to the condition of getting rid of the possibility of its return. All the speakers agreed that strictures returned, whether the operation was one of cutting or of bursting, although some surgeons had invented appliances which they

claimed out the strictures so as to prevent their return. His own experience was that under all modes of treatment strictures returned. Hence the question was—What method of dealing with the stricture would give the best approximate result short of absolute cure? Mr. Stoker had been wrongly taken up. He did not advocate internal urethrotomy, or any other form of division of the stricture in all cases. The twenty-five cases of internal urethrotomy were not all the cases Mr. Stoker had treated, and he had certainly treated others by the gradual dilatation method. Therefore, Dr. Barton and Mr. Stoker were probably at one as to the merits of that treatment. There were cases capable of treatment by the gradual dilatation, and others which must be cut. Mr. Corley had stated an important point—that they were not to consider gradual dilatation as a method altogether free from risk. He had himself seen a patient who, on the introduction of a catheter, was seized with uræmic convulsions, and died of suppression of urine. The same happened after internal urethrotomy in a case of his own. Therefore, they were not to base objection to a line of treatment on the fact of a death occurring now and again. But the question was this—When the surgeon came to deal with a case of stricture, what method was the best for the patient; what gave the least risk; and what gave the best chance of staving off the evil day? In the great majority of cases dilatation was that method. It was essentially the least irritating, if properly carried out. By using a cutting instrument a severe wound was inflicted upon a very sensitive part, with the risk of setting up irritation of the sympathetic, which so often followed cutting operations. Hence the advantage of gradual dilatation. But there were cases in which no amount of gradual dilatation was satisfactory. The stricture might be dilated one day, but in a few days afterwards it would be found to have come back to the starting point. Again, when a catheter was introduced for the dilatation of the stricture, the patient was liable to be seized with rigors, there being great constitutional disturbance and the probability of catheter fever. There was another form of stricture which might be dealt with by urethrotomy, internal or external, as not usually yielding to gradual dilatation—namely, traumatic stricture. So, too, a case suffering from rigors after the bougie would be well treated by internal urethrotomy, no greater disturbance being caused than by the passing of the bougie. At the same time, he agreed with Dr. Barton, that for the majority of cases gradual dilatation was the method that ought to be adopted, and that questions of the mere convenience to the patient or the surgeon ought not to be taken into consideration where it was a question of a man's life whether a dilating bougie or a cutting instrument should be used. However, in discussing methods of cutting, he was entirely in favour of Maisonneuve's.

Mr. WHEELER, referring to Mr. Stoker's remarks that the reasons why in Dublin immediate dilatation was adhered to might be found in the revulsion of feeling against the earlier forms of urethrotomy, or to the possession of the late Mr. Richardson's modification of Holt's dilator, did not think that the instrument modified by that erudite surgeon either prevented or retarded the adoption of internal urethrotomy. He reminded Mr. Stoker that when a colleague of his some years ago, in the City of Dublin Hospital, he had performed internal division in two cases. There was no comparison in the cases suitable for Stoker's section, which the author referred to, and those suitable for internal urethrotomy. He took exception to the statement made on the authority of Sir Henry Thompson (whom he never quoted unless his own experience verified the treatment advocated) that the surgeon could not reach a series of strictures through perineal section; and as examples to the contrary, he took two cases out of many. A gentleman returned from the Cape had eight or nine urethral perineal fistulae, and was represented to have had Syme's operation performed on him in the colony; but the urethra had never been opened, while the scrotum, no doubt, had been split, and each testicle could be pulled away, one from the other, to the opposite thigh. Two of the strictures he divided by Syme's method on the staff, and the third on a director passed into it. He did not find any difficulty in treating these strictures through the perineum. In the second case four strictures existed, one being at the orifice from a traumatic cause. The patient had extravasation of urine; but without difficulty he treated the strictures through the perineum. Both cases made good recoveries. In the first



a No. 9 catheter was used by the patient, and in the second a No. 10 had been frequently passed. Although it might seem from the tenor of the paper the author advocated only one operation, yet Mr. Stoker had distinctly stated he did not wish it to be understood that he had relinquished gradual dilatation. There were some cases suitable for gradual dilatation, some for perineal section, some for internal urethrotomy, and some for the much-abused forcible dilatation. Recent cases were suitable for gradual dilatation, but old callous strictures were not. He could not concur in the statement that the return of contraction was more rapid after division than after internal division. When there was rapid contraction it was because there had not been sufficient dilatation by which the stricture would be fairly ruptured. He spoke from personal experience of the operation, having had several cases. Contraction did not recur more rapidly after this treatment than after internal urethrotomy, of which he also had experience, Civiale's operation being the one he performed. He agreed with Mr. Stoker that it was injurious to tie in a catheter. It was quite clear that gradual dilatation should be practised whenever possible, but the surgeon must select for himself the method most suitable in each case. He was not aware that a cicatrix was formed after Maisonneuve's operation, as had been stated, nor did he think a cicatrix would form after an internal urethrotomy, if properly cut. Contrary to the experience stated, he had himself dilated a traumatic stricture in a patient, a native of Roscommon, in the City of Dublin Hospital, into whom, on his admission, a No. 1 catheter could not be introduced, but who now passed a No. 8 for himself.

Dr. FALCONER suggested that a drug recently brought before the profession—namely, cocaine—should be injected into the urethra before operating, instead of placing the patient under an anæsthetic.

Mr. HAMILTON said Mr. Stoker had not removed from his mind two convictions impressed upon it by observation and practice—one, that a stricture once formed could never be removed; and the other, that far and away the vast majority of strictures were amenable to, and ought to be treated by, the process of gradual dilatation. He was in the habit of teaching his class, and telling the patients, that no matter what plan was adopted the stricture would return. His experience was, that he was able to proceed with gradual dilatation in ten days or a fortnight. The object was to get in an instrument first, no matter how small; and he maintained, with Syme, that there was no stricture through which a surgeon could not pass an instrument if he only had the patience and, above all things, gentleness. He always held and taught that blood on a catheter or bougie was a disgrace, as indicating that too much violence had been used. His practice was, when he got a puzzling case of stricture, to go on Sunday, and, kneeling on a soft pillow beside the patient's bed, make up his mind not to leave till he had passed the instrument, and very rarely had he failed. Having succeeded in passing in ever so small an instrument, he left it there for the night, and found that in the vast majority of cases it was no inconvenience if the patient was kept under the influence of small doses of opium. Next morning he found the instrument perfectly loose, and he could, without difficulty, pass in one a size or two larger. He then went on increasing it, size after size, but not too rapidly, so as not to set up rigor by too much disturbance, and finally, he gave Mr. Stoker's advice about the clock and catheter on Saturday night.

Mr. THOMSON asked that Mr. Wheeler, who seemed to dissent from Mr. Stokes' view as to the healing of a wound in an internal urethrotomy, should state how the wound did heal if a cicatrix was not formed.

Mr. WHEELER said he stated it as his opinion that it heals by means of healthy tissue. When the urethra was cut into, healthy tissue formed in the stricture already cut, but certainly not a cicatrix.

Mr. ORMSBY—What is it?

Mr. WHEELER—Healthy material; healthy tissue is produced.

The PRESIDENT—Do you mean to say the cicatrix is diseased material?

Mr. WHEELER—No; but I say it is material that would be likely to contract again. What I mean is, that it is not contractible cicatricial tissue that is produced.

Mr. THORNLEY STOKER replied. He said his paper read over again would answer most of the objections raised, and

therefore he would leave it to answer for itself. In reply to the President's question, he advocated the incision of the roof of the urethra in preference to the floor, because he considered he was cutting into healthier tissue. It was matter of observation to those who dissected diseased urethrae that the floor was much more frequently the seat of disease than the roof. That gradual dilatation was the safest method of treatment no man of common sense could for a moment deny, or that it was the method applicable to the greater number of organic strictures. But he contended that urethrotomy might be more generally practised than at present. He was familiar with Mr. Stokes' writings, and especially with his paper published in 1871; but he considered that internal urethrotomy was more advanced now than Mr. Stokes supposed. He denied having spoken lightly of the dangers of the operation, or that he operated off-hand in his study. What he did was after careful examination of the urethra—a procedure enjoined in Sir Henry Thompson's teaching. Dr. Ball had referred to a well-known case where the whole of the urethra was split up; but there was no operation that was not subject to accident, and the fact that there was only one record of the kind showed that urethrotomy was a comparatively safe operation. He could not follow Mr. Hamilton's practice his experience being that when an instrument was left in, troublesome rigor and uræmic fever were set up, and consequently he left continuous dilatation out of his practice altogether. The Section then adjourned.

REGISTERED FOR TRANSMISSION ABROAD

## The Medical Press and Circular

published every Wednesday morning. Price 5d. Post free, 5½d

POST FREE TO ANNUAL SUBSCRIBERS . . . . £1 2 0

IF PAID IN ADVANCE . . . . . 1 1 0

Post-office Orders and Cheques to be drawn in favour of—

A. A. TINDALL, 20 King William Street, Strand, London, W C.

A. H. JACOB, 3 Molesworth Street, Dublin.

Agents for Scotland:—

MACLAUGHLAN & STEWART, South Bridge, Edinburgh.

A & W. STEVENSON, Hillhead, Glasgow.

Sole Agent for the Continent:—

JOHN F. JONES, 21 Bis, Rue du Faubourg Montmartre, Paris.

ADVERTISEMENT SCALE—Whole Page, 25 Os. 0d. Half Page,

22 10s. 0d.; Quarter Page, £1 15s. 0d.; One-eighth Page, 13s. 6d.

Small Announcements of Practices, Assistancies, Vacancies, Books, &c.

of Seven lines or under, 4s. per insertion; 6d. per line beyond.

Considerable reductions are made from the foregoing Scale when orders are given for a series of insertions. Letters in this department should be addressed to the Publishers.

SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIÈRE, Rue Hauteville, Paris—post free in advance, £1 3s. 6d. per annum.

SUBSCRIPTIONS FOR RUSSIA are received by Messrs. RAJCHMAN and FRENDELER, 18 Senatoren Street, Warsaw—post free, £1 5s. 0d. per annum.

SUBSCRIPTIONS FOR THE UNITED STATES are received in New York by Messrs. WILLMER & ROGERS; Philadelphia, by Dr. BRINTON: post free in advance, 54 dollars (£1 3s. 6d.) per annum or direct from the Offices in this country for the same amount, if remitted by International Post-Office Order.

## The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, AUGUST 12, 1885.

SURGERY: PAST AND PRESENT.

THERE is always much to be learned from carefully instituted comparisons, not alone as affecting immediate



action, but especially also in the way of influencing further progress; and in the surgery of to-day there is to be found abundant evidence of the truth that its present proud position is to a great extent based upon the experiences and errors of the generations that have gone before. Too often is it rashly assumed that modern improvements are essentially the outcome of modern discoveries and research, and that they owe nothing or little to the cruder efforts of the older masters, whose names, however, are venerated in the annals of practice. Such estimates of comparative merit are, it must be admitted, rather the result of hasty generalisation than of mature reflection, and it is rarely that justice is not done to those whose labours must command respect when a calm and deliberate survey is taken of the work which was accomplished by those who "went before." It is always a matter for congratulation when an acknowledged master takes upon himself to paint the picture of the past side by side with the representation of the present as exemplified in his own teaching and experience; and in this connection the address delivered by Mr. Marshall before the British Medical Association at Cardiff possesses peculiar attractions, not merely on account of the personality of the author, although this gives it a very prominent interest, but also because of the unusually favourable opportunities for criticism enjoyed by Mr. Marshall, and utilised by him with a judgment as accurate as it is admirable.

The sketch of surgery forty years ago which the address contains cannot fail to show how, and in what direction progress has been since this time; it will not, moreover, diminish the feelings of respect with which we are accustomed to regard the achievements of men who worked under disadvantages barely conceivable to those whose acquaintance with the practice of surgery dates from the more recent years. Forty years ago, "injuries not involving a breach of the surface of the body, simple inflammations consecutive to these, or so-called local idiopathic inflammations, which came under the care of the surgeon, such as local sprains, simple dislocations, synovitis, orchitis, and other cases, were not less satisfactorily treated in 1844-5 than in 1883, and the progress of patients towards recovery was quite as rapid." As might be anticipated, however, the case is very different when suppurative, ulcerative, and gangrenous wounds are considered in the light of comparison; modern treatment offers unmeasurably better results than were obtained at a time when these lesions were regarded without reference to their preservation from the influence of septic particles. Again and again are we brought face to face with the marvellous change wrought in practice and in the result of practice, since the introduction of those scrupulous measures of cleanliness which, apart from controversy on special points, it has been the triumph of antiseptic surgery in its widest meaning to bring about; and in the unexaggerated and faithful comparison contained in Mr. Marshall's essay, is to be found the most conclusive evidence that could be afforded of the inestimable benefits that have flowed from a general recognition of the importance of absolute freedom from every kind and degree of impurity, in association with wounds.

Another instructive instance of the good that has ensued on a correction of errors, and of the treatment founded on them, is to be seen in the comparison between the mode of combating syphilis in 1844 and 1883. At the former period soft and hard sores were in no way distinguished, as far as their possible consequences were concerned; and mercury as a specific remedy was not recognised; while iodide of potassium was administered in doses varying from one to three grains, five grains being a maximum very seldom employed. It would, however, be unfair to base a judgment of the value of earlier surgery on the lack of understanding shown by its professors as to the singularly clear distinction between dangerous and simple venereal lesions; for contemporary science is not altogether free from confusion, or rather contemporary scientists are not wholly agreed, on the point; but it is unquestionable that so far as present modes of treatment are concerned, they show incalculable advance on the crude resorts exemplified in Mr. Marshall's retrospect. How far this advance owes its growth to mistakes of the past it is at once difficult and profitless to conjecture.

One of the most striking references in the course of the address is that relating to abdominal surgery and to an operation by Liston, in which he opened the abdomen and evacuated thirteen quarts of dark-coloured glutinous fluid from a large cyst. Ovariectomy had been denounced by Lister in 1840 as "an unjustifiable piece of butchery" and Mr. Marshall not unnaturally exclaims: "How all this has been changed by cautious, and, if I may coin a word, *precautious* surgery!"

#### THE ABOLITION OF POOR-LAW OFFICES IN IRELAND.

THE cessation of workhouse medical officers in Ireland to hold their appointments, which will result from the amalgamation of certain unions, has—as we have recently explained—been the subject of most anxious thought by those whose duty it is to protect the interests of those officers, and we are truly glad to be able to report to-day that the Irish Medical Association has succeeded in preserving to these officers all their rights to compensation, or to a continuance of their salaries, notwithstanding the abolition of their offices.

It will be recollected that, in stating the case, we laid down the following as representing our view of the law affecting these officers:—*First*, that *under no circumstances* can the guardians possess any power to dismiss any union officer above the grade of a porter. *Second*, that that power is vested solely in the Local Government Board, who are debarred by the Act from divesting themselves of it by any possible means. *Third*, that the Local Government Board have no power to dismiss a workhouse officer unless they "deem him unfit," or unless he refuses or omits to perform his duty; and that they must, in the exercise of this power, be prepared to satisfy a court of law that they have not deemed an officer unfit without sufficient cause. *Fourth*, that, inasmuch as the Act expressly carries forward all contracts made by the abolished board of guardians, and preserves the binding validity of such contracts, the amalgamation of unions

does not break the officer's contract, nor in any way deprive him of his rights.

Since we have put forward this interpretation of the law, the Irish Medical Association has taken the advice of the most eminent counsel who could be obtained—*i.e.*, the Solicitor-General, Mr. Monroe, Q.C., and Mr. Purcell, Q.C., County Court Judge for Limerick, upon queries substantially the same as those above expressed. The Association has been obliged to call upon its legal advisers because a Bill had been introduced by the Chief Secretary for Ireland and run through the House of Commons, which provided that the guardians *might if they thought fit* compensate officers for abolition of office in exactly the same terms as those upon which they may now grant pensions. This Bill was framed by the Irish Local Government Board with the kindly intention of saving to the abolished officers a possible compensation which, under existing law, the guardians had no power to grant; but it will be easily understood that the Irish Medical Association was not satisfied with a measure which left the officer at the mercy of the guardians. Being well aware that it would be quite impossible to get the assent of the Irish Party to a Bill which would bind the guardians to compensate, the Association was prepared to accept the measure as long as they were quite certain that it would not rob the officer of any rights which he might possess under existing law, and it was on this point that they consulted counsel. The answer given was, that though a discretionary Bill would not exactly repeal the existing law, it would offer such an obstacle to any officer in contending for his pre-existing rights that it would practically deprive him of those rights, and, thereupon, the Council at once determined to make an effort to add a saving clause to the Bill which would explicitly declare that pre-existing rights were to be in no respect altered by it. Some time was necessarily expended in obtaining the legal advice and arriving at this determination, and meanwhile the Bill had got through the Commons and through all its stages but one in the Lords, so that the modification of the measure was almost a forlorn hope. Nevertheless, at the solicitation of the Council of the Association, Dr. Jacob undertook to go to London and make the attempt, and—we are glad to say—his efforts have been crowned with success. His representations were received in the most considerate manner by Lord Waterford and the Attorney-General, who had charge of the Bill in the two Houses, by Lord Fitzgerald, the Earl of Milltown, and other peers, and by Mr. Cullinan, who had carriage of the Bill in the Irish office, and by their assent the saving clause was inserted in the Bill, and it has gone back to the Commons for approval, where we earnestly hope that no objection will be raised. In any case, the position of the Irish Poor-law officer will be rendered infinitely more secure by this change in the Bill, for, if it passes, he can apply to his guardians for compensation, and, if refused, can fall back on his original rights. If it does not pass, those rights will remain untouched, but what they amount to will have to be decided by the judgment of the highest court of law. If the advice which the Irish Medical Association has received be correct, the officer will continue to be entitled to his salary, notwithstanding the amalgamation

of his union, and he cannot be got rid of as long as he is "fit" and willing to do his duty. Against whom his claim will be binding, whether the ex-guardians of the abolished union or the guardians of the newly enlarged union, is not quite clear, but there can hardly be a doubt that some one must pay in respect of a contract for services, which contract is carefully preserved in force by the Acts of Parliament.

In thus protecting the rights of workhouse officers the Irish Medical Association has added one more to the many valuable services which it has rendered, and for which not only the gratitude, but the substantial support of the profession are eminently due.

#### THE POLITICAL HELPLESSNESS OF THE PROFESSION.

In the same number of the *British Medical Journal* in which we find recorded the assurance that the Association needs no political reorganisation, we find the following melancholy illustration of the utter helplessness and censurable sleepiness of that organisation:—"In the session of 1884 powers of requiring the compulsory notification of infectious disease were inserted into the York Improvement Bill of that year under very extraordinary circumstances. The corporation had not asked for these powers, and, of course, had not given any preliminary public notice with regard to them, as would appear, from the Standing Orders, to be requisite; but whilst the Bill was under discussion by the customary committee of the House, Mr. Hastings, one of the members of that Committee, and the introducer of a measure to make the notification of infectious disease compulsory throughout the country, happened to ask the promoters why they did not ask for such powers for York. The counsel in charge of the Bill seems to have been unprepared with any other answer than that they had not thought about it; and being anxious, no doubt, to please the Committee, he assented to the introduction into the Bill of Mr. Solater-Booth's model clauses of 1882. In this way the medical practitioners of York found themselves in the position of being liable, under penalty, to report to the sanitary authority all cases of infectious disease in their practice. The Town Council, though having powers of notification thrust upon them in this amazing manner, do not appear to have considered until lately whether they should exercise such powers; but they have now adopted a report" which puts every medical practitioner in York under the yoke of compulsory notification.

Was there ever such a confession of indifference and incompetence, if not worse, on the part of the Parliamentary Bills Committee, as this? We venture to ask, was that Committee aware that these notification penalties were being inserted into the York Bill in 1884? If not, what excuse have they to make for their ignorance of the fact? If they had knowledge of the proposed law, did they take the trouble to ascertain the views of the York practitioners on the subject? And, finally, what action did they take to stop the Bill?

We feel it our duty to warn the profession and the Association that they are being, and have been, sold to

the compulsory notificationists by the Parliamentary Bills Committee or whoever answers to that name. The Burgh Police (Scotland) Bill, which puts the whole of Scotland under the foot of the compulsionist sanitarians, has been passed this session of Parliament with the full knowledge and the silent acquiescence of this Committee, and in defiance of the repeated mandate of the Association at large that all such invasions of professional rights and interests should be resisted. And it is no wonder that this should be so, for the Chairman of the Parliamentary Bills Committee (who is, we believe, the whole Committee in himself) was, next to Mr. Hastings, who inserted these clauses in the York Bill, the chief agent in the promotion of compulsion. Thus it appears that, when the members of the Association issued their orders that compulsory notification should be resisted, those orders went into the hands of a straw committee, and from them into the control of Mr. Hastings' partner in compulsion. We need add to this narrative no further comment than that afforded by the Editor of the *British Medical Journal* himself, who says: "We make no comment upon these facts, beyond the somewhat obvious remark that they show in very startling colours the methods in which we legislate now-a-days in matters affecting the social condition and public liberties."

### Notes on Current Topics.

#### Mr. Erichsen in Scotland.

It must be with very considerable satisfaction that the profession is a spectator of the unusual number of medical men who are about to engage in the struggle for seats in the House of Commons, for it is a common complaint that medicine is far too inadequately represented in the legislative chamber of the country; and that it is desirable to increase the number of such representatives is felt not only in the profession, but as well among the educated classes of the community. The Universities of Edinburgh and St. Andrews have for long been ably represented in the House of Commons by Sir Lyon Playfair; but it is impossible to avoid the suggestion that so far at least as the profession is concerned, the mistake of the public in assuming that because he was described as "Dr." Playfair he was therefore a medical man has been unfortunate; and we have but too much excuse to regret the influence he was able to exert, in a spirit antagonistic to medical reform, over the fortunes of the last abortive Bill. Edinburgh is largely medical in its sympathies, and it is fit and proper for it to return a medical man to Parliament; and it certainly could not find anyone either more worthy or more admirably suited to deserve its confidence than the chosen Liberal candidate of the combined Universities constituency of Edinburgh and St. Andrews. In this capacity Mr. Erichsen recently delivered an address to the electors, in which he clearly expressed his views; and, in a manner that must be generally approved, he declared that for him Party politics occupied a very minor position as compared with the vastly more important matters of national health, and the advancement of the medical profession in a way

to promote the general welfare of the community. The question of reform in the profession naturally occupied the attention of the orator, and while agreeing with him on points of policy, we must urge upon Mr. Erichsen to be more exact in his illustrations. In order to show the disproportion between the representation of medical bodies on the General Council, that is as between Scotch and English Universities, he instanced Durham as being a very small school, and as having an insignificant number of graduates. Now in respect to the number of its graduates actually and yearly, Durham will certainly compare very favourably with Oxford or St. Andrews; and its importance as a teaching centre has certainly much to be said in its favour. We do not, however, in any way dissent from the conclusion drawn as to the need for re-adjusting representation on the Medical Council; but the way in which the need has been enforced in this particular instance was surely a little unfortunate. Mr. Erichsen very properly insists that the status of the profession suffers from inadequate representation, inasmuch as it cannot exercise sufficiently direct influence upon legislation, owing to the paucity of its members in the House. This is an undoubted fact, as also it is that the public suffers through the same cause, owing to the crude manner in which great measures of sanitary reform are discussed by a body of men unlearned by the presence within it of experts in the ways and means of hygiene. We sincerely trust that Mr. Erichsen will be the chosen representative of the constituency he is courting, in the next Parliament, and that he will meet at Westminster a goodly number of his professional brethren who, like himself, shall be entrusted with the duty of legislating for the British public.

#### Suicide of Dr. O'Connor.

A PAINFUL feeling of regret has been aroused by the death, through suicide, of Dr. Maurice O'Connor, senior resident medical officer at St. George's-in-the-East Infirmary. It will be remembered that certain charges have been brought against officers of this institution, and that an inquiry into the circumstances was ordered by the Local Government Board. The investigation was opened on Monday, the 3rd inst., before Mr. Woodhouse, and was in progress when Dr. O'Connor committed the rash act which led to his death, and to which it is assumed he was driven by the mental strain under which he had for some time been suffering, owing to the unfortunate occurrences alluded to. Dr. O'Connor was about to be examined, as he thought, by Mr. Bealey, in relation to the allegations brought against the Matron of the Infirmary, and he was seen to be much agitated when the examining counsel declared that he had no questions to ask Dr. O'Connor. The latter at once left the room, and, proceeding to his own bedchamber, he swallowed no less than twelve grains of strychnia. Medical aid was forthcoming immediately, and every effort made to counteract the influence of the poison, but in vain, and the result was as stated above. An inquest was held the following day by Sir John Humphreys, when a verdict of suicide while temporarily insane was returned. The deceased was sixty-two years

old, and leaves an invalid wife to mourn his loss. On the sad event becoming known the official inquiry was immediately suspended.

### The Royal Free Hospital.

THE annual report of the Royal Free Hospital for the year 1884 has just been published, and presents a very favourable account of the position of the charity. The total receipts for the twelve months reached £16,206 7s. 11d., while the expenditure, including repayment of a loan of £1,000 from the Bankers, was £12,590 4s. 9d., thus leaving a full balance of more than £3,600. Of this amount £1,450 has been invested, and a balance in hand left of £2,165 9s. 8d. The patients relieved in the year numbered 22,758, 1,940 of them being in-patients. There died in the hospital 153; discharges, cured or relieved, reached 1,643, and there were in hospital on December, 31st, 1884, 137 persons under treatment.

### A New Cure for Cancer.

ANOTHER addition to the long list of so-called "Cancer Cures" is chronicled by the *New York Medical Record*, the fresh claimant being a plant called alveloz, the habitat of which is Brazil. The active part of the shrub is the juice, which has a strong cauterising effect, and which is brushed over the surface of the cancerous sore with a camel-hair pencil. Twenty-four hours after the application lint dipped in arnica and water is to be spread on the cancer, and subsequently a fresh application of the alveloz juice made. Inflammation is set up by the remedy, and cicatrisation is ultimately obtained, the good result being vouched for in many cases by Mr. S. S. Schindler, who has written an account of many hitherto unknown Brazilian plants. The same authority asserts that among these are no less than three hundred and twelve which possess high medicinal value, and of which the materia medica is as yet not cognisant, and many of them are said to possess the most remarkable properties. It might be worth while to send out some one from here to report on this superfluity of remedial products, with a view to discovering how far the enthusiasm of Mr. Schindler has led him astray, and to what extent the natural wonders he describes have a real existence in fact.

### Medical versus Legal Coroners.

WE observe that Dr. Cahalan, of Nenagh, is opposed for the coronership of North Tipperary by a solicitor. There is an universal consensus of opinion that this place should be held by a medical man. In such a situation circumstances must from time to time arise with which we think a layman must be unable to deal. We consider that only a medical man can possess that knowledge of the causes of death which would enable the coroner to vindicate the rights of the public in cases of foul play. And our opinion in this case is borne out by the report of the Select Committee of the House of Commons on the qualification required for the post. We wish Dr. Cahalan all success.

### The late Dr. Graham, of Liverpool.

THE sad and untimely death of Dr. A. F. Graham, of Liverpool, has left his young family of four children without any provision for their maintenance and advancement in life. A committee has been formed with a view of raising a fund to place them, as far as possible, in a position to maintain themselves. Dr. Graham was so much respected and so highly esteemed by all who knew him that the committee hope to receive a very generous response to their appeal. The subscription list is headed by a subscription of £100 from the Liverpool Reversionary Society, and one of £21 from Dr. Barr, and it represents a considerable sum, but a large sum of money is still required to enable the committee to carry out the objects which they have in view. Dr. James Barr, M.D., 1 St. Domingo Grove, Liverpool, will afford all required information.

### The Apothecaries' Hall of Ireland.

AT the annual meeting of the Governor and Council, convened by the statute of incorporation, on the 1st inst., the following members were duly elected as office-bearers for the ensuing year:—Governor: Robert Montgomery. Deputy-Governor: Edward J. O'Neill. Court of Directors and Examiners: E. W. Bolland, Thomas Collins, John Evans, A. Harvey, Charles Holmes, Charles H. Leet, Charles Moore, H. P. Nolan, Richard S. O'Flaherty, Sir G. B. Owens, John Ryan, James Shaw, George Wyse. Representative on the General Medical Council: Thomas Collins. The revision of the preliminary and professional curriculum, in accordance with the recent "recommendations" of the General Medical Council was submitted to the meeting, and, being approved of, was ordered to be printed.

### The International Pharmaceutical Congress.

THE President and Council of the British Pharmaceutical Conference have appointed Dr. F. J. B. Quinlan, Fellow and Censor of the King and Queen's College of Physicians in Ireland, and Professor of Materia Medica in the Catholic University, as delegate to represent them at the International Pharmaceutical Congress which will be held in Brussels at the end of this month.

### Removing Microbes from Water.

PROFESSOR FRANKLAND has recently made a series of experiments on the relative efficiency of filtration, agitation with solid particles, and precipitation as a means of removing micro-organisms from water. His method was to determine the number of organisms present in a given volume of the water, before and after filtration. The filtering materials were greensand, silver sand, powdered glass, brickdust, coke, animal charcoal, and spongy iron. These materials were all used in the same state of division, being made to pass through a sieve of forty meshes to the inch. Columns 6 inches in height were used. It was found that only greensand, coke, animal charcoal, and spongy iron wholly removed the micro-organisms from the water filtered through them, and that this power was lost in every case, after the filters had been in operation a month. With the exception of the animal charcoal, however, all these substances, even after being in opera-

tion for a month, continued to remove a very considerable proportion of the organisms present in the unfiltered water; and in this respect coke and spongy iron occupied the first place. Water containing micro-organisms was also agitated with various substances in the same state of division as above mentioned, and after subsidence of the suspended particles, the number of organisms remaining was determined. A gramme of substance was in general agitated with 50 c.c. of water for a period of about fifteen minutes. It was found that a great reduction in the number of organisms could be produced in this way; and the complete removal of all organisms by agitation with coke is especially to be remarked. Precipitation by "Clark's process" also showed that it affords a means of greatly reducing the number of these organisms in water. Dr. Frankland concludes from his experiments that although the production in large quantities of sterilised potable water is a matter of great difficulty, involving the continual renewal of filtering materials, there are numerous and simple methods of treatment which secure a large reduction in the number of organisms present in water.

#### Heat as an Oxytocic.

DR. W. B. ARBERRY writes, in the *New York Medical Record*, on the employment of heat as a means of stimulating the contractions of the womb in cases of labour which do not proceed with satisfactory rapidity. He reports four cases in which this practice proved successful, convulsions having complicated matters in three instances. In all slight teasing pains had continued for some hours, and no progress resulted from them, the patients being thereby much worried and disheartened. His plan is to apply hot "mush" poultices, as hot as can be borne, over the fundus of the womb, and maintain them in succession until labour is completed. In each of the cases quoted the result proved most satisfactory, and in one after large quantities of ergot had been administered without producing the desired effect. It is quite possible that this kind of uterine stimulation might be of service in cases of inertia where no obstacle to delivery exists, and it seems at least worthy of being tried more extensively as a means of putting a limit to protracted labours.

OXIDE of zinc, according to Professor Peterson, of Kiel, is just as good as iodoform in the treatment of wounds, is not poisonous, is cheaper, and does not smell offensively.

PASTEUR'S method of vaccination for cattle-plague has proved completely successful in India for elephants, horses, asses, cows, buffaloes, and sheep.

DR. GOODHART has been selected to deliver the Bradshawe Lecture at the Royal College of Physicians of London on Tuesday next, August 18th. The subject chosen is "Morbid Arterial Tension." All practitioners are admitted on presentation of their card.

IN recognition of the eminent services rendered to the Royal College of Surgeons by Sir Jas. Paget, Bart., it has been decided by the Council to request that gentleman

to sit for a marble bust, to be executed at the expense of the College and placed in some suitable position in the College buildings.

NASAL polypi, it is said, can be readily cured by the injection of a solution of a scruple of tannic acid in a fluid drachm of water. Ten to twenty minims of the solution are to be injected into the polypus. The polypus shrivels, dries up, and comes away without pain or trouble.

WE understand that it has been decided to withhold from publication the Report of Drs. Klein and Gibbes upon Koch's discoveries in relation to the germ theory of cholera, until the conclusions of a Committee appointed by the Secretary of State for India with reference to that Report are also ready.

IN view of the possible approach of cholera to Great Britain, precautions are being taken in accordance with the Government inspectors' advice at all the sea towns round the coast. The port of London is zealously watched, and as much as £4,000 is being spent weekly in deodorising the Thames at the sewage outfalls.

WE desire to state that the report contained in the *British Medical Journal* of the proceedings of the Association in reference to Dr. Jacob's motion in favour of the active organisation of the political influence of the Association at the coming general election is absolutely untrue and garbled, and would, if believed accurate create a false impression. The statement that "members had been called on to make up the requisite number to make a meeting to hear the speaker propose his motion" is, we are authorised by Dr. Jacob to say, totally false. Moreover, the *British Medical Journal* has suppressed the fact that the members who left the room in order to reduce the number present below the necessary quorum were exclusively the members of the Council, and that they were led away by the Editor of the *Journal*, who himself moved the count out. The fact is also suppressed that the meeting was so completely unanimous in favour of Dr. Jacob's resolution that the President stated from the chair that those who were about to support it need not speak. The fact that the *British Medical Journal* has been guilty of deliberate misrepresentation is hardly worthy of notice, but that the gentlemen who form the Council of the Association should allow themselves to participate in such tricks to carry out the policy of the Editor is not calculated to encourage any hope that, in other more weighty matters, they will be less easily led by the nose.

### Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

THE CRIMINAL LAW AMENDMENT BILL.—What is termed an indignation meeting of men was held on the 4th inst. in the Free Assembly Hall, Edinburgh. There was a crowded attendance, and several prominent citizens of Edinburgh attended. The Lord Provost, it appears, had refused to call a public meeting of the citizens to discuss

this question, and his having done so gave offence to this meeting. Professor Calderwood presided, and having explained that they were met to give expression to their grief at the disclosures contained in the *Pall Mall Gazette*, expressed his opinion that the Criminal Law Amendment Bill was passing the House of Commons now as it could not have passed, but for the horrible disclosures of that paper. They were met with ample evidence of the depth of feeling which had been stirred by these occurrences. The demand for petitions amongst the women in the city had been so very large that it could not be met, and already the women of Edinburgh had sent 3,000 signatures to the House of Commons with reference to the subject. He himself had been waited upon, in connection with this matter, by a representation of the students of the University and by the medical men of the city, while a committee of the working-men of the city had been formed; and the ministers and members of the legal profession had prepared a petition to the Lord Provost asking him to call a public meeting. All round they had evidence that feeling was rising, and he hoped the result would be such practical measures as would not merely help Parliament in carrying the Criminal Law Amendment Bill, but to secure some permanent Vigilance Committee, who would do something strong and hearty. Rev. George Wilson moved—"That this meeting regards with deep grief the disclosures of low morality, base deception, and heartless cruelty made public by the *Pall Mall Gazette*, and generally endorsed by the Committee of Investigation, and recognises in these enormities, which there is reason for fearing are perpetrated to some extent in all our large cities, a solemn call for national humiliation before God, and for an earnest effort by all Christians to elevate the moral and religious life of the country, specially seeking the spiritual good of those separated from social and religious advantages, and those of all ranks of society openly despising justice and righteousness." Mr. James Thom seconded the motion, which was unanimously adopted. Rev. Dr. Whyte moved—"That this meeting, desiring the legal protection of young girls, approves of the provisions of the Criminal Law Amendment Bill, which places in the list of crimes seduction of young girls, procuring for prostitution, and keeping houses or places of business where prostitution is allowed; this meeting further expresses approval of imprisonment for fine as punishment for this, and earnestly desires that clause 9 of the Bill against solicitation on the streets be retained as essential for protection." Dr. Whyte expressed his regret that the press had been so silent on this question, and had not led public opinion as it did on most great questions. The motion having been seconded by Rev. Mr. Meredith, and supported by Mr. A. Telfer, was adopted. On the motion of the Rev. Dr. MacGregor, seconded by the Rev. G. S. Woodrow, it was also resolved to petition in favour of the Criminal Law Amendment Bill, and requesting that the age of girls should be raised from 16 to 18 for protection.

**RIDICULOUS ERROR IN DIAGNOSIS BY A MEDICAL STUDENT.**—Some days ago, in the parish of Inchinan, near Paisley, a body was found in the river Cash near the "water-tub," as the Paisley people, with accurate nautical phraseology, term this locality. The body having been examined by a medical student, was declared to be that of a woman. The circumstance was notified to the registrar of births and deaths, and the body was interred at the expense of the parish in the parish churchyard at Inchinan. The local police-constable, on being made aware of the matter, reported it to the Procurator-Fiscal for the county, who at

once ordered the body to be exhumed in order that identity and cause of death might be ascertained. This was done on Monday, the 3rd inst. The shell was opened, and the doctor, who had been sent from Paisley to examine the remains, found, instead of the body of a woman, that of a dog, which had been in the water so long that it had become hairless and considerably out of shape. The dog was quickly interred, but at a respectable distance from the churchyard!

**MORTALITY IN GLASGOW.**—The low death-rate of 21 per 1,000 has to be recorded for Glasgow for the week ending with Saturday, the 1st inst., as compared with 24 in the previous week, and 24, 25, and 24 in the corresponding periods of 1884, 1883, and 1882 respectively.

**EDINBURGH UNIVERSITY.—GRADUATION CEREMONIAL.**—The graduation ceremonial which usually follows the summer session, and which is primarily set apart for the "capping" of graduates, took place on Saturday, the 1st inst., within the United Presbyterian Synod Hall, Edinburgh. The galleries and the area below them were, as usual, crowded with the friends of the graduates, while the central area was occupied by those about to receive degrees.

**THE HEALTH OF EDINBURGH.**—The report of the medical officer of health relating to the month of July was on the 4th inst., presented to a meeting of the Public Health Committee of Edinburgh Town Council. The number of deaths during July was 293, giving a death-rate of 13.98 per thousand of the estimated population, as compared with a death-rate of over 17 per 1,000 for the corresponding month of last year, and of the five preceding years. Of the deaths 103 were registered as under five years of age, 128 as between five years and sixty years, and 61 as above sixty years. The deaths from disease of the chest numbered 85, or 29 per cent., while 35 deaths, or 11.98 per cent., were due to debility and old age. Diseases of a zymotic nature proved fatal in 16 cases, or 5.47 per cent. of the total mortality. During the month there were 331 cases of infectious diseases reported in terms of section 208 of the Municipal and Police Act, 1879. These comprise 38 of typhoid fever, 6 of diphtheria, 89 of scarlet fever, and 198 of measles. The births registered during the month numbered 575, or 27.3 per cent. of the estimated population, of which 291 were males and 284 females. There were 45 illegitimate births.

For the week ending with Saturday, the 1st inst., the mortality in Edinburgh was 67, and the death-rate only 14 per 1,000. Diseases of the chest accounted for at least 20 deaths, and zymotic causes for 3, of which 2 were due to fever, and 1 to scarlatina. The intimations for the week comprised—Fever 5, diphtheria 3, scarlatina 28, and measles 50.

### Correspondence.

#### SUSCEPTIBILITY TO STRYCHNINE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The following very vivid description of the results of a full dose of liquor strychnia may be interesting to your readers. The drug was in a mixture kept ready for use, and was given in the same dose to three other patients on the same day. The remarkable effects here detailed are evidently due to some idiosyncrasy in the patient. I may add that I subsequently found he had had chorea three times, and that he was at the time in a low, depressed, nervous condition. The following was written to me at my request.

Yours, very truly,

M.D.

London.

"About ten minutes after I had taken one dose of mixture, while writing, I felt I was unable to turn round to



speak to a customer who was behind me, and I answered him without looking at him. This was my first peculiar symptom, and he referred to it as strange on seeing me the next time. About three minutes afterwards I felt I wanted air, and called to the lads to open the door at the end of the shop (outer door), this was hardly done when I felt a swimming sensation through the head, faint, peculiar in the eyes, misty, all in a minute. I called for assistance, endeavoured to get to the door, a lad on each side of me, then came a rush all over me, a sort of shattering to pieces of all my lower regions, was drawn off my legs, but being supported by a strong fellow on one side, was got to the door; this passed while being assisted about twenty feet. Arriving at the door I stood there feeling faint, and this not passing off with the air I was compelled to sit down, then these feelings of being shattered to pieces returned, with pain and not similar to the first, but a more dragging sensation, drawing me up, and as I sat compelling me to turn my feet to the left and my head towards them, drawing my hand (right only, my left holding the seat of chair firmly) into a fist, and curling my fist to my wrist and towards my chin. I fancy I fixed my right arm through the back of the chair, as my back seemed to be drawn so painfully, hence my arm and hand being up, going to my chin, I should say. I was forming nearly a semicircle, prevented doing so entirely by the back of the chair. This passing over I was given some brandy and water, but I could not hold the glass to my mouth; directly I moved my mouth to drink from the glass my right hand was curved round and drawn up to the wrist again, my chin felt peculiar and stiff. If I tried to move, to stand up, or shifted one of my legs I had these terrible shattering feelings making me Oh-o-o-o! and try to pull myself together. I could only speak as if I were paralysed in the throat in that peculiar weak manner, all of one tone, and was bound to close my eyes to speak. For some half hour I was like this, and afraid to attempt to stand or move, but at last I did so, and having raised myself on my legs, could not get my body up from the waist, but on standing up at last, could get along with assistance, but lost all power of supporting myself down a step. With the greatest difficulty I was pulled into a carriage, not being able to raise myself on to the step. All my nerves were at work. If I raised my leg from the ground, sitting down, it was drawn gradually. I felt as if there were a cord down the calf of the left leg—left leg only—drawn up. About two hours after I had taken the mixture I found the same difficulty in taking anything; directly I put a spoon to my mouth and lowered my chin, I felt a fixed sensation which made me nervous, and I gave up the beef-tea I was endeavouring to swallow. In taking off my boots, if my legs were stretched out and the boot pulled I had the electric shock right through it, but if I curled my leg *inwards* and pulled my boot off myself in the usual manner I felt nothing that I recollect. For some three or four days I suffered from restlessness at night, no circulation in my body (at night only), insecurity on my feet, great difficulty in supporting myself on the one foot in coming down stairs. On returning to my work in about five days, for about a week I was driven on, so to say, in speech and writing, particularly the latter. It seemed impossible to help making mistakes in this way. I addressed a letter Mrs. Ashton instead of Mrs. Salmon, Ashton Keynes, Mrs. Usk instead of Mrs. Gastard, Usk, and in many instances wrote the following word instead of the one I should have written. Great nervousness also annoyed me very much—banging of a door, or if a dog ran out of a gate startled me. I imagined Hansom cabs running away during my walk to and from business.

I may mention that the only time I lost consciousness was for the few seconds I was being assisted to the door for air, when the first shattering of my nerves took place, while a doctor called in was taking my temperature under my tongue.—he was telling me "now don't bite it," and in trying to hold myself very still, *and not bite the top of his pencil case off with chloroform in as I thought*, this seemed to calm me. I had something to think about, and this tended to control my nerves, at least I thought so, it was after this I was removed, and it convinces me how important it is that anything happening to upset the nervous system, should be counterbalanced by something to calm them. Had either of the two medical men I called in, given me something, if only cold water, assuring me I should have relief in a minute, and not told me what it was, I should have recovered more quickly, it would have given me confidence in myself, whereas

I had none and thus became more nervous and more frightened, and my great anxiety was to find the someone who would give me the one thing, I felt necessary to set me right. Of course I had great palpitation of the heart, and I felt that might settle me.

I have written as clear an account as I am able of my unfortunate affair, and hope it may be useful to you.

Yours truly,  
M.

## Literature.

### SURGICAL DELUSIONS AND FOLLIES. (a)

THIS little book, which can easily be read through in an hour, is stated on the title-page to be a revision of the Address in Surgery for 1884 of the Medical Society of the State of Pennsylvania.

As may be expected from its title, it contains many trite remarks and blows at time-honoured customs. Though replete with truisms and sound surgical doctrine, there is not much, if any, original matter to be found in it. Under the first half of the book devoted to surgical delusions, the opinion that chloroform is a safe anæsthetic is strongly combated; a mixture of chloroform and ether is also considered objectionable, as it still contains the dangerous ingredient. In this opinion we cordially concur. The author speaks strongly (as Mr. Hutchinson and others have done in England) of the so-called symptoms of compression not being due to displacing pressure exerted on the brain substance, and recommends the orthodox treatment of making an exploratory incision in all subcutaneous injuries of the head. We can hardly agree with him "that all depressed fractures with possible existence of splintering are to be immediately trephined" with utter disregard of the absence of all symptoms and the presence of the venous sinuses. If the splintering were *probable* trephining is laid down as a rule in all our text-books. Early removal of tumours, short confinement of fractures in splints, are surely universally adopted, but whether the following treatment for strangulated hernia is practical is a matter of opinion: "Taxis under ether, a half day's treatment with cold applications and morphia internally, and then a second moderate attempt at taxis, followed if unsuccessful by immediate operation." If a case be severe enough to be put under an anæsthetic not many surgeons would allow the patient to come round again with the hernia unreduced. Amongst other things, we are told that all styptics are useless, and that the practice of padding with cotton and tying up eyes that have been subjected to cataract operations is foolish, and needs loud-voiced condemnation.

Dr. Roberts likes ether administered on a napkin covered by a towel, and stigmatises all inhalers as possible vehicles of syphilitic saliva. In case the trachea becomes full of mucus during an operation the patient is to be turned over on the abdomen with the head dependent, but directions are not given if abdominal section is being performed. The subject of damage done to healthy tissues by tourniquets or elastic bandages placed on a limb while awaiting reaction prior to amputation is ably handled. It is insisted upon that the bandage should be firmly applied *upon or just above* the damaged tissues. We are told that rusty iron wire for sutures is not objectionable, that clean towels obtained at a patient's house are sure to be aseptic, and that lead and opium lotion for contusions is useless. That the aspirator is of more use as a means of diagnosis than as a means of treatment is very true, as collections of pus are often repeatedly aspirated when a free incision is indicated. Altogether this little book is interesting, and is sure to afford considerable instruction.

### ELIJAH THE PROPHET OF FIRE. (b)

DR. BIGGER has found time amid the engrossing cares of practice to woo the epic muse; and his present effort, although not so ambitious as the "Collegians," is a creditable

(a) "Surgical Delusions and Follies." By John B. Roberts, A.M., M.D., Professor of Anatomy and Surgery in the Philadelphia Poly-clinic, Philadelphia: P. Blakiston, Son, & Co. 1884.  
(b) "Elijah the Prophet of Fire." By S. Lenox Bigger, M.D. F.R.C.S. Dublin: Hodges & Figgis. 8vo. Pp. 140.

piece of sacred poetry. It is admirably got up and printed, and is illustrated by a number of fine etchings. These are full of taste and genius. We would particularise Hagar and Ishmael at p. 34; and still more the follower of Elijah on the watch on the crest of Mount Carmel, at p. 62; this latter is very fine. These etchings are understood to be the work of a young lady artist.

**Obituary.**

**PATRICK WILLIAM EARL, OF DUBLIN.**

ONE of the few surviving analytical chemists of the old school has just passed away from our midst in the person of Patrick William Earl, whose decease took place on Tuesday, the 4th inst., at his residence, 40 Westland Row. Mr. Earl came of an old Irish family, the Errills (Anglicised Earl), of Carbury, co. Kildare, where a near relative of his, the Rev. Edward Errill, was parish priest in the time of the celebrated Bishop Doyle. At an early age the deceased became the pupil of the late eminent Dr. John Aldridge, Professor of Chemistry in the Cecilia Street School of Medicine, and succeeded Dr. Aldridge in the management of a large manufacturing laboratory attached to the establishment of Messrs. Bewley and Evans in this city, in which laboratory he spent his health, strength, and talents for a period of forty years, till the firm was about being merged into a limited liability company seven years ago. Mr. Earl, at that time broken down in health by his long exertions and the deleterious nature of his avocations, received a shock which laid him on a bed of suffering from which he never rose, in the reception of a notice dispensing with his further services, on the ground of the pending alterations in the firm, and giving him no compensation for the faithful services of a lifetime. The deceased was well known as a talented member of his profession, though a natural diffidence which he possessed prevented his name coming much under public notice. In view of the Royal Commission now sitting on the industrial resources of Ireland, it may be of interest to state that Mr. Earl took an active part at one time in an undertaking set on foot by Lord George Hill, Sir James Dombraim, Dr. Aldridge, and others, for the purpose of obtaining iodine and the various valuable salts found in seaweed by a process known as McArdle's.

Amongst the many chemists who graduated under the deceased, and who now occupy high positions throughout the United Kingdom and America, may be mentioned the name of our present City Analyst, Sir Charles Cameron, M.D., President of the Royal College of Surgeons.

We understand that his widow, who, up to the present, with her invalid husband, has been entirely dependent on the exertions of their children, will shortly bring out one of the many valuable medical preparations invented by the late Mr. Earl, for the benefit of herself and family.

**Medical News.**

**The Medico-Psychological Association.**—The annual general meeting of this Association was held at Queen's College, Cork, on the 4th August, under the presidency of Dr. J. A. Eames. After a vote of thanks to Dr. Rayner, the retiring President, Dr. Savage, of Bethlem Hospital, was elected President for the next year. The Association considered and approved of a scheme for the granting of certificates in Psychological Medicine, and a paper was read by Dr. Hack Tuke on a case of Moral Insanity. At the adjournment for luncheon a visit was paid to the Cork District Lunatic Asylum, which contains nearly one thousand patients, and which includes, among other well-ordered arrangements, a very complete system of Turkish baths. At the afternoon sitting an address was delivered by Dr. Eames, and the members of the Association afterwards dined together at Queenstown, which rising place, it was stated, had never before been chosen for a scientific association's meeting. On the following days excursions were made to Killarney and other places.

**University of London.**—The following is a list of candidates who passed the recent Intermediate Examinations in Medicine (entire Examination):—

*First Division.*—John H. Abram, Evelyn O. Ashe, Percy Ashworth

B.Sc., Marnaduke Bannister, George Black, Ernest H. Brock, Robert J. Carter, Walter S. Calman, Samuel Cuff, Henry P. Dean, B.Sc., Edward Deanealy, Horace Duncan, Frank Fawcett, Theodore Fisher, George T. Gifford, Thomas C. Gilchrist, Cyril W. Jecks, Harold Johnson, Alfredo A. Kanthack, B.A., George H. Lang, Milton P. Ledward, William J. Maillard, Hyde Marriott, B.Sc., William P. May, B.Sc., Brian Melland, Alfred A. Mumford, George H. O'Reilly, Ernest B. Randall, George E. Rennie, B.A., Sydney John L. Roberts, B.A., B.Sc., Harold K. Roper, Ernest A. Sadler, Harry A. Sansom, Ramon A. Sawyer, Arnold Scott, William A. Slater, B.Sc., Guy B. Smith, Reginald V. Solly, Ernest H. Starling, William P. Stocks, Henry Symonds, Frederick H. Taylor, Alfred H. Tubby, John O. Tunstall, John Wilkie, William G. Williams.

*Second Division.*—Arthur Baxendell, James T. Bayes, Lewis T. F. Bryett, Solomon Bueno de Mesquita, James J. Buist, Cyril C. Barrow Burt, John T. Calvert, Henry E. L. Canney, Herbert A. W. Coryn, Rainsford F. Gill, Wilfred T. Grenfell, Nathan C. Haring, Edwin B. Hastings, Arthur E. Hensley, Henry T. Kelsall, Isabella M. Macdonald, Ludovic W. D. Mair, Enoch Moss, Henry A. L. Pope, Philip N. Randall, John J. Redfern, Bernard Relton, Joseph C. Rosell, Charles F. Routh, Frank P. Sarjant, Ernest H. Snell, Theodore M. Stiles, Stuart A. Tidey, Herbert E. Vincent, Howard P. Ward, Helen Webb, John P. Williams, Marcus G. Yunge-Bateman.

*Including Physiology.—First Division.*—Charles F. M. Althorp, Arthur E. Glee, John E. Gould, Francis Harris, Berkeley G. A. Moynihan, John A. Shaw, Christopher P. Spink, Frank A. Spreat, William E. Tresidder, Joseph W. Winterburne.

*Second Division.*—Frederic W. Abbott, George Barlow, Richard O. Bowman, Arthur T. Brown.

*Physiology only.—Second Division.*—William H. Kelson, Charles P. Oliver, William N. Bardon, Arthur H. L. Stewart.

**University of Glasgow.**—The following degrees have been conferred during the Summer Session, 1885:—

*Doctor of Medicine.*

- |                                 |                       |
|---------------------------------|-----------------------|
| Gibb, Wm. F., M.B.              | Maclean, Peter, M.B.  |
| Glaister, John, M.B.            | Macleod, Donald, M.B. |
| Green, Edward F. S., M.B.       | Macvic, William, M.B. |
| Herbertson, J. C., M.B.         | Parker, James, M.B.   |
| * Mackay, J. Y., M.B., Scotland |                       |

\* Highly commended for Thesis. † Commended for Thesis.

*Bachelor of Medicine and Master in Surgery.*

- |                        |                          |
|------------------------|--------------------------|
| Alexander, Archd. S.   | Miller, Robert A.        |
| † Alexander, Samuel P. | Mitchell, Trafford       |
| ‡ Allan, John          | Muir, David C.           |
| Allan, W. Carrick      | Muir, Wm. C. C.          |
| Baird, Samuel J.       | Munro, Alex.             |
| Bankier, Alexander M.  | M'Arthur, James I.       |
| Bennerman, George G.   | ‡ M'Crindle, James R. B. |
| Bell, Charles W.       | MacDonald, John A.       |
| Browne, H. Duncan      | M'Kean, Alex.            |
| Buchanan, H. Dryden    | Mackechnie, C. A.        |
| Buchanan, John         | Mackelth, John           |
| Buchanan, William      | Mackie, John             |
| Butchart, Wm., M.A.    | Maclean James N.         |
| ‡ Cameron, J. Wilson   | Macquarie, John A.       |
| Campbell, Wm. D.       | ‡ MacTaggart C., M.A.    |
| Chalmers, Quintin      | Neilson, Henry J.        |
| Christie, Wm. W.       | Urr, John F.             |
| Connor, George M.      | Parker, James            |
| Court, Charles         | Paterson, W. W.          |
| ‡ Cowen, B. Stewart    | Richmond, Andrew         |
| (ross, David K.        | Ritchie, John            |
| Currie, Donald         | Robertson, J. A., M.A.   |
| Downie, Wm., M.A.      | Robertson, James A.      |
| Duff, James K., M.A.   | Roxburgh, David          |
| ‡ Dunlop, James, M.A.  | Roy, Pramath Nath        |
| Foster, Henry S. H.    | Rutherford, T., B.A.     |
| Gibson, John E.        | Sandeman, Walter         |
| Gilroy, Robert C.      | ‡ Scanlan, Joseph        |
| Graham, John           | Semple, Wm. M.           |
| ‡ Gray, William Lewis  | Seright, William         |
| Hamilton, Adam         | Smith, J. C. A.          |
| Hicken, Herbert        | Sprott, Gregory          |
| Hogg, John             | Storer, David H.         |
| Holme, Wm. J.          | Temple, Charles D.       |
| Horne, Joseph          | Wallace, Robert          |
| Hughes, John           | Wands, James             |
| ‡ Huntly, Wm., M.A.    | Watson, James            |
| Johnston, David G.     | Watson, William          |
| Kirkland, William      | Whish, Charles           |
| Leing, J. Begbie       | * Wilson, Andrew         |
| Marshall, George       | Wright, John C.          |
| Marshall, John         | ‡ Wright, John S.        |
| Marshall, Joseph G.    | Young, Robert E.         |
| Miller, Alfred E.      |                          |

† High Commendation-

‡ Commendation.

\* High commendation. Also gained the Brunton Memorial Prize of £10 awarded to the most distinguished medical graduate of the year (1885).

**Royal College of Surgeons of England.**—The following candidates having passed the required examinations for the diploma, were admitted Members of the College on Monday, August 3rd:—

- |                             |                                |
|-----------------------------|--------------------------------|
| Davenport, Arthur Frederick | Shade, Julius Hermann Alfred   |
| Foster, Francis Wheldale    | Spencer, Walter George         |
| Harney, Thomas R. Aloydus   | Sympson, Edward Mansell        |
| Owen, Samuel Walsh          | Thane, George Herbert          |
| Powne, Leslie               | Washbourn, John Wickenford     |
| Rawes, William Maer         | White, Frank Faulder, L.R.C.P. |

The following were admitted on August 4th:—

Anderson, Adam Rivers Steele  
Andrews, Edward Collingwood  
Beale, Thomas Miles  
Burd, Edward Lycott  
Child, Letterstedt Frederick  
Dreaper, William Grey  
Hart, George,  
Martin, Francis G. Clifton, L.S.A.  
Matthias, Hugh, Brodric  
Mourliyan, Edward Pain  
Nicholls, Hubert

The following were admitted on August 5th:—

Chapple, A. D., L.R.C.P. Lond.  
Dagg, Trevor Augustus, L.S.A.  
Lavis, Harry Brandrett, L.S.A.  
Lermitte, Charles Gower, L.S.A.  
Lloyd, Percival A., L.R.C.P.  
Lond.

Royal College of Surgeons in Ireland.—The following candidates have been admitted Fellows of the College after examinations:—

Broomfield, Humphrey | White, George B.

O'Connor, William Patrick  
Parker, Joseph Edmund  
Shadbolt, Lionel Pierpont  
Sharland, Arthur  
Smart, William Herbert  
Sutton, Alfred Martin  
Travis, George Lewis  
Upham, Charles Hazlett  
Watson, William Jones  
Whittaker, Joseph  
Williams, Herbert Leader

Lynch, George Wm. A., L.R.C.P.  
Lond.  
Raghib, Edmund, L.S.A.  
Reed, Henry A., L.R.C.P. Lond.  
Wilson, Albert, L.R.C.P. Lond.

## Notices to Correspondents.

A FELLOW (Edinburgh).—As anticipated in our last issue, it has now been finally decided to abandon the Bill for the present session.

MARYLEBONE.—We do not care to express an opinion while the case is *sub judice*.

MIDLANDS.—It is hardly a question we should care to answer, not knowing the full circumstances of the case. We would rather counsel you to consult one of the recognised medical agents, who would be in a better position to advise the best course to pursue.

MR. F. E. R. (Manchester).—It is so manifestly a puff that it will carry its own condemnation. We prefer not to give it the additional publicity of our columns, and would advise you also to take no notice of it.

DEAN.—Our Students' number will be published on September 23rd. We shall be glad to receive the particulars.

COTTAGE HOSPITAL.—1. Donville's "Manual for Hospital Nurses and others Attending the Sick." 2. Naphey's "Modern Medical Therapeutics," or Ringer's "Therapeutics." 3. Fothergill's "Diet for Invalids."

A COMPLAINING AUTHOR has not enclosed his card in evidence of good faith.

DR. STORMONT.—The use of a back splint is advocated by many practical surgeons. We have, however, seen equally good results without it; and, unless really deemed necessary, we should advise its omission.

MR. GETTING.—The name is not one commonly met with in this country, and we are not acquainted with the surgeon in question. We have made the inquiry you request, but without result.

MR. PARTINGTON.—You had better consult a specialist, and adhere strictly to the instructions he gives.

MR. J. L. WELDON.—Strict attention to cleanliness and a careful abstinence from stimulants on the part of the patient will do more than medication in such a case. Tonic remedies would also be productive of good.

DR. JARREWAY will please accept our thanks for his communication.

DR. CAMPION.—The present edition of Holmes' Surgery is in three volumes only; the preceding (second) edition was published in five volumes. Messrs. Baillière & Co. will supply the work on your order.

A LADY STUDENT.—We must refer you to your teacher, to whom alone such questions should be addressed.

MR. MATTHEW BELL.—The small work entitled "Aids to Medicine," by Dr. Armand Semple, is said to be useful to students under certain circumstances.

DR. JAMESON.—Fractured olecranon very rarely unites, but a good limb, and useful, is as a rule obtained.

MR. ARNOLD.—The subject shall have early attention, and you shall be communicated with on the matter.

### OPERATION DAYS AT THE LONDON HOSPITALS.

MONDAY—Hospital for Women, 2 p.m.—Metropolitan Free, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Orthopaedic, 2 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Mark's, 2 p.m.  
TUESDAY—Cancer Hospital, Brompton, 3 p.m.—Guy's 1.30 p.m.—St. Mark's, 9 a.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Westminster, 2 p.m.—West London, 2 p.m.  
WEDNESDAY—Great Northern, 2 p.m.—London, 2 p.m.—Middlesex, 1 p.m.—National Orthopaedic, 10 a.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Samaritan Free Hospital for Women and Children, 2.30 p.m.—St. Bartholomew's, 1.30 p.m.—St. Mary's, 1.30 p.m.—St. Peter's, 2 p.m.—St. Thomas's, 1.30 p.m.—University College, 2 p.m.  
THURSDAY—Central London Ophthalmic, 1 p.m.—Charing Cross, 2 p.m.—Hospital for Diseases of the Throat, 2 p.m.—Hospital for Women, 2 p.m.—London, 2 p.m.—North-west London,

2.30 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. George's, 1 p.m.  
FRIDAY—Central London Ophthalmic, 2 p.m.—East London Hospital for Children, 2 p.m.—Guy's, 1.30 p.m.—King's College, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal South London Ophthalmic, 2 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Thomas's (Ophthalmic Department), 2 p.m.  
SATURDAY—King's College, 1 p.m.—London, 2 p.m.—Royal Free 9 a.m. and 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Bartholomew's, 1.30 p.m.—St. Thomas's, 1.30 p.m.

## Vacancies.

Brighton.—Sussex County Hospital.—Honorary Assistant Physician. Applications, with testimonials, to the Secretary, before September 2.  
Brompton.—Hospital for Consumption.—Resident Clinical Assistant Board, but no salary provided. Applications by August 15. (See advt.)  
Chatham.—St. Bartholomew's Hospital.—Assistant House Surgeon. Salary, £100, with board, &c. Endorsed applications to the House Committee by September 30.  
Lincoln County Hospital.—House Surgeon. Salary, £100 per annum, with board, lodging, &c. Applications, with testimonials, to the Secretary, on or before August 15.  
Mason Science College, Birmingham.—Demonstrator in Physiological Department. Applications on or before August 26.  
Reading.—Royal Berks Hospital.—House Surgeon. Salary, £90 per annum, with board and lodging. Applications, with testimonials, to the Secretary by August 15.  
Salisbury Infirmary.—House Surgeon. Salary, £100, with board. Applications to the Secretary by August 21.  
Stockton-upon-Tees Hospital.—House Surgeon (non-resident). Salary, £200 per annum. Applications, with testimonials, to the Secretary, not later than August 24.

## Appointments.

DRESCHELD, J., M.D. Wurz, F.R.C.P. Lond., Visiting Physician to the Royal Lunatic Asylum, Manchester.  
FIRMAN, C. G., L.F.P.S. Glas., M.R.C.S., Medical Officer for the Wandford District of the Stamford Union.  
FITZGERALD, W. E., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer for the Hoysthorpe District of the Spilsby Union.  
GILBERTSON, J. H., M.R.C.S., Medical Officer for the Second District of the Hitchin Union.  
HAWKINS, F. H., M.B., Physician to the St. George's and St. James' Dispensary, London.  
HOLLIS, E., M.D. Ed., Medical Officer of Health for the Woodbridge Rural Sanitary District.  
HOWE, J. D., M.R.C.S., L.S.A. Lond., Assistant Medical Officer to Monsal Fever Hospital, Manchester.  
JAMES, P., L.R.C.P. Ed., M.R.C.S., Medical Officer for the Western District of the Bridgend and Cowbridge Union.  
JOHNSON, G. H., L.R.C.P. Ed., M.R.C.S., Honorary Surgeon to the Teignmouth Infirmary.  
LANGDON, H. W., M.R.C.S., L.S.A. Lond., Medical Officer for the Seventh District of the Bath Union.  
MORRIS, E. F., M.R.C.S., House Surgeon to the York County Hospital.  
OWEN, R., L.R.C.P. Ed., L.R.C.S. Ed., Medical Officer for the South Sefton District of the West Derby Union.  
RANDALL, W., L.R.C.P. Ed., M.R.C.S., Medical Officer for the Bridgend District of the Bridgend and Cowbridge Union.  
SIMMONS, F., M.B. Ed., Resident Physician to the Chelsea Hospital for Women.  
SIMPSON, H., M.D. Lond., M.R.C.S., L.S.A. Lond., Visiting Physician to the Royal Lunatic Asylum, Manchester.  
THOMAS, D. J., L.R.C.P. Ed., M.R.C.S., Medical Officer for the Ogmores District of the Bridgend and Cowbridge Union.

## Births.

ADRIEN.—July 30, at Balbriggan, Co. Dublin, the wife of Edward W. Adrien, M.K.Q.C.P.I., M.R.C.S. Eng., of a son.  
BENNETT.—August 10, at Rawal Pindi, India, the wife of Surgeon-Major Bennett, of a son.  
LOVEGROVE.—August 5, at Nottingham, the wife of T. Ernest Lovegrove, M.R.C.S., of a daughter.  
O'CONNOR.—August 1, the wife of Bernard O'Connor, M.D., M.R.C.P., of a son.

## Marriages.

CAHILL.—NORTON.—July 27, at the Pro-Cathedral, Marlborough Street, Dublin, Thomas Emond Cahill, Physician and Surgeon, to Bridget (Bee), only daughter of William Norton, Esq., of Ballingarry.  
GILES.—SEACOMBE.—August 6, at Holy Trinity Church, Shrewsbury, Bernard F. Giles, M.D., of Wem, Salop, to Mary, eldest daughter of the late T. Harrison Seacombe, C.E.

## Deaths.

EARL.—August 4, at his residence, 40 Westland Row, Dublin, after long suffering, Patrick William Earl, Esq.  
FRANKLIN.—August 6, at his residence, Carlisle Terrace, Malahide, William Henry Palmer Franklin, F.R.C.S.I.  
FRENCH.—July 28, at Ballygar, Co. Galway, John Gay French, M.D., F.R.C.S. Lond., Surgeon-Major H.B.M.S., aged 46.  
LIVING.—August 2, at 22 Queen Anne Street, London, W., Frances Jane, the wife of Edward Living, M.D., aged 62.  
MILLIGAN.—July 26, at Hayfield, Thornhill, Dumfriesshire, John Laidlaw Milligan, M.D.  
NICHOLSON.—July 22, at his residence, 53 George Street, Hull, John Lee Nicholson, M.R.C.S., L.S.A. Lond., aged 66.

# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 19, 1885.

## CONTENTS.

	PAGE	PAGE
<b>ORIGINAL COMMUNICATIONS.</b>		
The Attitude of the Medical Profession in regard to the Signing of Certificates for Asylum Committal, and to Lunacy Legislation. By A. R. Turnbull, M.B. Edin., Medical Superintendent of the Fife and Kinross District Asylum .....	167	
The Emergencies of Surgery. Being a Course of Lectures Delivered in the Meath Hospital and County Dublin Infirmary. By Lambert Hepenstal Ormsby, M.D., F.R.C.S., Lecturer on Clinical and Operative Surgery, Surgeon to the Meath Hospital and County Dublin Infirmary, Surgeon to the Children's Hospital, &c. ....	159	
History of the Progress of Laryngology from the Earliest Times to the Present. By Gordon Holmes, M.D., Physician to the Municipal Throat and Ear Infirmary, London; Consulting Physician to the Sheffield Ear and Throat Hospital .....	162	
<b>CLINICAL RECORDS.</b>		
Large Multilocular Cyst of the Right Ovary; Small Cyst Attached to the left Broad Ligament; Ovariectomy; Recovery in Eight Days. Under the care of Dr. Thirlair .....	165	
<b>TRANSACTIONS OF SOCIETIES.</b>		
<b>ACADEMY OF MEDICINE IN IRELAND—</b>		
Notes of Visits to Contrexeville and Royat .....	166	
Primary Sarcoma of the Right Kidney .....	167	
<b>SANITARY DEPARTMENT.</b>		
Recent Outbreaks of Enteric Fever ....	167	
<b>SPECIAL ARTICLES.</b>		
The Volunteer Medical Staff Corps .....	168	
<b>LEADING ARTICLES.</b>		
THE MEDICAL PROFESSION AND LUNACY CERTIFICATES .....	169	
TRAFALGAR SLAVERY .....	170	
THE COMPENSATION OF IRISH WORKHOUSE OFFICERS FOR THE ABOLITION OF THEIR OFFICE .....	171	
<b>NOTES ON CURRENT TOPICS.</b>		
Vaccination Certificates .....	172	
Anatomy in American Schools of Medicine .....	172	
Death from Hydrophobia .....	172	
M. Jules Guerin on the Cholera Epidemic .....	172	
A New Aid to Diagnosis .....	173	
Early Tapping in Ascites .....	173	
The Zenana Medical Mission .....	173	
Aseptic Hands .....	173	
Cancer of the Stomach in which Diagnosis was doubtful .....	173	
The Sanitary Condition of Windsor .....	174	
Arsenic among the Ancients .....	174	
<b>CORRESPONDENCE.</b>		
Conduct of the Council at the British Medical Association, Cardiff .....	175	
Dr. Bradley's Case .....	175	
Inoculation against Cholera .....	176	
Medical News .....	177	
<b>NOTICES TO CORRESPONDENTS</b> .....	178	
Births .....	178	
Marriages .....	178	
Deaths .....	178	

## Original Communications.

### THE ATTITUDE OF THE MEDICAL PROFESSION IN REGARD TO THE SIGNING OF CERTIFICATES FOR ASYLUM COMMITMENT, AND TO LUNACY LEGISLATION. (a)

By A. R. TURNBULL, M.B.,

Medical Superintendent of the Fife and Kinross District Asylum.

(Concluded from page 142.)

THE new English Bill is very clear regarding the judicial action of the magistrate. It enacts that he shall, before giving his order, satisfy himself that the evidence adduced by the medical witnesses is sufficient, and that he shall have the power to institute further inquiry if he thinks it necessary. Here arises the question, What is the exact position of the sheriff in the Scotch procedure? The statutes do not define it clearly; and in practice different sheriffs act in different ways. Some consider that if the medical certificates, &c., are drawn in proper form, the sheriff's duty is simply the ministerial one of signing the warrant, and that he is not required to consider the sufficiency or insufficiency of the facts stated as indicating the insanity. Other sheriffs have refused to sign the warrant when they considered the facts stated to be insufficient. In the statutory form of sheriff's order, the wording is the sheriff *having had produced* to him two medical certificates showing that A. B. is insane, grants warrant, &c. There is no mention of considering or reviewing the certificates in any way; and from this it might perhaps be inferred that the sheriff's action is ministerial. On the other hand, the section of the Lunacy Acts (section 14, 25 and 26 Vict., cap. 54), which deals with the sheriff's order enacts that the sheriff *may* give a warrant. It is nowhere stated that he *shall* give a warrant. Here, then, it would appear that he is

not necessarily bound down to act in a purely ministerial capacity; and the inference would be that he can act in a more or less judicial way. If the sheriff's position were simply ministerial, the petitioner and the medical men would have power to compel the granting of the warrant, no matter how weak the evidence of insanity as given in the certificates might be; the sheriff's intervention would be little better than a mere formality, and the safeguard that is got from his judicial action would be lost. As a matter of fact, many of the Scotch sheriffs do act judicially; and it would perhaps be an improvement in the statutes to have it more distinctly brought out that the sheriff's position in the procedure is judicial.

Lord Shaftesbury, while approving of much of the proposed new legislation, objects very strongly to the introduction of the magistrate. He argues that it will add greatly to the expense and publicity, and that the authority given to the magistrate to make further inquiry when he thinks right puts in his hands an enormous power, the exercise of which would often cause a great deal of vexation and suffering to the relatives of patients. He holds that the dread of this publicity and exposure would prove a very serious bar to early treatment, and would result in a vast increase of clandestine confinement, in the detaining in private houses of cases that are really insane under the pretence of their suffering from other forms of nervous disorder, and in many patients being sent abroad for asylum treatment, and thus removed from proper supervision, in preference to being placed in English asylums. The magistrate's order would overrule and set aside certificates signed by perhaps the most eminent medical men in England, and the best men in our profession would thus decline to give certificates, and would leave the work altogether in the hands of the most inferior practitioners. It is mainly to Lord Shaftesbury that we owe the beneficent lunacy legislation of the last fifty-seven years, which has revolutionised the care and treatment of the insane; and any opinion put forward by him must necessarily carry very great weight. But it is permissible to point to the experience of the Scotch system, in which the sheriff takes the position of the magistrate in the new English procedure.

(a) Read at a Meeting of the Fifeshire Medical Association at Dunfermline.

That system has been in operation for twenty-seven years, and has worked smoothly and expeditiously. The presenting of the petition and certificates to the sheriff, and the getting of his order, do not in the least imply any undue publicity or exposure; the expense is very trifling, and in practice it has not been found that the procedure is in any way a hindrance to early treatment, or objected to by the patient's friends, or attended by any of the unfortunate effects which Lord Shaftesbury dreads. If the views urged in this paper are correct, there is no reason why every member of our profession should not be perfectly willing to submit his certificate to the inspection of the magistrate; and surely there need not be any fear that the English magistrate will use his discretionary power in a less reasonable and tolerant way than the Scotch sheriff has done. If arrangements are made by which a magistrate is readily accessible in each district of the country, there should be nothing to prevent the new English procedure from working as smoothly, expeditiously, and satisfactorily as the Scotch procedure has done.

Another point may here be conveniently considered—viz., the separate or conjoint action of the two medical men who certify the lunatic. The present statutory form of certificate, both in England and in Scotland, bears that the doctor has "separately from any other medical practitioner" visited and personally examined the patient. The new Bill proposes to add the following clause to the certificate:—"I am not acquainted with the contents of any other medical certificate relating to the mental condition of the said patient made within the last seven days." It is, of course, evident that the intention of these qualifying clauses is to secure two independent medical opinions that the patient is insane.

It is held by some that the clause "separately from any other medical practitioner" precludes any consultation by the medical men; and Lord Coleridge considered that the two certificates should be written on separate sheets of paper, so that the one doctor's certificate should not be seen by the other doctor. The additional clause in the certificate in the new Bill is still more definite in limiting the possibility of conjoint action by the medical men. It is, however, very doubtful if any good purpose is served by this extreme restriction. In lunacy, as in other diseases, consultation by the medical men is often of the greatest service, and may be called for in the interests of the patient; and the restriction of it may make the lunacy procedure unnecessarily complicated and cumbersome. Take an instance that would occur frequently in actual practice. Suppose the ordinary family physician has an insane patient for whom he considers asylum treatment necessary, and that for the greater satisfaction of the friends he suggests that the opinion of a doctor specially engaged in lunacy work be also got. Naturally the first physician informs the consultant of the history and symptoms of the case, and they confer together regarding the patient and his proper treatment. If asylum treatment is deemed right, both the doctors are by their consultation precluded from giving the certificates; and before the patient can be committed two independent medical men must be called in, both of whom should in strict law be kept in ignorance of the opinion of the first two doctors. This means needless complication and expense, and amounts almost to a *reductio ad absurdum*, and the patient's interests are not made any more secure by it. Consultation by the medical men, therefore, ought not to be prevented. All that the certificate should require should be that each doctor has in a separate visit to the patient been able to observe, independently for himself, facts sufficient to prove the insanity and warrant him in signing the certificate. The present wording of the certificate—"I have, on such a date, at such a place, separately from any other medical practitioner, personally examined the patient"—possibly implies nothing more than this, and in practice many medical men act on the opinion that it does not forbid consultation. If this be correct, the present form

of certificate is satisfactory; but as there is much doubt on the point, it might be well to indicate clearly that separate visitation only is required, and that consultation is not forbidden. By the same reasoning, the additional words in the new Bill are wrong in principle, and should be omitted.

There are minor details in the new Act, limiting the relationship of those who take part in the lunacy procedure. If the Bill becomes law the committal of a private patient to an asylum will require the active concurrence of the following five persons:—(1) the petitioner, (2 and 3) the two medical men who give the certificates, (4) the magistrate who signs the order, and (5) the superintendent of the asylum. These persons must all be independent of each other, and not related; and, further, the patient is under the protection of the Commissioners in Lunacy and the visiting justices. The arrangement therefore gives a very good guarantee that the power of asylum committal cannot easily be exercised in any improper or unnecessary way.

III. *Protection of Medical Men.*—It is a very striking fact that the lawsuits against medical men for signing lunacy certificates have been confined to England, and that in Scotland, since the introduction of the present procedure in 1858, there has not been any instance of an action against a medical man for his certificate. There is no doubt that the immunity thus enjoyed by the Scotch practitioners is mainly due to the general belief that the action of the sheriff covers the action of the medical man, and that consequently it is not competent to sue them in court. Lord Shaftesbury urges as another objection to the introduction of the magistrate that "the patients will be deprived of a right they now possess. The signature of the magistrate would, he believes, in law, and certainly in the estimation of a jury, cover the parties concerned in the certificate, and take from the patient his right of action after liberation for any misconduct on the part of the doctors." That the magistrate's intervention should give a very considerable degree of protection to medical men, and prevent the occurrence of lawsuits such as have been frequent of late, will be to most of us a strong argument for, instead of against, having the magistrate. The experience of the Scotch system would lead us to expect that the action of the magistrate, as provided for in the new Bill, will suffice to get us all the protection that is needed; but if, as some think, this would not necessarily be so, then a special clause should be inserted in the Bill to secure it. The State has called on medical men to act for the care of the insane, and has made their certificates an essential part of the procedure, and it *ought* to give them due protection in the discharge of that duty, just as it protects other persons in their carrying out of legal duties. We have here taken the view that the certificate is simply written expert evidence given for the purpose of setting a certain legal procedure in motion, and as such it ought to be on the same footing as evidence given in a court of law. That is to say, it should be privileged, not actionable, except on the ground that the statements in it are false either from wilfulness or from culpable carelessness in the examination. The inspection by the magistrate should be a guarantee that the certificates are drawn in proper form, and contain sufficient evidence to justify procedure upon them; and medical men are liable to have the certificates returned or refused if they are not satisfactory in these respects. But once passed by the magistrate the certificate ought not to be actionable except on the grounds mentioned above. I would go further, and would, with the view of protecting the medical man from even the risk of prosecution being threatened on insufficient grounds, require that the litigious person should first appear in court, and show reason why the question should be opened up, before being allowed to bring an action directly against the doctor.

Certain enactments in the new Bill bear on the continued detention of patients in asylums, and on private

asylums; but these do not affect the medical profession at large, and therefore, do not fall within the scope of this paper.

The conclusions arrived at may be stated shortly as follows:—

1. The principle of intervention of the magistrate is desirable in the interests both of patients and of medical men, and should be cordially accepted by our profession.

2. The present Scotch system has worked smoothly since its introduction in 1858; it is satisfactory in practice, and conserves the interests of the patients. It would, however, be an improvement to have the judicial position of the sheriff in the procedure more clearly indicated.

3. The present procedure for private patients in England requires considerable amendment. The changes proposed with this view in the new Bill are based on right principles, and will probably secure all that is required.

4. The English procedure for pauper patients is but slightly affected by the new Bill, is unsatisfactory, and ought to be amended by making it similar to the new procedure for private cases.

6. The statutory form of medical certificate should require separate visitation and examination only, and should not forbid consultation by the medical men. The additional words proposed in the new Act are objectionable, and should be omitted.

6. It has been found in practice that efficient protection of medical men is obtained at present under the Scotch system. The amended procedure of the new Bill will probably suffice to secure the same result in England; but this might be more assured by the introduction of a special clause giving suitable protection to those who sign the certificates.

## THE EMERGENCIES OF SURGERY.

*Being a Course of Lectures Delivered in the MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY.*

By LAMBERT HEPENSTAL ORMSBY, M.D., F.R.C.S.,

Lecturer on Clinical and Operative Surgery, Surgeon to the Meath Hospital and County Dublin Infirmary; Surgeon to the Children's Hospital, &c.

### LECTURE I.

#### INJURIES OF HEAD AND FACE.

(Continued from page 139.)

*Fracture of the middle cranial fossa*, in this, one would expect to find the fracture extending through the great wing of the sphenoid, the petrous portion of the temporal bone, with injury to the tympanum. This in all probability would be followed by symptoms of compression and bleeding from the ears of a very profuse character, followed by a clear, serous discharge, which wells up in the ear, but does not flow over unless the patient is lying on the affected side, when the pillow is saturated by the continual flow of fluid. It must be remembered, however, that a hasty diagnosis of fracture of the base should not be made if the *only* symptom present was bleeding from the ears, as this hæmorrhage may come from the external auditory canal, the membrana tympani, after slight injury, quite independently of fracture. Again, in some cases you do not have either bleeding from the ears or the flow of the serous or sub-arachnoid fluid, and still there may be fracture of the middle cranial fossa present.

*Fracture of the posterior cranial fossa* is not so easily defined; the fissure generally extends across the occipital bone, ending in the foramen magnum. This may be indicated by great extravasation of blood down the superior and lateral aspect of the neck. However, this appearance is not constant. Symptoms of compression will be generally present as well.

*Prognosis.*—In extensive fracture of the base, my opinion is, that such injuries are always fatal, and because the symptoms at first may not be serious, is no reason to mislead you or throw you off your guard; the patient may live a few days or even longer, but still I believe the result is the same, even if the case appears to be serious at first and symptoms present that usually indicate fracture of the base, and the patient afterwards recovers. I would think the presumptive evidence would favour the belief of the non-existence of a fracture. I do not, however, deny that it is possible for a patient with a very small, linear fissure of the base where the brain tissue or its membranes are not torn, contused, or implicated, to recover under judicious treatment.

*Treatment.*—On hearing the history of the accident, place the patient in bed, examine the entire head carefully; if you are not satisfied, shave the head to examine more thoroughly for extravasation or otherwise. Apply cold to the head; a drop of croton oil may be inserted in a little bit of butter and placed on the back of the tongue. Examine the limbs and side for paralysis, and treat any symptoms that may arise. Examine the bladder, and, if full, draw off water twice a day with a catheter. Place the patient in a dark room, and, if unconscious, watch for the slightest sign of rallying or recovery of perception.

*Hernia Cerebri (Fungus Cerebri).*—Signifies a protrusion of the brain substance after a compound fracture of the skull where the dura mater is torn or lacerated, the immediate result of a severe fall or blow, or where some foreign body has penetrated the brain substance. Or it may occur subsequent to such an injury, where the dura mater may be destroyed by ulceration in a situation where a portion of the skull is removed, allowing the brain to protrude, which it does, having the appearance of a round, nodulated, compressible tumour, increasing in size as it continues: this protrusion is far more liable to occur in cases where there is a small aperture than through a large opening. Two varieties of this condition have been described (Guthrie). *In the first form* which occurs within the first two days after the accident, the small tumour appears to consist in a great measure of coagulated blood, the result of hæmorrhage into the brain substance near the surface, it is attended very early by delirium, and is nearly always fatal, no matter what treatment is adopted. *In the second form*, the tumour is mainly composed of brain substance infiltrated with lymph and extravasated blood, and appears at first covered with dura mater, which, however, soon sloughs, owing to its being constricted by constant pressure at the neck of the tumour, where it protrudes by the small aperture through the skull; it then appears as a greyish-white fungous-looking mass. If by any chance it be removed, it is quickly succeeded by a fresh protrusion of brain and fungous granulation, covered over by a copious discharge of pus. The patient may probably be delirious, indicating phrenitis; this will be sooner or later followed by coma and death, or the patient may sink from exhaustion and irritative fever.

*Treatment.*—It is recommended in some instances to attempt to return the small tumour through the aperture provided it is small and that it has not existed for any time, and that the dura mater remains uninjured. When it is replaced, a small compress is firmly fixed over the aperture so as to prevent a return. This procedure must, however, be carried out with caution, for in cases where bandaging and compression have been adopted, cerebral mischief soon appears, producing stupor, and afterwards profound coma. In the second form mentioned, it is recommended to shave off the fungus mass on a level with the brain, and apply a wet compress of lint and a bandage. There is a great liability for the fungus to grow again after being sliced off. The fungoid granulations which spring from an exposed dura mater have been treated by the application of nitrate of silver to its surface.

*Paracentesis Capitis*, signifies a form of operation that has been recommended for puncturing the dura mater in



the last stages of chronic hydrocephalus in children with a view to relieve urgent symptoms, at best, it is only palliative as the fluid soon collects. To perform the operation a very fine trocar or grooved needle is introduced perpendicular to the surface through the anterior fontanelle; care must be taken to avoid wounding the longitudinal sinus, by keeping well to the side will obviate this. All the fluid should not be withdrawn at once. From two to three ounces will be sufficient; and the operation can be repeated in a week or so if it is found the first operation has been of use. When the trocar is withdrawn the puncture should be covered over by a compress, and fixed with plaster and a bandage, and perfect rest enjoined for a few days after the operation.

*Concussion of the Brain* may follow a severe blow or fall from a height, producing more or less contusion of the brain. The result may be sudden interruption or disturbance of the functions of the brain, which may last for a short time followed by improvement and recovery, or in other severe cases the functions are not only suddenly interrupted, but profound insensibility sets in ending in coma which is occasionally fatal. For practical purposes it is therefore understood, we have two stages: In the first, the symptoms are all more or less slight, although apparently alarming. In the second, the symptoms are necessarily severe and really alarming.

Owing frequently to the meagre account we get of the history of such accidents, it is sometimes difficult to distinguish concussion from compression of the brain, and moreover, the early symptoms appear the same in each case, although if carefully considered, they are not really so. To aid you in making your diagnosis, it may be useful to enumerate the symptoms under both heads:—

## CONCUSSION.

1. Symptoms come on at once after the injury.

2. The pupils are generally contracted, and in the first stage sensible to light, lids may be open and movable.

3. The skin is cold and clammy, wrinkled, resembling the cutis anserina or goose skin.

4. The breathing is sighing, and apparently very weak and noiseless.

5. The pulse is weak, frequent, and irregular, and thready.

6. Partial consciousness in first stage is present, and patient can be roused to answer questions when roughly spoken to.

7. There is frequently vomiting which is considered a favourable sign.

8. Patient retains partial power over bladder, and can expel its contents.

9. The sphincters are relaxed, and there is generally involuntary passage of fæces.

10. The patient can swallow with difficulty, and the power to do so is seldom if ever lost, except in most aggravated cases.

11. Patient can generally move the limbs, and when

## COMPRESSION.

1. Symptoms may come on at once or in the course of a few hours or days after the injury.

2. The pupils are generally widely dilated and insensible to light, and lids are generally closed.

3. The skin is hot and sweating.

4. The breathing is stertorous, noisy and whiffing.

5. The pulse is full, strong, slow and labouring.

6. Complete suspension of consciousness, patient cannot be roused, no matter how roughly spoken to.

7. Vomiting seldom, if ever seen.

8. Complete paralysis of bladder, and urine must be drawn off twice a day by means of a catheter.

9. The sphincters are closed, and are hard to be moved even with purgatives.

10. The patient cannot swallow, and the power to do so does not return for many days.

11. Patient is paralysed on one side of body, and

generally at the side opposite to the injury in the head.

12. There may be no external injury to the head present.

12. External injury to the head frequently present.

From this table it will be seen that the symptoms and signs of concussion vary according to the extent of the injury. If a slight fall has been sustained, fainting followed by giddiness and vomiting may be the only signs present. If, however, the injury has been of a graver nature you will then have unconsciousness lasting for a short time. You will notice surface cold and pale, the contracted pupil, sighing, breathing weak, frequent and irregular pulse, involuntary passage of fæces and urine. When patient is loudly spoken to he may answer in a very incoherent manner, sinking back quickly to his semi-unconscious state. In the majority of cases the diagnosis can be made out very clearly, but in some exceptional cases it must be borne in mind that a case of concussion might be converted into a case of compression in a very few hours owing to intra-cranial extravasation of blood, or still later on by the formation of pus. Conditions which in all probability will induce stertorous breathing, and thereby clear up the doubt that existed.

*Treatment for Concussion.*—Place the patient in a warm bed if the symptoms are severe, and shave the head and ensure perfect rest and quietude for the patient in a dark or very subdued light. Exclude all visitors and anxious friends. Apply hot bottles or jars to the feet, a layer of flannel being interposed. Endeavour to revive in every way the condition of the nervous and circulatory systems, but do not attempt to induce reaction too rapidly or too briskly for fear of bringing on inflammation. Apply gentle friction to the surface of the body with the hand so as to stimulate the cutaneous circulation. Sinapisms of mustard may also be applied to the calves of the legs and warm drinks administered. When reaction has set in, which may be indicated by vomiting and by the surface of the body becoming warmer, it is then the duty of the surgeon to prevent reactionary inflammation of the brain and membranes. This may be done by enforcing perfect rest, by applying cold evaporating spirit lotions to the shaved scalp, or ice broken up in a bladder. Give blue pill or calomel in repeated doses of two or three grains, three times a day, by the mouth until satisfactory purgation is produced, or rub in mercurial ointment into each axilla, say ten grains at each application. Stimulants should not be given. If symptoms continue, leeching at the back of the neck or behind the ears should be at once tried. In apparently chronic cases a blister or seton applied to the back of the neck is often of the greatest service. In all cases of concussion watch the case and symptoms most carefully, and the result of each.

*Compression of the Brain* signifies pressure on the brain, and may be produced by three causes, viz., 1st. Foreign bodies such as depressed bone in fracture of the skull, bullets in gun-shot wounds, &c., &c. 2nd. Extravasation of blood from extensive intra-cranial hæmorrhage. 3rd. The formation of pus. As the symptoms of compression have already been given as well as the treatment for the removal of depressed bone, intra-cranial hæmorrhage or suppuration when considering the operation of trephining, it will be sufficient to recapitulate the directions already given. The patient should be placed in a warm bed. Head should be shaved and carefully examined for fracture. Cold applied to head if no fracture is present. Mustard to the calves of the legs, a drop of croton oil in a bit of butter placed on the back of the tongue to produce free purgation. If this plan is not effectual give a good turpentine enema. Draw off the water twice a day. Watch and treat each symptom as it arises, and if symptoms of undoubted local pressure be present, the operation of trephining should be performed without delay.

**Wounds of the Face.**—Very frequently occur as the result of falls, blows, or stabs with sharp cutting instruments. These are treated exactly in the same way as wounds elsewhere are treated. The wound should be well cleared of clots of blood and other foreign matters, and the edges of the wound brought merely together with very fine sutures or plaister. Wounds or incisions made by the surgeon for removal of tumours, &c., heal as a rule very quickly, and they should, therefore, be brought together as soon as possible with plaister, sutures, or hare-lip pins, so as to prevent deformity remaining. When incisions have to be made, care should be taken so as to make the incisions where feasible in a line with the wrinkles and lines of the face, so as to hide the cicatrix that may follow. All wounds, whether large or small, are liable to be followed by erysipelas: care therefore, should be taken to keep the patient on a strict antiphlogistic régime with the bowels well cleared out for the first few days after the receipt of the injury, and the wound dressed with cold water dressing. In cases where abscess and diffuse suppuration occur arising primarily as the result of injury, such collections of matter should be opened early, and such punctures should always be made in a direction of the lines of the face. Wounds of the cheek may be complicated with fracture contusion, or Stevno's duct of the parotid gland may be wounded or torn, and salivary fistula follow, with weeping of the saliva on the cheek, either from the gland itself or from its duct. An incision should be made on the inside of the cheek so as to direct the flow of saliva inwards and every thing done so as to encourage the external opening on the cheek to heal. The usual agents for this purpose are stimulating lotions, pressure, actual and potential cauterisation.

**Cuts and Wounds of the Lips.**—These may be brought together after all hæmorrhage is arrested with hare-lip pins and twisted suture. Care must be taken to pass the first pin through the whole thickness of the lip down to the mucous membrane but not through it, and if hæmorrhage is going on which is sometimes profuse, the needle or pin should either transfix the bleeding vessel or pass close to it so as to compress it. The pin should also be passed close to the red margin of the lip or rather close to the line where the mucous membrane joins the skin. The edges of the incision having been evenly brought together and cleansed from all clots, the part should be gently painted over with collodion or a solution of gutta percha dissolved in chloroform so as to exclude air. The part must be carefully dried beforehand with a towel or the plaister or collodion will not adhere to a wet surface.

In some cases it is advisable, with the object of lessening the size of the resulting scar, to introduce very fine silk or silver interrupted sutures, or a very useful inexpensive and non-irritating substance used for sutures is the fine gut that is purchased at a fishing tackle shop. When sutures are applied they may be removed in three or four days; the pins may also be removed about the same time, they should not, however, be removed if union has not taken place, the scab that remains should not be disturbed until it falls off of its own accord.

**Injuries to the Eye.**—When the lids are torn or lacerated the edges of the wound should be carefully and quickly adjusted, and kept in their place by very fine sutures, so as to prevent deformity. If the tarsal cartilages are implicated a fine suture should be passed through the injured part and evenly adapted, a pledget of lint, steeped in cold water, should then be placed on the lids and the eye kept closed for some two or three days, the bowels at the same time being well cleared out and a mild antiphlogistic régime enjoined.

**Contusions to the Eyelids** produce great ecchymosis or what is called *black eye*, which can be in a great measure prevented if seen at once, by the local application of intense cold, ice or cold steel, or evaporating spirit lotion.

**Injuries to the Globe of the Eye.**—Sudden blows to the

eye may displace the crystalline lens forwards or backwards. If it be displaced forwards into the anterior chamber of the eye and causes no pain, and if the patient be young, no treatment need be adopted save a drop of atropine placed in the eye, and the eye kept closed, the dislocated lens may float back through the pupil again. If, however, the lens gives trouble in the way of pain and inflammation, and the patient over the middle period of life, the dislocated lens should be removed without further delay by the operation of extraction. It may be mentioned that the slightest tap to the globe of the eye may at times dislocate the lens, in fact the cause may be so slight that the patient is unaware of receiving any injury to the eye.

**Rupture of the Anterior Portion of the Globe of Eye.**—Such an injury may follow a penetrating wound or sudden blows inflicted directly while the eye is open. In mineral water manufactories it has happened that, while corking soda-water bottles the cork has been forcibly expelled into the eye, rupturing the cornea, followed by evacuation of the aqueous humor, displacement forwards of the iris, and occasionally hernia of the iris through the ruptured cornea.

**Treatment.**—If the aqueous humor alone is evacuated without further complication, the eye should be carefully examined to ascertain the exact position of the iris. If in its place the eye should be opened in a strong light so as to cause the pupil to contract, or a disc of calabar bean inserted under the eyelid so as to hasten the process, a small quantity of charpie placed on the lids, which are kept closed by slips of court or adhesive plaister or a Liebreich's eye bandage applied, and the strictest antiphlogistic régime enforced so as to anticipate inflammation. If the iris is displaced and protruded through the corneal opening, an attempt ought to be made to return it. A drop of atropine introduced into the eye may assist in returning it, if this cannot be done the prolapsed portion had better be left alone, as in all probability it will slough off in a day or so. If snipped off with a scissors further protrusion will most likely occur.

**Foreign Bodies penetrating into Globe of Eye.**—It not unfrequently happens that portions of percussion caps, gunpowder, or grains of shot may traverse one or other eyelids and then pass deeply into the globe of the eye. When such an accident has occurred the question arises what is best to be done, for it must be remembered that immediate blindness is sometimes followed by the presence of a grain of shot deeply embedded in the eye. If the grain of shot is merely lodged in the sclerotic where it can be seen or felt, it must be at once removed. If, however, it has passed into the eye deeply, a search for it is out of the question, if it causes no pain, irritation, or derangement of vision it may be allowed to remain in the hope that it may become encysted. If, on the other hand, pain, inflammation, and derangement of sight set in, the injured eyeball should be enucleated without further delay so as to save the sight of the other eye from being lost through a sympathetic inflammation. Mackenzie mentions on this point "an attempt to remove a lead pellet from the eye when it has passed either through the cornea or the sclerotic into the vitreous body, I should suppose would be fruitless and likely only to irritate the eye and lead to inflammation. Left in the vitreous humor the pellet will probably sink down in contact with the retina. Vision, as far as I have seen, is totally destroyed by such an accident, and I have never known of the foreign body coming to the surface so that it might be extracted. In cases of explosion of gunpowder all particles should be carefully removed from the eye by a stream of water from a syringe.

**Foreign Bodies Embedded in the Conjunctiva.**—Removal of small particles embedded in the conjunctiva: small portions of coal, iron, cinders, and other substances frequently get firmly embedded in the conjunctiva, every movement of the eyelids only tends to fix the foreign body more firmly in its abnormal position. Sometimes the particle is so small that it can hardly be seen although

the patient is fully conscious of its irritating presence, besides the congested condition of the conjunctiva and the great lachrymation that very soon follows, indicates the presence of some irritating substance.

*Treatment.*—Place the patient sitting on a chair in a strong light, or lying on the back on a couch or sofa in a good light, the upper eye-lashes should be gently grasped and the upper eyelid slightly moved from side to side, and possibly by this motion the particle may float down, being carried by the flow of tears to the inner canthus, and there detected, if not, the upper eyelid should be inverted, which can easily be done by means of a fine probe placed parallel and close to the margin of the eyelid, while the eye-lashes are gently drawn between the finger and thumb over the probe, if it rests on the internal surface of the lid, the corner of a handkerchief or a piece of dry blotting paper, or the end of a quill toothpick may be used to dislodge it, or a stream of water directed against it from a syringe is very useful; occasionally, if the particle is deeply embedded in the cornea it must be dislodged by means of a curette or gouge passed under it so as to lift it off the conjunctiva. When it is removed the eye should be gently syringed with warm water, or castor oil introduced into the eye is a very soothing remedy after such irritation. In some cases the irritation left by the temporary presence of some foreign particle may persuade the patient that the particle still remains in the eye. This should be quickly cleared up for the prolonged poking at the conjunctiva in search for an imaginary foreign body will only make matters worse. Forcibly sneezing for two or three times in succession has been frequently known to dislodge particles under the eyelids.

*To Remove Mortar, Lime, or Chemical Substances Accidentally introduced into the Eye.*—No substance is so destructive as lime accidentally introduced in any quantities into the eye.

*Treatment.*—Immediately evert both lids, and the eye well syringed with water so as to wash away all particles with as little delay as possible, then wash out the eye with weak vinegar and water. If acids are introduced syringing with water affords the best chance, and afterwards a weak solution of bicarb. of soda, two or three grains to the ounce of water, will neutralise the effects of the acid.

(To be continued.)

## HISTORY OF THE PROGRESS OF LARYNGOLOGY FROM THE EARLIEST TIMES TO THE PRESENT.

By GORDON HOLMES, M.D.,

Physician to the Municipal Throat and Ear Infirmary, London; Consulting Physician to the Sheffield Ear and Throat Hospital.

Il importe beaucoup de connaître l'histoire de la science à laquelle on s'attache.—Boerhaave.

### EPOCH I.—THE PRE-LARYNGOSCOPIC AGE.

(Continued from page 145.)

*Physiology.*—Three physiological questions of leading importance were greatly advanced, if not finally determined, during this period, *i.e.*, the action of the intrinsic laryngeal muscles, the functions of the nerves of the larynx, and the precise method of formation of the ordinary (chest) vocal tones.

Although in a general way the action of the laryngeal muscles had been correctly stated by various authors previous to this period, the subject was apprehended very inconclusively and imperfectly, and the views held rested on no clear demonstration. Hence at the beginning of the present century two anatomists could scarcely be found in near accord on this question.

In 1796 S. T. von Sömmerring, (1) for example, the principal anatomical writer of his time, whilst stating correctly the action of the lateral crico-arytenoids, yet counts the thyro-arytenoids and crico-thyroids dilators of the glottis. (2)

Francois Magendie (1783-1855), Professor of Medicine, &c., at Paris, made some valuable experiments (3) in 1812 on the physiology of the larynx, primarily as to the purpose of the epiglottis. He removed it completely in dogs and several other animals, and found not the least consequent difficulty in swallowing either solids or liquids. By making an opening in the throat he saw that the larynx closed completely during deglutition, and this act was scarcely interfered with on section of both recurrens. But when both superior nerves were cut the cartilaginous glottis was not shut, though not until the four nerves were divided did the animals really experience great difficulty in swallowing. He also examined into the action of the crico-thyroid muscle, and concluded, in opposition to all previous authority, that it raised the cricoid to the thyroid cartilage.

In 1829 Robert Willis, (4) of Cambridge, took up the subject of the use of the muscles, and treated it with a mechanical exactitude not before reached. He first proceeded to examine the mechanism of the crico-arytenoid joint, and on his definite recognition that the motion of the arytenoid cartilages is chiefly one of rotation, the prime difficulty of the question may be said to have been surmounted. The confusion that so long prevailed was, in fact, due principally to the slowness of the older anatomists to concede any but right-line movements to these cartilages. By a carefully studied application of the laws of mechanics as to the resultant of various forces acting on a point, Willis showed (A) that the crico-thyroid muscles must necessarily produce tension of the vocal bands; (B) that the thyro-arytenoids would have the reverse effect and relax the same ligaments; (C) that the posterior crico-arytenoids rotate the arytenoid cartilages so as to separate the vocal processes and with them the vocal bands; (D) that the lateral crico-arytenoids, on the contrary, rotate those cartilages until the vocal processes touch anteriorly, thus bringing the vocal bands into apposition; and finally (E) that the transverse arytenoid muscle approaches the bodies of the arytenoid cartilages so as to close the glottis completely when acting in conjunction with the lateral crico-arytenoids. These demonstrations of Willis, though clear and incontrovertible, were not accepted universally for many years. The text-books were filled with conflicting and erroneous views maintained by prejudices in favour of baseless but authoritative theories. (5) Willis's views, however, crept gradually into all the standard authors, and after the practical verification of them afforded by the next experimentalist were soon fully established by common consent.

In 1841 F. A. Longet, (4) Professor of Physiology at Paris made an important series of experiments to discover the action of the muscles of the larynx. He proceeded by severing in dogs the nerve filaments supplying each muscle and galvanising the cut ends immediately after death. By this means the various muscles were thrown into contraction separately at the will of the operator. The only apparent exception to Willis's calculations occurred in the case of the thyro-arytenoids which were only determined to give "more stiffness to the vocal cords, to render them more vibratile, and to swell them a little so as to diminish slightly the opening of the glottis." In addition, he observed that the crico-thyroid muscle drew the cricoid cartilage up to the thyroid. The only flaw in these investigations is that Longet does not seem to have taken into consideration the *consortant* action of two or more pairs of muscles.

About 1812 our knowledge of the functions of the pneumogastric nerves was much extended by J. J. C. Le Gallois, (7) of Paris. Incidentally in the course of this inquiry the motions of the glottis during respiration were discovered. Previous physiologists had ascertained vaguely that section of these nerves was fatal, but it remained for Le Gallois to distinguish the immediate causes of this result from those more remote. By vivisectional experiments he proved that the first cause of death was suffocation through paralysis of the dilators of the glottis, consequent on abrogation of function of the recurrent nerves. (8) In order to demonstrate this point to the Faculty of Medicine of Paris, "I took," says he, "some rabbits about two month old, in which I detached the larynx from the os hyoides and the adjacent parts without wounding its proper muscles or the recurrent nerves. Then I inclined it sufficiently towards the chest to make visible the opening of the glottis. This aperture was plainly round, or at least slightly oval from above downwards (the larynx being supposed in place and the animal standing), especially during inspiration. This fact being well

ascertained, I cut both nerves of the eighth pair at the middle of the neck; instantly the two arytenoid cartilages approached each other and the thyroid, the opening of the glottis diminished and presented, instead of a hole almost round, an unvarying slit directed from above downwards. In other rabbits of the same age the arytenoid cartilages and the glottis had, before section of the nerves, movements corresponding to those of respiration; at each inspiration the glottis enlarged, and became round; then, during expiration, it contracted itself by the approach of the arytenoid cartilages to each other and towards the thyroid in regular succession. (9) But after section, whether of the eighth pair or of the recurrents, it remained immobile and narrowed to a slit. It must be remarked that these movements of the glottis do not take place, or at least are not well marked, unless the breathing is a little hampered." Le Gallois found that section of the recurrent nerves, whilst being almost immediately fatal in animals a few days old, was less and less influential in causing death with advancing age, so that in adults, especially dogs, loss of voice was almost the only inconvenience felt. In all cases, by performing tracheotomy the animal could be kept in good health for an indefinite length of time. With the postponed fatal issue on division of the trunks of the vagi we are not here concerned.

About 1832 Marshall Hall discovered the excito-motor functions of the nervous system, that is, the phenomena of reflex action, thus transferring the origin of certain muscular movements from the nervous centres to their periphery, or from the domain of volition to that of involuntary motion. "The influence of the stimulus," says the author, (9) "is carried along an excitator and incident nerve to the medulla oblongata or medulla spinalis, and it is reflected thence along other reflex or motor nerves." In this excito-motor system, as applied to the larynx, Hall (10) viewed, in 1841, the superior laryngeal nerves, principally the *incident, excitator nerves*, the inferior laryngeals, as principally the *reflex and motor*." The cause of coughing on irritation of the laryngeal mucous membrane, and of closure of the larynx in deglutition and vomiting, formerly vaguely explained as voluntary acts, is thus disclosed.

About 1838 Le Gallois' researches as regards the laryngeal nerves were much extended by John Reid, (11) Professor of Medicine at St. Andrews. This observer showed conclusively that the superior nerve supplies sensation to the larynx, and the recurrent motion, except in the case of the crico-thyroid muscle. "When the superior laryngeal nerve," he relates, "is laid bare in a living animal and pinched with the forceps, the animal gives indications of severe suffering, while on repeating the same experiment with the inferior laryngeal the animal seldom gives any indication of suffering pain. When an opening is made into the trachea and a probe introduced through it into the interior of that tube and passed upwards, it excites little or no uneasiness until it reaches the larynx, when violent paroxysms of coughing and signs of great uneasiness immediately follow. The division of the inferior laryngeal nerve has no effect in diminishing the severity of these paroxysms of coughing or in quieting the struggles of the animal, while they instantly cease on cutting across the internal branch of the superior laryngeal nerves..... We found that on applying different excitants to the superior laryngeal nerve before it gave off its external branch in several animals immediately after death, that the crico-thyroid muscle was thrown into powerful contraction and the cricoid approximated to the thyroid cartilage, while all the muscles attached to the arytenoid cartilages remained quiescent. On irritating the inferior laryngeals all the latter muscles were thrown into contraction, and as the force of those muscles which close the superior aperture of the larynx preponderates over that of those which open it, the arytenoid cartilages were drawn forwards and inwards, and the superior aperture of the larynx was closed. Reid's conclusion is that "the superior laryngeal nerve furnishes one only of the laryngeal muscles (the crico-thyroid) with motor filaments, whilst it supplies nearly all the sensiferous and incident filaments of the larynx, and also some of those distributed to the pharynx and back of the tongue, so that it is mostly composed of sensiferous and incident filaments. The recurrent nerve furnishes incident and sensiferous filaments to the greater part of the trachea, to the cervical portion of the oesophagus, a few to the mucous surface of the pharynx, and still fewer to the larynx; it supplies the motor filaments of the cervical portion of the oesophagus, and of all the muscles which are attached to and move the

arytenoid cartilages, and is chiefly composed of motor filaments." In 1837, as Reid remarks, John Hilton, (12) of Guy's Hospital, had, from anatomical considerations alone, announced views as to the laryngeal nerves very nearly in accordance with these experimental results.

Another important point as to the innervation of the larynx is the question of the ultimate source of the various motor and sensory filaments embraced in the common trunk of the pneumogastric. Much discussion and experiment were devoted to this subject by neurologists for more than twenty years. In 1821 Charles Bell (13) and Magendie discovered that the anterior and posterior roots of the spinal nerves had different functions, the former being motor and the latter sensitive. Inspired by this fact T. L. J. von Bischoff, (14) of Darmstadt, essayed, in 1832, to prove by various arguments and experiments that the vagus is essentially a spinal nerve, all its motor filaments being derived from an anterior root, viz., the spinal accessory. His views prevailed at the time, and physiologists had almost settled down into the belief that the pneumogastric was purely sensitive before meeting the accessory portion, when, in 1844, Claude Bernard (15) reopened the inquiry, refuted Bischoff, and finally solved the problem. By the aid of various vivisections he obtained results which demonstrated that the vagus is a mixed nerve from its origin at the restiform body, but that the greater number of its motor filaments are derived from the spinal accessory. And, as regards the larynx, there is a marked distinction between the functions ruled by the two sets of motor-fibres, i.e., when the spinal accessory is cut the animal does not perish from closure of the glottis in the manner shown by Le Gallois. On the contrary the passage is maintained fully dilated by unimpaired action of the posterior crico-arytenoid muscles. But the other intrinsic muscles of the larynx are paralysed almost completely, even the crico-thyroid, the difference in the innervation of which is thus shown to be only apparent. Thus the voice is lost, but not absolutely, the animal can still emit weak, short vocal tones. The practical inference is, therefore, that the spinal accessory is the proper nerve of phonation, and that from the primitive pneumogastric emanates the power which presides over the respiratory office of the glottis. The latter motions, it need scarcely be said, are in great part involuntary, whilst the former are altogether voluntary.

With respect to the formation of the voice some credit is due to R. J. H. Dutrochet (16) who, in 1806, repeated the experiment of Ferrein with more accuracy, and insisted on the analogy between the action of the vocal bands and that of the vibrating reeds used in musical instruments. He was the first who tried to estimate the proportion existing between rise of pitch and tension of the vocal bands by attaching various definite weights to them. At the same time he worked out a clearly conclusive refutation of Ferrein's hypothesis that the larynx acted as a stringed instrument.

In the course of his other experiments Magendie (17) observed the state of the vocal bands in phonation through the openings he made in the throats of dogs, &c. He saw that they vibrated like reeds, for deep tones in their whole length, and for high notes perceptibly only at their posterior part. The cartilaginous glottis appeared to be always tightly closed so as to take no part in generating the sound.

The received theory as to the source of the sound produced by a reed or elastic tongue vibrating at an aperture which it fits with more or less exactitude, was originated or at least first clearly formulated by J. B. Biot, (18) professor of physics at the College of France. He stated that the sound arose from the series of aerial puffs, pulses, or shocks caused by the reed alternately opening and closing the aperture as the stream of air passed through. But the demonstration of this view was wanting until the invention in 1825 by Cagniard de la Tour of the well-known acoustic machine called the siren. This instrument, which consists of a disc perforated near its outer edge by a circle of holes through which a blast of air is impelled during rotation, proves that by a series of puffs of air a musical note can be formed, varying in pitch according to the rapidity of the puffs. Many years elapsed, however, before physicists generally recognised that the siren disclosed the true principle of the action of reeds. Some slight objections were long maintained with pertinacity, the chief one being that the reed need not close the hole perfectly in order to be capable of creating a note. But in this case it is suffi-

ciently obvious that the varying capacity of the aperture would still cause shocks in the stream of air, though of less strength, and that the sound would consequently only be weaker, points fully established in practice. Biot and those who supported his theory saw, of course, clearly the analogy between the siren and the action of the vocal bands, which alternately receding from and approaching each other whilst vibrating, divide the current of the breath into a succession of puffs.

About 1835 Johannes Müller, (19) professor of physiology at Berlin, made an exhaustive series of experiments on the human larynx and artificial imitations of it, and again verified in the most practical manner the discoveries of Ferrein. He produced graduated extension of the approximated vocal bands with the most careful and ingenious arrangements, and by progressive small additions to the weights he attached to them obtained a chromatic scale of nearly two octaves. He showed that the vocal bands followed the laws of vibrating strings as to the ratio between tension and pitch, that is, by quadrupling the stretching force or weight a rise of an octave would be obtained, &c. He also tried the effect on the laryngeal tones of tubes of various lengths added both above and below the vocal bands, with the result of proving that, though resonance could be thus modified, alterations of pitch could not be effected by pipes at all similar in capacity to the actual vocal tubes. Nevertheless, Müller was one of those who could not reconcile his own views with the elucidations afforded by the siren, but, on the other hand, he did not succeed in convincing even himself that the sound of reeds arose from their independent vibrations. Excepting, however, the falsetto voice, it may be considered that the main question in laryngeal acoustics, though not ascertained beyond controversy, were at this time satisfactorily determined in the eyes of all temperate scientists.

The mechanism of the falsetto voice, viz., those high sounds which can be emitted after closure of the cricothyroid space renders further tension of the vocal bands impossible, has always been an obscure matter, so much so that several observers have argued that this vocal scale is not formed in the larynx at all. It would be useless to recount the various explanations offered on this subject at a time when, even if approaching the truth, they were incapable of any tangible proof. In 1835 the merit, however, may be allowed to Carl Lehfeldt, (20) graduate at Berlin, for insisting that the tones emanated from the larynx alone, and for the suggestion that they were formed by the vibration being restricted to the edges of the vocal bands. He was led to this opinion by observing in experiment that a gentle current of air, by giving rise to limited vibrations, produced a note a third, fifth, or even an octave higher than when a full blast was directed against the vocal bands. Müller afterwards corroborated him in this point, but the explanation can only be received as affording a clue to the truth, pitch not being governed by varying the force of the breath-current in the living subject.

**Pathology.**—The chief pathological achievement of this period was the differentiation of the various kinds of destructive ulceration of the larynx as commonly met with. This work progressed slowly for more than half a century before it was brought to a conclusion. The first special effort in this direction was made in 1790 by Marc Antoine Pétit, (21) of Montpellier, who debated the subject with considerable acumen under the title of "laryngeal phthisis." The word phthisis at this date was only beginning to have the restricted meaning as regards lung disease that it possesses in the present day, and was applied to almost any wasting affection. Hence "laryngeal phthisis" was then a very inclusive term and implied no necessary relationship with pulmonary tuberculosis. (22) With Pétit the malady includes practically every severe chronic disease of the larynx, its chief cause is syphilis, and it is very frequently associated with consumption of the lungs. The diagnosis is, therefore, facile, he thinks it may possibly be confounded with *laryngitis membranacea*, i.e., croup, but that the only real difficulty lies in distinguishing it from polypus of the larynx, the symptoms of which he seems well acquainted with. The abuse of mercury and chronic catarrh of the throat are, according to Pétit, sometimes the origin of laryngeal phthisis, but he appears to have no suspicion that many cases, such as he has in view, may really be examples of cancer.

In 1802 Amand Sauvée, (23) and in 1806 L. T. Laigleat,

(24) both students at Paris, treated of laryngeal phthisis in their graduation essays. Each appears to be ignorant of, or at least to ignore, any previous efforts of the same nature as their own, and their treatises are in most respects similar to that of Pétit and to each other. The three essays seem to collect in fact the floating ideas of the profession on the subject at that period, and illustrate them by a few original cases. In the triad, however, a step in advance must be ascribed to Sauvée for proposing the question precisely as to whether laryngeal phthisis could exist without pulmonary phthisis, and for solving it affirmatively by the example of certain cases.

During the next two decades ulceration of the larynx was treated of by several French and German authors, but without sensible advance beyond that of putting on record a larger number of cases. Towards the end of this time, however, the conception of tubercles being developed in the mucous membrane of the larynx and producing ulceration by their softening, seems to have been first definitely entertained. In 1824 this idea is for the first time clearly expressed and considered seriously by C. J. Pravas, (25) of Paris, in his graduation thesis. In 1825 the celebrated P. C. A. Louis, physician to the Hotel Dieu, &c., as the result of frequent observations of autopsies in pulmonary phthisis, expressed the decisive opinion (26):—"Ulcerations of the larynx, and especially those of the trachea and epiglottis, must be considered as lesions proper to phthisis." Nevertheless in his researches he perceived no tubercles in the larynx, and hence concluded that the disease was of an inflammatory nature, caused by an irritating or excoiorating action of the sputa discharged from the disintegrating lungs. The ulcers, in fact, which by some chance exclusively came under the notice of Louis, were those of shallow, extensive erosions, chiefly found on the posterior walls of the trachea and epiglottis, apparently in the track of the expectorated mucus. Yet in his observations of this lesion, as well as in his etiological conceptions, Louis was anticipated, though only in some brief and casual remarks, as early as 1808 by the renowned F. J. V. Broussais, (27) professor of medicine at the Val-du-Grace, and author of the once all-dominant doctrine of Essentiality.

The numerous and continuous memoirs relating to laryngeal phthisis with their marked inconclusiveness induced the Academy of Medicine of Paris, in 1836, to propose "The History of Laryngeal Phthisis" as the subject of competition for a prize. This prize was taken by two young investigators who had already begun to work conjointly in order to elucidate the disease, Armand Trousseau, afterwards physician to the Hotel Dieu, and J. H. Belloc. (28) These authors executed their task with vigour and penetration, and presented a scheme of laryngeal pathology in which the chief diseases of the organ were distinguished scientifically, and their phenomena illustrated by well observed cases. Their inferences were drawn from over sixty instances included in their treatise, half of which came under their own observation. Trousseau and Belloc made four species of laryngeal phthisis, viz., (A) *simple* (severe or hypertrophic chronic laryngitis), (B) *syphilitic*, (C) *cancerous*, and (D) *tuberculous*. They did not, however, discover tubercles in the larynx, but advocated their occurrence by analogical reasoning, e.g., "If the tubercular diathesis can invade the crypts of the ileum . . . why should we hesitate to admit that the same thing can happen as regards the larynx, which is a part of the respiratory apparatus, and consequently ought by its connection with the lungs to be still more exposed to invasion of tubercular matter." (29) Of cancer they could only give a single example.

The inaptness in finding tubercular deposit in the laryngeal mucous membrane at first led most of those who searched for it to deny its existence in that situation. The earliest investigator who asserted that he had seen it was J. B. Barth, (30) professor of medicine at Paris. In 1839 he stated:—"In consumptive patients we find often enough that the mucous membrane is raised in various points by small bodies of a dull or yellowish white colour, over which the membrane tends to become inflamed and ulcerated to give passage to the tubercular matter amassed underneath." Nevertheless, for more than a quarter of a century after Barth's statements, the chief names among French pathologists, with a few exceptions, concurred in the denial of laryngeal tubercle.

The doubts which reigned so long in France never gained much ground in Germany, for, as early as 1842, Carl



Rokitansky, professor of pathology at Vienna, whose word was law with almost all his countrymen, affirmed (31) most circumstantially the deposit of tubercle in the larynx. "Tubercle of the air-passages," he writes, "is, to speak generally, a very frequent phenomenon. . . . It is mostly found in the larynx, . . . but as primitive and independent so extremely seldom that its presence as such has been altogether denied. It almost always follows lung tuberculosis after this latter has made some progress. The site of the tubercle is almost constantly, and again exclusively, the mucous membrane and the submucous connective tissue over the arytenoid and the contiguous cartilages; yet it is found exceptionally in other places also, and on the front of the epiglottis. It is deposited in the submucous connective tissue either as a gray granulation, or infiltrates the mucous membrane as a yellow mass of tubercle of cheesy brittleness. It occurs commonly in both forms, but in the latter it is particularly rapid in softening and ulceration. Soon there arises from the dissolution of the gray granulation a small round ulcer, from the size of a millet seed to that of a lentil, with an everted hard edge, which coalesces with others in the vicinity, and hence arises a second form of ulcer, viz., an irregular one with an indented margin and a cellular, callous, and thickened base, both of which become the seat of secondary deposit of tubercle." Rokitansky then goes on to note the progressive ravages of these ulcers, so that they extend over the whole larynx, epiglottis, and even spread to the soft palate, giving rise at the same time to deep suppuration and necrosis of the cartilages. He further remarks that by perforating outwards they may occasion emphysema of the neck. With this description, so minutely exact notwithstanding the early date at which it was made, and which cannot justly be said to have since been surpassed, the pathological history of laryngeal phthisis may be considered practically to terminate.

- (1) De Corporis Humani Fabrica, Trajecti ad Mœnum, 1706, t. iii., sect. 163, &c.
  - (2) In 1778 the great Haller gave both actions of the lateral crico-arytenoids, and hesitated between them. (De Part. Corp. Hum., t. vii., p. 250, &c.)
  - (3) Mémoire sur l'Usage de l'Épiglotte dans la Deglutition. Paris, 1813.
  - (4) Transactions of the Cambridge Philosophical Society, 1833, p. 823.
  - (5) I allude specially to the theory which Magendie developed, that the muscles closing the glottis were supplied by the superior laryngeal nerve, and the dilators by the recurrents. For some time the action of the muscles and their nerve supply were, by a Procrustean method, made to fit this hypothesis. (Compendium of Physiology, 4th ed. London, 1831. Pp. 152, 399.)
  - (6) Gazette Médicale de Paris, 1841, p. 465, and in his Traité de Physiologie.
  - (7) Expériences sur la Principe de la Vie. Paris, 1812, sec. iii., &c., p. 150.
  - (8) Magendie also saw the motions of respiration about the same time, but he describes them no further than by calling them "isochronous with respiration." (Mémoire Cit.)
  - (9) Lectures on the Nervous System. London, 1833, p. 21.
  - (10) On the Diseases and Derangements of the Nervous System, 1841, pp. 61, 63.
  - (11) Edinburgh Medical and Surgical Journal, 1838, p. 183. Todd's Cyclopaedia of Anatomy and Physiology, Art. Par vagum.
  - (12) Guy's Hospital Reports, October, 1837.
  - (13) Expos. of the Natural Syst. of the Nerves, London, 1-24.
  - (14) Nervi Accessorii Willisii Anatomia et Physiologia, Darmst., 1832.
  - (15) Archives de Médecine, 1844, Académie des Sciences Mathématiques et Physiques, t. xi. 1851, p. 698.
  - (16) Theses de l'Ecole de Médecine, Paris, 1806, No. 82.
  - (17) Compendium, &c.
  - (18) Traité de physique expérimentale, Paris, 1816, t. ii., p. 106, &c.
  - (19) Elements of Physiology, London, 1837, p. 973, &c. Appendix.
  - (20) Nonnulla de Vocis Formatione, Berolini, 1835. Graduation Thesis.
  - (21) Dissertatio de Phthisi Laryngea, Montpelli, 1790 (in Diss. Med. Select. Montpel, t. vi.)
  - (22) Recent writers on the larynx in their bibliographies and historical allusions have not brought out this fact hitherto with distinctness, but leave the reader to imagine that "laryngeal phthisis" at the early part of this century had the same significance as at present; whereas the essays then published under this name were as much concerned with syphilis and cancer as with tuberculosis.
  - (23) Recherches sur la phthisie laryngée, Thèse de l'Ecole de Médecine de Paris, 1802. (24) Same title, 1806.
  - (25) Recherches pour servir à l'histoire de la phthisie laryngée; Theses de l'Ecole de Médecine de Paris, 1824, No. 56.
  - (26) Recherches anatomico pathologiques et thérapeutiques sur la phthisie Paris, 1826, p. 51.
  - (27) Histoire des phlegmes ou inflammations chroniques, Paris, 1806, t. ii., ch. iv.
  - (28) Traité pratique de la phthisie laryngée et des maladies de la voix, Paris, 1837. (29) Ibid. p. 23.
  - (30) Mémoire sur les ulcerations des voles atriennes Archives générales de médecine, Paris, June, 1830, p. 187, &c.
  - (31) Handbuch der pathologischen anatomie, Wien, 1842, bd. iii., p. 26.
- NOTE.—Correction of proofs for last issue being inadvertently omitted, several errors appear, notably Otius for Aëtius, bronchogotomy for bronchotomy, &c. Several of the notes are also displaced.

## Clinical Records.

### LARGE MULTILOCULAR CYST OF THE RIGHT OVARY; SMALL CYST ATTACHED TO THE LEFT BROAD LIGAMENT; OVARIOTOMY; RECOVERY IN EIGHT DAYS.

Under the care of DR. J. THIRIAR.

B. G., æt. 41, came under treatment on account of a large abdominal tumour on March 7th. She was a badly-nourished woman; had had eight children, the last three years ago, since when she had been quite regular until October, 1884, when the periods ceased. She noticed the abdominal enlargement first in March of the same year, the growth being on the right side at the commencement, the patient regarding it as an indication of pregnancy. It rapidly increased in volume, and at the end of February its dimensions reached such proportions that an immediate operation was considered necessary by the physician attending the case. The operation was not, however, performed until March 8th, but in the interval an endeavour to afford relief to urgent symptoms by puncturing the tumour was made, at a point above the navel on the right side, where a fluctuating point could be recognised; and half a bucket-full of dense, thickened colloid liquid withdrawn. At the time of the operation the general state of the patient was tolerably good, but she was very much wasted, and had a yellow look. The extremities were infiltrated with fluid, and the abdomen yielded the following measurements:—From the xiphoid to the pubis, 25·6 inches; from the xiphoid appendix to the umbilicus, 11·6 inches; from side to side between the anterior superior iliac spines over the umbilicus, 30·4 inches. The belly presented an unusual appearance, being very much lengthened and as though divided into two parts by a transverse furrow. The tumour was apparently uniform, and on pressure it could be felt to invade all parts of the abdomen as far as the epigastrium, and more or less indurated points could be made out. Succussion revealed a shaking of ascitic fluid, which, however, could only be perceived at the upper part of the tumour, and percussion demonstrated the presence of the intestine in the flanks. The uterus was small and moveable, the cervix short, and the external os admitted the pulp of the examining finger. The perineum showed signs of laceration, and the rectum projected towards the posterior wall of the vagina.

The operation of ovariectomy was performed by Dr. Thiriari on the 8th of March at 11 a.m., having been preceded at 10 a.m. by the injection of the following mixture:—Laudanum, 30 drops; chloral, 30 grains; and water, 50 grammes. Dr. Thiriari has great faith in the efficacy of this preliminary treatment, and attributes to it in great part the success he has obtained, twenty-three cases of ovariectomy in which it was observed having all recovered well. Complete antiseptic precautions were observed during the operation, which occupied in all twenty-three minutes. The first incision extended from the umbilicus to the pubis, and the cyst having been opened it was found to be extensively adherent to the abdominal wall; and in the attempt to separate the parietal peritoneum from the wall of the cyst, the former membrane was torn through to an extent of two inches or more. The mistake was, however, at once perceived, and the primary incision extending above the navel to the point where ascitic fluid had been previously recognised, and which was consequently free from adhesion. The operator was thus enabled to separate the upper part of the cyst from the parietal peritoneum. Even then, however, the tumour could not be removed on account of its size, and to permit the accomplishment of this stage of the proceeding it was incised, and the hand of the surgeon plunged into its interior, all the obstacles encountered being freely broken down, the escaping liquid being meanwhile prevented from entering into the cavity of the abdomen. Being thus much reduced, the growth was then easily extracted. The pedicle was large, and was tied with a double ligature. A small cyst proceeding from the left broad ligament was also removed, and the remaining stages of the operation performed in the usual manner, subsequently to which a morphia injection was practised and some champagne administered. On the sixth day subsequently the patient was able to get up, and returned home on the 19th March. Recovery was



rapid and continuous, the highest temperature recorded being 100°. Once only, on the evening following the operation, vomiting occurred, and being attributed to the champagne, this latter was not again administered. Two days after the operation the patient eat with a good appetite, and the dressings were permanently removed on the eighth day, perfect union having ensued. The tumour presented all the characters of colloid, cystic growths.

## Transactions of Societies.

### ACADEMY OF MEDICINE IN IRELAND. MEDICAL SECTION.

CLOSING MEETING, HELD FRIDAY, MAY 29TH.

DR. DUFFEY, Vice-President of the College, and subsequently DR. CRUISE, President, in the Chair.

#### NOTES OF VISITS TO CONTREXEVILLE AND ROYAT.

DR. CRUISE, President of the Medical Section, read a paper giving an account of his visits to Contrexéville and Royat-les-Bains, with some details respecting those mineral waters, and pointing out the various cases in which they are found useful. Contrexéville, which is situated in the Vosges mountains, belongs to the class of calcareo-sulphated waters. Its water is alkaline, with a preponderance of salts of lime, aperient from sulphates of soda and magnesia, and restorative from iron and arsenic. The principal spring there is the Pavilion, the analysis of which, as given by M. Debray, is as follows:—

#### Analysis of the Pavilion Waters.

Free Carbonic Acid	...	...	0.082
Bicarbonate of Lime	...	...	0.402
"    Magnesia	...	...	0.035
"    Iron	...	...	0.007
"    Lithium	...	...	0.004
Sulphate of Lime	...	...	1.165
"    Soda	...	...	0.236
"    Magnesia	...	...	0.030
Silica	...	...	0.015
Chloride of Potassium	...	...	0.006
"    Sodium	...	...	0.004
Fluoride of Calcium	...	...	traces
Arsenic	...	...	traces

2.384

The effects of the Contrexéville waters are:—1st. Diuretic, 2nd. Laxative. 3rd. Tonic. The diseases in which they are found useful are principally as follows:—Chronic Affections of the Urinary Organs. Gout, especially the atonic forms. Diseases of the Liver. Nocturnal Enuresis in Children. Diabetes, especially when associated with Gout. Royat-les-Bains, which is situated in the Auvergne mountains, belongs to the class of alkaline-chlorinated waters, with the addition of salts of lithium, iron, and arsenic.

M. Lefort's analysis of the principal spring—the Eugénie—is appended:—

#### Analysis of Royat Water.

Eugénie Spring—(Temperature 95° F.)			
Bicarbonate of Soda	...	...	1.349
"    Potash	...	...	0.485
"    Lime	...	...	1.000
"    Magnesia	...	...	0.677
"    Iron	...	...	0.040
"    Manganese	...	...	traces
Sulphate of Soda	...	...	0.185
Phosphate of Soda	...	...	0.018
Arsenate of Soda	...	...	0.004
Chloride of Sodium	...	...	1.728
Iodide and Bromide of Sodium	...	...	traces
Silica	...	...	0.156
Alumina and Organic Matters	...	...	traces
Chloride of Lithium	...	...	0.037
Total Solids	...	...	5.623
Free Carbonic Acid	...	...	0.877

The effects of the Royat waters are:—1st. Stimulating to the circulation. 2nd. Diuretic. 3rd. Laxative. 4th. Tonic. The diseases in which they are found most useful are principally as follows:—All forms of Gout and Rheumatism, especially the atonic phases. Anemic and Lymphatic Affections. Affections of the Throat, Lungs, and Uterus.

The CHAIRMAN (Dr. Duffey) noticed that the President did not allude to the silica in those springs.

DR. TICEBORNE, having examined Contrexéville water, as imported, said the analysis was almost identical with that exhibited in the President's diagram, and therefore what found its way to this country was genuine. That was not always the case. It appeared from the analysis that chlorine was associated with iodide of potassium. But it was a difficult thing to prognosticate from an analysis what was the composition of the water, since chlorine was not originally associated with it. He was struck with the analysis of Royat water as regards the extraordinary amount of lithium—0.037, being about 2½ grs. per gallon. It was of great interest to see the water was so rich in that particular body. He asked had cesium and rubidium been found, there being an idea that they possess qualities similar to lithia in their action.

DR. JAMES LITTLE said he was not in a position to speak of the waters of Royat; but many years ago he had heard from Dr. Cruise of the value of Contrexéville waters in affections of the bladder. That practical piece of information had helped him to keep persons alive with bad bladders; and since then he had formed an opinion of those waters. Those to whom he gave the waters said they produced the effects Dr. Cruise had enumerated, and that they usually improved the appetite, kept the bowels open, and made people feel comfortable. In this country the waters appeared to be useful in that kind of dyspepsia occurring in people of a sallow complexion and sedentary habit connected with the diseased condition of the liver. In gallstone the waters also appeared to be useful. An old London physician had told him that he gained more benefit from gout by the Contrexéville waters than any other mode of treatment. The chief virtue of the Contrexéville waters lay in their effect on the urinary organs, especially catarrh of the bladder and stone. In catarrh of the bladder he first had had an opportunity of seeing the value of the waters. It was the case of an old man in whom catarrh had arisen in connection with imperfect emptying of the bladder through enlarged prostate. From a physician whom he met at Contrexéville he ascertained that in giving the water for stone the best plan was to give a large quantity early in the morning before breakfast, whereas for catarrh or gout the better plan was to give it in divided portions during the day. To clear away gravel, he had recommended patients to drink a bottle before breakfast. But in catarrh of the bladder he had recommended a certain portion before breakfast, luncheon, and dinner. A few months ago he saw a lady, and from the account she gave of the pain running down the thigh, he felt certain it was renal calculus. He recommended her a six weeks' course, and at the end of that time he received from her the calculus shown. With regard to Contrexéville itself, as compared with the great German baths it was rather a sad place.

DR. H. KENNEDY approved highly of Dr. Cruise's remarks. But a large number of persons were unable to visit those baths, and it was, then, well to keep in mind the work of Roberts, of Manchester, in which, by medical treatment alone, he proved that not only could calculus in the bladder be modified, but even brought away.

DR. FINNY had employed Contrexéville water in some cases of bladder affections where cystitis was a common symptom; but his experience was not as good as that of those who had spoken—in fact, he was disappointed in the results. He did not find that it gave relief to the bladder troubles, nor that it improved the condition of the water in removing the mucus, as Dr. Cruise had experienced. But perhaps in this country the habits of the patient, combined with the climate and other causes, affected the action of the water in different ways.

DR. T. E. CAHILL having also joined in the discussion,

DR. CRUISE, in reply, said they had not sufficient knowledge of the therapeutical value of silica to attach much importance to it more than to the fluorides, or fluoride of calcium. There were no traces of cesium, rubidium, or strontium in the waters, according to Debray. With regard to the chloride of lithium in the Royat water, he was correct

in the quantity given. Contrexéville was an early watering place, closing on the 15th September, after which it was not a very gay place. Dr. Kennedy's reference to Roberts' remarkable observations recalled the celebrated cures published in old times; but these were affected with soft or phosphatic calculi, and would not influence a hard calculus, such as oxalate of lime, or lithic acid. Dr. Finny was not satisfied with the waters which did not give the relief required in some cases. That was his own experience in some cases, but that was also the fate of all drugs and mineral waters. The difference in the doses for the gout proper and for cases of stone he was glad to hear.

#### PRIMARY SARCOMA OF THE RIGHT KIDNEY.

Dr. WALTER SMITH exhibited a specimen of primary sarcoma of the right kidney, and read notes of the case. The tumour weighed nearly 4 lbs., and in microscopic structure was that of a spindle-celled sarcoma. It was removed from the body of a man, aged fifty-three years, admitted into Sir Patrick Dun's Hospital, October 25th, 1884. His family history was good, and he was in perfect health until about two years ago, when he felt a slight pain in the right side, and soon after noticed a swelling. The tumour slowly increased in size, but he was able to work as a brass finisher up to a month before admission to hospital. The tumour extended from the ribs to within two inches of the ilium, and laterally about two inches to left of umbilicus. There was no ascitis at any time, and the cutaneous veins, anteriorly and laterally, were permanently enlarged, forming a visible network. The fingers could be depressed readily into the groove between the tumour and the ribs, and, notwithstanding that no evidence of intestine in front of the tumour could ever be detected, the diagnosis of malignant renal disease was easily made. The urine constantly contained a considerable amount of albumen, with some tube casts, and although usually bright and clear, always became turbid (mucin) with acetic acid. From time to time he passed, *per urethram*, curious tassel-like and vermiform fragments of fibrinous clots, mostly decolorised, and sometimes three inches in length. The man's strength very gradually gave way, and he died on April 14th.

*Post-mortem, twelve hours after death.*—No fluid to signify within the abdomen, and no evidence of peritonitis, except a few old adhesions. *No part of the intestine lay in front of the renal tumour:* colon adherent to its lower edge. Vena cava beneath the liver occupied by a large laminated thrombus, terminating above in a blunt cone. Right renal vein likewise filled with a soft thrombus; left renal vein free from clot. Liver and left kidney amyloid. Double ureter on left side. Bladder healthy. Thoracic viscera healthy, except for a mass of caseous glands behind bifurcation of trachea. No vestige of healthy renal tissue could be made out in the tumour, which was enveloped in a loose capsule of connective tissue. R. ureter pervious, not dilated. Pelvis of kidney filled with a firm, fibrinous plug. R. adrenal loosely attached to the tumour. The tumour, upon section, exhibited a mottled, patchy appearance, and was intersected by numerous fibrous bands. Under the microscope it proved to be a spindle-celled sarcoma.

The PRESIDENT said the case was remarkable for its rarity, many of the profession having passed through a long life without seeing more than one or two.

Dr. HENRY KENNEDY said he had never seen it in the adult, though he had seen six cases in children. Walsh, in his celebrated book, mentioned the fact of strumous disease co-existing with malignant disease. The strumous glands most probably appeared early in life, while the malignant disease was of subsequent growth. It was scarcely compatible that the two should grow together. It was also questionable whether hæmorrhage was a direct symptom of the disease. In the case of the children he had seen it was not present.

Dr. JAMES LITTLE said he never saw a case of cancer of the kidney, but he emphasised the fact mentioned by Dr. Smith of the great importance of noticing the condition of the colon in the diagnosis of renal tumours.

Dr. FINNY having seen Dr. Smith's case, confirmed what he had stated about the position of the ascending or transverse colon; but the peculiarity here was that it did not pass in front, but below the tumour. That was the difficulty. A short time ago he had a patient in hospital in whom it was easy to define the descending colon passing over the tumour, and his colleagues concurred with him that the

tumour was a renal one. Another point in Dr. Smith's case was that the handling of the tumour gave little pain, and it seemed to be only troublesome from its great size and position. There was a distinct rounding of the kidney in the early stage. Afterwards that growth evidently became involved in the general mass, resulting in one continuous large tumour. The illustration of the presence of mucin, and the peculiar objects passing down from the urethra, gave the case additional interest.

Dr. WALTER G. SMITH in reply, said he was almost disposed to envy Dr. Kennedy's exceptional experience of the disease. He was not aware that anybody in Dublin had seen so many cases of the disease, even in the early period of life, whereas it was well known one-third occurred in the first decennium of life and the remaining two-thirds in later life, the period from ten to twenty-five having almost an immunity from malignant disease of the prostate or kidney. He did not think that Dr. Little or anyone could lay too much stress on the importance and generality of the rule of the existence of intestine in front of the tumour. It was a singular circumstance, but by no means peculiar to his case, that there was a comparative absence or slight degree of pain, the disease being a slow, infiltrating affection.

On the motion of Dr. DUFFEX, seconded by Dr. M'SWINEY the remaining papers were referred to the Council for publication, and

The Section adjourned.

## Sanitary Department.

### RECENT OUTBREAKS OF ENTERIC FEVER (*continued*).

WE have received from an American source an interesting account of an outbreak of enteric fever which took place this spring at Plymouth, in Pennsylvania. Dr. French, Surgeon to the Philadelphia Police, and Dr. Shakespeare, Pathologist to the Philadelphia Hospital, were, on May 7th, commissioned by the Mayor of Philadelphia to proceed to the scene of the epidemic, and make full investigation thereupon. The following is the substance of their report:—Plymouth is a considerable town, of 8,000 inhabitants, on the left bank of the Susquehanna river, two miles and a-half below the city of Wilkesbarre, which contains 30,000 people. Most of its townspeople are miners, who dwell in two streets parallel to the river, and several cross streets connecting these. From one-third to one-half of the sewage of Wilkesbarre reaches the Susquehanna, and the remainder is retained in cesspools. The river outlet of the sewage of this town is three miles below Plymouth, but the river between Wilkesbarre and Plymouth receives the refuse of abattoirs belonging to the former place, and also the sewage of Kingston, a small town opposite Wilkesbarre. The water supply of Plymouth is mostly from mountain streams above the town. The water proceeding from these streams is dammed at four points, and led to four reservoirs containing from 250,000 to 5 million gallons. From these it is led to the town by the means of the Plymouth Water Company's mains, which supply the whole town but "Welsh Hill." The water main proceeding from the lowest reservoir separates into two chief divisions, the "Back Street" and the "Main Street" mains. During drought, river water is pumped by the Company into the latter. The people on "Welsh Hill" depend chiefly on wells, but also use the Susquehanna water, which is pumped to them by a coal company; they do not use mountain water at all. It was calculated that of a total of 400,000 gallons of river water pumped by the coal company, 150,000 were used by the inhabitants of this part of Plymouth. The pumping station of the water company is two miles below the point where the lower Wilkesbarre sewer empties itself. Just before the

outbreak, the supply of mountain water became inadequate owing to the frozen state of the streams, and the reckless tapping of the mains by the Plymouth people. From March 20th to March 26th, water was continuously pumped from the river to the "Main Street" main. But so much was pumped that it also reached the "Back Street" main, and through it the lowest reservoir. On proceeding to make their inquiry, Drs. French and Shakespeare found that Plymouth had suffered endemically from enteric fever each autumn to some extent, but that the present outbreak was of marked suddenness, beginning on April 10th, and involving between that date and April 20th, no less than 500 victims. Altogether, the epidemic attacked 1,200 persons, an attack-rate of 150 per 1,000 living at all ages. The disease was at first variously thought to be malarial fever, typho-malarial fever, and the like, but all doubt was set at rest by an autopsy made by the two Philadelphia doctors, who demonstrated to the profession at Plymouth the characteristic intestinal lesions of enteric fever. On seeking the cause of the outbreak, the sewage-polluted Susquehanna water seemed, *prima facie*, to be the guilty agent; but this hypothesis was negatived by the fact that the majority of the sufferers used water which was least contaminated by this source, and the minority drank water which was subjected to maximum pollution by it. It was found, too, that amongst the 800 people living at "Welsh Hill" all of whom drank Susquehanna water taken from it half a mile nearer the Wilkesbarre sewer outlets than the pumping station, only nine suffered. Indeed, in the town, excluding "Welsh Hill," 10 per cent. of the population were attacked, whereas at "Welsh Hill" itself only about '08 per cent. of the population were taken ill with the disease. So, another channel of infection was sought out. A committee of local physicians at Plymouth reported the circumstance of a case of enteric fever existing at a house less than 80 feet from the mountain stream running between the last two reservoirs. On inquiry, the commissioners found that such a case had existed during the three months preceding the April outbreak at Plymouth; that the nurses in attendance threw the dejecta on the ground near the mountain brook at night, and during the day into a privy which communicated directly with this stream by means of the porous subsoil in which it was placed. During the first three months of the year the ground was frozen and snow-covered. At the end of March a thaw set in, and on April 2nd a heavy fall of rain took place. Hence, the accumulation of specific excrementitious matter was swept into the stream at this time, and the velocity of the current and rocky nature of its bed both hastened its extension and prevented its deposition. And that this sudden entrance into the general water supply, at a time when it was unduly diminished, of specific matter, was the cause of the outbreak in Plymouth there seems to be little doubt. Drs. French and Shakespeare, in conclusion, recommended (1) that houses near the reservoirs should be purchased by the sanitary authorities, and similar ones not allowed to exist; (2) the removal of decaying wood from the sides of the ravine through which the mountain stream flows; (3) discontinuance of the Susquehanna water as a source of supply; (4) tapping and cleaning of the blind ends of the water mains; (5) abolition, as far as possible, of surface wells liable to be polluted, and thus to cause continuance of the epidemic. Particulars of the social destitution caused by the outbreak, and a brief general account of the means of refuse disposal of the town complete the report.

*Remarks.*—The above outbreak bears, as is observed by

the authors of the report, a striking similarity to the classical Lausen epidemic of 1872, and deserves therefore close study and careful record. On referring, however, to the particulars of the Lausen outbreak, this will be found to present a less complicated set of conditions than the Plymouth one. For, the circumstance that the foul Susquehanna water obtained access to the lower reservoir cannot be set aside, and this, coupled with the previous pumping a fortnight before the beginning of the outbreak, would seem to implicate the river to some extent. It would have been well if Drs. French and Shakespeare had presented some statistical comparison of the incidence of the fever on houses supplied solely from the river, on those receiving mountain water only, and those drawing from a mixture of these supplies. Reconciliation of the facts may perhaps be effected by supposing that the excrementitious matter swept down from the house between the third and fourth reservoirs found in the foulness of the water in the fourth reservoir a condition suitable for the life and development of the specific germs which it contained.

## Special Articles.

### THE VOLUNTEER MEDICAL STAFF CORPS.

#### THE CAMP, ALDERSHOT.

THIS Corps has just spent a week under canvas at Aldershot, and probably no corps of Volunteers ever received so hearty a welcome on their arrival, such kindly attention during their stay, or such a truly friendly farewell as was given to the Medical Staff Corps. For some time it had been known in Aldershot that the Corps composed mainly of students from the London Schools of Medicine was coming down for a course of instruction, and on their arrival they were met by large numbers of the regulars, especially those connected with the Medical Staff Corps stationed at Aldershot. On their arrival the officers were made honorary members of the Medical Staff mess, and the sergeants were in the evening entertained in a most sumptuous manner by the sergeants of the regulars. Each morning there was a parade at 6.15, for one hour battalion drill, the Medical Staff Corps and the Volunteer Medical Staff Corps working together under Surgeon-Major Ray, and a second parade at 8.30, for a field day or for special work as bearer companies. One day was devoted to practising the duties of the corps on a battle-field, under the superintendence of Surgeon Miller. Some seventy men were sent out as wounded, ticketed with the nature of the wound. These men covered a space of ground more than a mile square, and like wounded would naturally do, secreted themselves behind the gorse and hillocks in the shade and out of sight of the enemy, and therefore out of sight of the bearers. The Volunteer bearers were sent out to search for the wounded, to dress their wounds, and to bring them in to the collecting station, where the ambulance waggons were in waiting. They performed their work uncommonly well, and did not fail to recover all the seventy who had been sent out in the early morning. As they brought the wounded up to the collecting station they loaded them into the waggons to be taken off to the field hospital situated in a well selected spot in the shade of a wood and out of range of cannon-fire. During the practice we noticed a curious anomaly: the officers commanding com-

panies in the Volunteer Medical Staff Corps rank in the Army List as Lieutenant-Colonels and as Majors having been transferred from different regiments; but in this Corps they have had granted to them only the rank of Captain, and therefore they were not mounted. Consequently, from the time the bearer detachments received the order to search for wounded they were never seen again by the Commander of the company until they arrived with the wounded at the collecting station, and had there been a retreat along the line, no order could have been issued to the Commanders of sections, and no communication whatever held with the bearer detachments. It is clear that the Commanders of companies must be mounted. They are mounted in the regulars, and the work and the requirements of the Volunteers must in no way differ from that of the regulars. Why in the Volunteers the Commander of a bearer company should receive the rank of Captain only, when in the regulars it is necessary that the same officer should be a Surgeon-Major, we are at a loss to understand. The War Office might just as reasonably issue an order that in future the Commanders of Volunteer battalions shall rank as Majors only instead of Lieutenant-Colonels. There is another suggestion we should make to the Volunteer Medical Staff Corps, and that is that they should apply to the War Office for permission to have a band. We are aware that Departments have not bands, and that the Medical Staff Corps have no band, but that is no reason why the Volunteer Medical Staff Corps should be refused. Among the students are a great many excellent musicians, and there would be no difficulty in getting together a volunteer band, the cost of which would be simply the cost of the instruments and an instructor. The Corps will doubtless soon have enrolled the full number allowed; and for smartness in movement of a body of men on the march a band is a *sine qua non*. The Corps has benefited greatly by its stay in Aldershot, and certainly the officers stationed at Aldershot have, regardless of personal time, trouble, and inconvenience, devoted themselves to the instruction and comfort of the Corps. Surgeon-General Hendley, the P.M.O. of the district, received the officers at lunch, and presided on the guest night at the mess, on which occasion the Director-General was present. Surgeon-Major Ray gave them a battalion drill every morning. Surgeon-Instructor Miller was indefatigable in his endeavours to assist them on field days in the formation of field hospitals, collecting stations, bearer work, &c. Surgeon Rutledge, as chairman of the mess, studied that they should not be wanting for the good things of this life. Surgeon Grier watched over them throughout their visit to see that nothing was wanting. Quartermaster Adjutant Buckley devoted himself to their comfort, and every member of the Staff, without exception, sought to render his visit a pleasant one. On Saturday, the 15th, before leaving Aldershot, Surgeon Miller gave practical instruction at the railway station on entraining the wounded at 6 a.m., and at 10, after striking the tents, athletic sports were held—tug of war, races, tent pitching, &c., for prizes, between the regulars and the Volunteers. At 12.30 the Volunteer Medical Staff Corps marched off, amidst the cheers of the regulars, large numbers of whom followed and accom-

panied the Corps as far as the station. At the station they were met by the Surgeon-General, and by every member of the instructing staff, who bade them farewell as the train left the station.

REGISTERED FOR TRANSMISSION ABROAD

### The Medical Press and Circular

Is published every Wednesday morning Price 5d. Post free 5½d

POST FREE TO ANNUAL SUBSCRIBERS . . . £1 2 0

„ IF PAID IN ADVANCE . . . 1 1 0

Post-office Orders and Cheques to be drawn in favour of—

A. A. TINDALL, 20 King William Street, Strand, London, W. C.

A. H. JACOB, 3 Molesworth Street, Dublin.

Agents for Scotland:—

MACLACHLAN & STEWART, South Bridge, Edinburgh.

A & W. STENHOUSE, Hillhead, Glasgow.

Sole Agent for the Continent:—

JOHN F. JONES, 31 Bis, Rue du Faubourg Montmartre, Paris.

ADVERTISEMENT SCALE—Whole Page, £5 0s. 0d. Half Page,

£2 10s. 0d.; Quarter Page, £1 15s. 0d.; One-eighth Page, 12s. 6d.

Small Announcements of Practices, Assistancies, Vacancies, Books, &c. of Seven lines or under, 4s. per insertion; 6d. per line beyond.

Considerable reductions are made from the foregoing Scale when orders are given for a series of insertions. Letters in this department should be addressed to the Publishers.

SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIÈRE, Rue Hautefeuille, Paris—post free in advance, £1 8s. 6d. per annum.

SUBSCRIPTIONS FOR RUSSIA are received by Messrs. RAJCHMAN and FRENDELER, 18 Senatoren Street, Warsaw—post free, £1 5s. 0d. per annum.

SUBSCRIPTIONS FOR THE UNITED STATES are received in New York by Messrs. WILLMER & ROGERS, Philadelphia, by Dr. BRINTON: post free in advance, \$4 dollars (£1 8s. 6d.) per annum or direct from the Offices in this country for the same amount, if remitted by International Post-Office Order.

### The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, AUGUST 19, 1885.

#### THE MEDICAL PROFESSION AND LUNACY CERTIFICATES.

The crusade against medical men grows apace. The profession has again proved vulnerable in point of law, if not in point of equity and justice. The number of victims sacrificed to gratify a public craze, private spleen, or individual rapacity is increasing at a rate so alarming as to justify an appeal to the profession at large, in the interest, not only of its units, but its own integrity. When the good name of a medical man has become so open to reproach, when his home and all he holds dear are “desecrated and displeasur’d” by greed and calumny, it is time and more than time to ask, where is our unity, our power of resistance and our “shoulder to shoulder”? No one can afford to despise the warnings rung out by recent events. The day of law suits and their attendant expenses, troubles and anxieties is possible at any moment to any of us, and no assurance of innocence should lull us into a feeling of security. While lawyers can profit, it is not likely that they will be thin-skinned

regarding the misery they may entail on medical men. Given the sinews of war, and the most absurd actions are possible. The conclusion can not be evaded, that either the medical profession must consolidate more effectively or it must go to the wall. The utter flabbiness of the British Medical Association as a weapon of self-defence is nowhere more evident than in its helplessness when any member falls into trouble. There is lacking that universal brotherhood and community of sympathy between all sections of the medical fraternity, which throbs responsively through all its branches to the pain or misfortune of an individual unit however humble or obscure. What has the British Medical Association done in the defence of medical men? Smaller and poorer corporations protect their members, with an energy and success that might well make us ashamed of ourselves. The case of *Neave v. Hatherly* and *Gardiner* in the Queen's Bench Division, a few days ago, will stir up sympathy for Mr. Hatherly; but it ought to bring out something more tangible and practical than sympathy. Sympathy is cheap; something more palpable is wanted. The plaintiff, Miss Neave, is in her fiftieth year, and four years ago was certified insane by Mr. Hatherly, the family medical attendant, and Dr. Gardiner since deceased. Mr. Hatherly had no knowledge of the place of treatment determined on, nor was he the instigator of the proceedings. He was asked to examine and certify, and simply confined himself to these duties. Miss Neave's leading delusion was that she was being victimised by Jesuits whose evil counsels actuated her household, that the servants were tools of the Jesuits, and her brother was guilty of improper intercourse with the nurse who was, under Jesuitical influence, trying to poison his child. Inspired by these and kindred delusions she waged war day and night against the household, and had become quite intolerable when recourse to asylum treatment was resolved upon. Lord Coleridge's charge to the jury was characterised by a more accurate estimate of the evidence than might have been expected, but whether it was too learned and involved for the grasp of an average jury intellect, we will not venture to say, contenting ourselves with the fact that the jury failed to arrive at a verdict consistent with the charge and the evidence. It is no compliment to Mr. Hatherly's professional sagacity that the jury found the plaintiff sane at the time of her committal, nor will it relieve his mind to know that they did not consider him guilty of culpable negligence in signing the certificate. If the signing of medical certificates is to be regulated by such conclusions as we have indicated, the result foreshadowed in the speech of Lord Coleridge is not far distant. In other words all respectable medical men will soon cease to grant certificates. We question if a clearer case has ever come before a court of justice, and the onus of refusal to sign certificates will ere long rest with the general public which is represented by jurymen of such conspicuous mental obliquity. Two similar cases are now in the law courts, but being *sub judice* one cannot here comment on them; in the meantime, the sooner the medical profession stands on its own defence the better, for it is in danger of being swept aside by every adverse wind that blows, and a careful study of the interesting and suggestive paper by Dr. Turnbull which appears in another column, will do something towards the attain-

ment of a clearer and more enlightened view of this much-vexed question.

#### TRAM CAR SLAVERY.

MANY of the daily newspapers have recently contained letters complaining of the long hours during which conductors in the service of tramway companies are compelled to remain on duty, and the revelations made on the part of the employes are such as should awaken the utmost indignation. In many cases it is shown that men are required to work for as many as sixteen hours per day, and this not merely during six days, but on the seventh also, and without any save the most exceptional opportunities for obtaining the Sunday of relaxation to which every labourer is supposed to look forward as means of securing needed additional rest. That such a condition of things should be possible in a country where it is a special care of the State to look after the health of all classes of the community, and to regulate the conditions under which various occupations are carried on, is a startling reality; and tardy though the effort to remedy it is, we cannot but feel satisfaction at the commencement of an agitation intended to remove so serious an obstacle to general progress. Great as is the capacity of the human frame for enduring extensive strains upon its strength, such a demand as that to which tram car conductors are subjected by the terms of their engagements, is one that can be supported for only a limited time without such injury to health as must inevitably lead to the production of unhealthy children, and in this way to the weakening of the coming generation. It is sufficiently obvious that this danger is a practical one, and that any occupation which interferes with the bodily health of its followers by unduly straining their physical powers, has a necessary tendency towards degeneration in a large number of working men; added to which the wages earned by such lengthened toil and exposure are often barely sufficient to procure the necessaries of life for the families dependent on the earnings of the father so occupied. It has been suggested that the hours shall be reduced to fourteen, but this change will not be at all an adequate remedy for the evil that is complained of, not even when the additional gain of every other Sunday as a day of rest is granted with it. Every man requires at least one day per week on which he shall be relieved from the pursuit of his habitual labour, and which shall be for him a period of rest and recreation. Moreover, the most willing spirit is not able to work continuously more than twelve hours *per diem*, without being slowly undermined in health, and hastening the period of natural decay, for by so doing he deprives the organs of his body of the repose that is essential to the due performance of their several functions as is the food on which they depend for nutrition.

From the employer's point of view, of course, such considerations as these are out of place. They look mainly to the profit to be gained out of the sacrifices made in their interests; and, unfortunately, they are to all appearances justified in driving harsh bargains with their men by the ease with which they are enabled to fill all vacancies from the crowd of unemployed applicants.

But though on this account it is not to be expected that the men themselves will insist upon a radical change in the regulations under which they work, it is not, therefore, the less incumbent on others to obtain for them the needed redress; and on public grounds of expediency an early reform of this description should be insisted on by those who are able to recognise and appreciate the ultimate effect of the burden under which these men labour. A very considerable number of men are concerned in this connection; as a body they cannot help themselves, but they may be trusted, when the means of doing so is presented to them, to promote their own emancipation as far as possible. Efforts to this end have been proposed, and, like all similar attempts, they will require to be long sustained and powerfully assisted before they can be completely successful. The cause, however, is one that well deserves encouragement and support; the benefits to be conferred will have more than an immediate result, and will tend with other measures in progress to assist in the moral and physical elevation of the working classes, for whom so much is now being done.

#### THE COMPENSATION OF IRISH WORKHOUSE OFFICERS FOR ABOLITION OF THEIR OFFICE.

We very much regret to state that the saving clause which the Irish Medical Association caused to be inserted in the Poor-law Officers (Ireland) Bill during its passage through the House of Lords has been, on reconsideration of the Bill in the Commons, so altered as to deprive the clause of most of its value. We explained last week that, according to pre-existing law, the workhouse officers were secure of their salaries whether they were disestablished or not, but that this security was very seriously imperilled by this Bill, which left the compensation for loss of office discretionary with the guardians.

To make it clear that this discretion should not touch the pre-existing rights of officers, the Irish Medical Association promoted the saving clause, but when the amendment went back to the Commons, Mr. Sexton and Mr. Healy insisted on the word "salary" being struck out, and the Attorney-General for Ireland weakly gave way, as, indeed, he would have given way to anything whatever the same party might ask.

The Bill, with this omission, is now law, and the best hope we can hold out to the disestablished officers is that it does not positively repeal their pre-existing rights, and that those rights may yet be established before the law courts if the guardians, as may be expected, refuse to do justice to their officers.

It is appropriate, in view of the coming General Election, that we should remind the Poor-law officers of Ireland that they owe no allegiance to Mr. Sexton's party. That party it was which, year after year, has prevented the House of Commons from according to Irish Poor-law officers the bare justice of a superannuation in their declining years of meritorious service. That party it was which, without pity, or even decency, drove out the medical officers to starve or beg when every other political party was willing to recognise their claims upon the

public. Every attempt to place the Irish Poor-law medical officer in a better position has been persistently opposed by that party, and its last act has been to do its utmost to deprive that officer of compensation when his office is taken away from him. If the five thousand Poor-law officers in Ireland are foolish enough not to know their enemies from their friends they have only themselves to thank for being put under foot by Mr. Sexton and his followers. It is our political creed that a doctor, as he cannot exercise any material influence in general politics, should vote for his own profession and for its interests, and should make his mark in his ballot-paper against every candidate, be he Tory, Whig, Radical, Parnellite, Democrat, Royalist, or Fenian, who has shown his enmity to the cause.

Messrs. Sexton and Healy are not, however, solely to blame for seeking to deprive Irish Poor-law officers of compensation for abolition of office, for we have learned that their action in this matter has been prompted from a direction which no one could expect. We have ascertained with astonishment and regret that one of the Secretaries of the Poor-law Officers' (non-medical) Association, without consulting his executive, in defiance of the opinion of his colleague, and preferring his own interpretation of the law to that of the Solicitor-General and Mr. Purcell, Q.C., wrote surreptitiously to Mr. Sexton, M.P., asking him to oppose the action taken by the Irish Medical Association on behalf of the Poor-law officers. If this gentleman had pleased to elect himself to be the Irish Poor-law Officers' Association, and had acted on their behalf openly and straightforwardly, he might be left to settle the responsibility for his so doing with the executive of that Association (if there be any such), but the transaction is made worse by the fact that all the information which he possessed, and upon which he acted in his negotiation with Mr. Sexton, M.P., was derived from a friendly and confidential communication with the delegate who acted for the Irish Medical Association.

Possibly this Secretary will be able to satisfy the Executive whom he has assumed to represent; possibly he may think it matters little that he has succeeded in bringing his Association into antagonism with an organisation with which it has hitherto worked in amity. We hardly think, however, that, on looking back upon the transaction, he will feel much satisfaction in the recollection that his secret plot with Mr. Sexton has gone far to deprive the Poor-law officers of Ireland of their security of tenure and of compensation for loss of office. Such a result is not a thing to be proud of, and as for this gentleman's enunciation of the law, we really must be excused if we elect to abide by the opinion of the Solicitor-General and Mr. Purcell, Q.C.

AN American journal states, that more than three thousand pounds weight of arsenic was sent into one valley in California in one week for the destruction of grasshoppers.

A FATAL case of poisoning, supposed to have resulted from the substitution of strychnia for monobromated camphor in dispensing some pills, is reported from New York.



## Notes on Current Topics.

### Vaccination Certificates.

A QUESTION was recently raised at the Birmingham Assizes which opens up considerations that do not appear to have been contemplated by writers of the comments already made upon it, but which are of sufficient importance to merit some attention. It arose in connection with the signing of a vaccination certificate by a duly-qualified public vaccinator, who had affixed his signature to the document without having himself performed the operation, this being in reality done by his unqualified assistant. In the end the judge acquitted the accused, on the ground of unintentional offence; and this result is in every way satisfactory. What we wish to point out, however, is that under the Act relating to vaccination as it now stands, there is not a single public vaccinator in the country who is not constantly subjecting himself to the risk of such a prosecution as the Birmingham surgeon referred to has just undergone. Such officers, by virtue of their position, are permitted to give instruction in vaccination to medical students, and the latter are required to have *themselves* vaccinated a certain number of children prior to receiving the certificate of proficiency required by various examining boards. Consequently, the public vaccinator returns a number of signed certificates of successful vaccination in which the operation has been done by another than himself, and that one an unqualified operator. The difficulties in connection with this question are similar to and on a par with those which arise when the death of a child occurs from injuries received during labour conducted by students prior to qualification; and in each case it seems that some special provision to meet it should be inserted in the Acts under which they are included. So long as medical education is of the practical nature it is at present, so long must practitioners run the risk of vexatious prosecution under existing Acts of Parliament; and these latter should be so modified as to prevent unpleasant surprises.

### Anatomy in American Schools of Medicine.

THE *Boston Medical and Surgical Journal* for July 30 contains an article from the pen of Dr. G. H. Monks which contrasts the modes of teaching anatomy in England and America very much in favour of that pursued in this country. The principal feature which appears to have excited Dr. Monk's admiration is the eminently practical nature of the instruction given in British schools, and the practice adopted here of applying the details of regional anatomy in connection with clinical teaching. In America the student is not encouraged to maintain an intimate acquaintance with this subject subsequently to the conclusion of the examination in it; nor does this test include anything equivalent to those "dissection questions" usual in the examinations here, and which effectually prove, by the way in which they are answered, to what extent the candidate's knowledge has been acquired practically. Speaking of America, Dr. Monk writes: "There is in our system only one examination as a rule, which may be written or oral, seldom both, and never very practical. This examination usually comes at

the end of the first year, occasionally of the second. The questions are not generally so selected as to draw out the real practical knowledge of the student. A minimum of fifty per cent. is required to pass. It would be quite possible for most students to get this fifty per cent. by a fair knowledge of the text-book alone. I know of one student in one of our best schools who got a mark of ninety-eight per cent. without ever having seen the inside of the dissecting-room. *Dissecting* itself is not often made a prominent feature. It occasionally happens that a student has no opportunity to dissect until the anatomical examination is over, in which case the stimulus to do good work is wanting. But there is no requirement, and often no encouragement, to dissect with the aid of some good manual." The writer of these remarks, which must be strange indeed in the ears of English students, further reflects on the absence of all aids to study, such as are afforded by preparations, models, diagrams, and plates, in American schools. Such museums as contain them are open but two or three hours in each week, and cannot therefore be esteemed of use as educational forces. Of the museum aids to teaching in this country Dr. Monks speaks in terms of the highest praise.

### Death from Hydrophobia.

A LITTLE girl, seven years of age, died last week in St. Thomas's Hospital, from hydrophobia, a verdict to this effect being returned at the coroner's inquest held on the body in accordance with the evidence of the house-physician to the case. The deceased was bitten on the nose by a black retriever dog while playing in a public park at Brentford on March 28th last. The wound thus caused was treated by a local surgeon, and the child had apparently quite recovered from its effects. On the 6th inst., however, she was seized with symptoms of hydrophobia, and was soon after removed to the hospital, where she died on the following Sunday, August 9th.

### M. Jules Guérin on the Cholera Epidemic.

If the view held by M. Jules Guérin, as to the cholera epidemic in France last year should be correct, it will become a serious matter for reflection, even in this country, how far the outbreaks of the disease are not due to preventible causes originating within the limits of our own towns. According to M. Guérin the 1884 epidemic was not the consequence of importation of cholera from abroad, but was of spontaneous origin, and had been preceded by a *pre-epidemic period*, during which disseminated cases of disease occur, with a mortality no less than during the extremest stages of the malady. The conditions favouring the development of the choleraic poison are those generally found in unsanitary towns, and exist wherever filth and carelessness in removing refuse and providing for drainage and water supply combine to render a place unhealthy. The course of events at Marseilles certainly lends force to the arguments employed in this connection, and forcibly show the frightful mischief arising from a want of vigour on the part of the municipal authorities, who, notwithstanding the terrible lesson taught them last year, have not even yet carried out the improvements necessary in

the interests of the public safety. M. Guérin includes among cases of cholera those instances of diarrhoea in infants which are always numerous in periods of extraordinary heat; and having paid a visit of inspection to Marseilles and Toulon, he concludes that they are at this moment in the *pre-epidemic* period of an outbreak of cholera.

#### A New Aid to Diagnosis.

SEVERAL ingenious instruments designed to assist inspection of internal organs and cavities were exhibited at the last meeting of the French Academy of Sciences by M. Boisseau du Rocher. The chief of them included instruments for examining the stomach, the bladder, and the rectum. The principle in all is the same, and consists in adapting a small electric light to the purpose in view. The instrument has the form of a sound or tube, terminated by a lantern, in the interior of which a small incandescent lamp is fixed. Above it there is an apparatus for reducing to microscopic dimensions the image of the mucous membrane under observation: it consists of a prism surmounted at a right angle by two plano-convex lenses in apposition by their convex surfaces. At the other end of the instrument is fixed a magnifying apparatus, consisting of an objective and an eye-piece, the powers of which can be varied at pleasure.

#### Early Tapping in Ascites.

THIS subject was brought before the Berliner Medizinische Gesellschaft on the 1st ult. by Dr. Ewald, in connection with the case of a woman, aged 61, who had for a long time suffered from chronic kidney disease. When admitted into the Siechenhaus in May last she was bedridden, and unable to move about. There was then slight œdema of the lower part of the trunk and legs. In the abdomen dulness was present in both flanks, which disappeared on change of position. Præcordial dulness was not increased; cardiac impulse could not be felt; cardiac sounds normal. In both lungs there was dulness behind to the level of the fifth rib, and on the left side up to the axilla. The urine was slightly turbid, and contained a large quantity of albumen and casts. There was, therefore, moderate ascites, double-sided pleuritic effusion, and simultaneous œdema. The patient expectorated and coughed a good deal, and complained of dyspnoea. The quantity of urine was between 600 and 800 ccm. On May 19th tapping on the left side of the abdomen gave exit to clear bright fluid. On the 20th the same spot was punctured with Dieulafoy's trocar, and 1,690 ccm. of fluid was withdrawn. As soon as the fluid began to run in drops the trocar was withdrawn. Percussion now gave decided increase of resonance. On June 1st the patient's condition was satisfactory. The weight of the patient had diminished by some pounds, the dulness had cleared up in both lungs, the respiratory murmur had become sharply vesicular, but the pectoral fremitus was still absent on both sides behind; the pulse was of medium tension. Dulness was no longer present anywhere over the abdomen. The œdema was much diminished. The dyspnoea had disappeared, and there was neither expectoration nor headache. There were

much fewer cylinders in the urine, but the quantity of albumen was unaltered. Examination on June 12th revealed but little change, but the œdema of the legs had quite disappeared. The patient felt quite well, was able to go about, and was shown to the meeting. Dr. Litten then related the particulars of a case of his own in which, after tapping, the daily quantity of urine reached 1,300 ccm., whilst with digitalis it never went beyond 900 ccm. He thought, however, that in a week's time the old condition would have returned.

#### The Zenana Medical Mission.

THE Zenana Medical Mission Report for 1884 has just been issued, from which it appears that during the existence of the institution 61 pupils have availed themselves of the opportunities it affords for obtaining instruction in the elementary details of medical work. Some of the women educated by the Mission are usefully employed in India, and as there is undoubted scope for them there and elsewhere abroad, it is satisfactory to know that the institution in which they get their training is progressing favourably. It is situated at 58 St. George's Road, London, S.W.

#### Aseptic Hands.

PROFESSOR FORSTER, of Amsterdam, recently determined to ascertain how the hands could be made absolutely free of germs. His experiments showed that washing in a 2½ per cent. carbolic solution was useless, as was also the plan recommended by Billroth—viz., with sublimate and 10 per cent. solution of phenol in glycerine. Washing them, however, in aqueous solution of sublimate, 1 or 2 per 1,000, after a previous thorough washing with soap and water, sterilised them so completely that the most delicate nutrient solutions gave no subsequent trace of growth of fungi. The practical bearings of such a demonstration are sufficiently obvious without enumeration in detail.

#### Cancer of the Stomach in which Diagnosis was doubtful.

At a recent meeting of the Société Médicale des Hôpitaux, M. Dujardin-Beaumetz exhibited a stomach which was the seat of an extensive ulceration which was clearly cancerous both in appearance and in microscopical structure, but which it had been impossible to diagnose with certainty during life. The patient had been suffering for three years, and the most careful observations had been made with a view to proving the cancerous nature of his disease, but in vain. Examination of the urine by Rommalaère's method gave from 15 to 25 grammes of urea, and the state of the gastric secretion also gave results negating the suggestion of cancer. Notwithstanding these conditions, however, the patient was clearly suffering from a cachexia, and there was frequent vomiting of a black material highly suggestive of malignant growth; but no signs of tumour were to be found, and this fact, coupled with the length of time during which the symptoms had persisted, seemed to overthrow the theory of cancer. The patient, after twice recovering from pneumonia, ultimately died from exhaustion produced by intractable diarrhoea, and *post mortem* the condition of stomach already described was found.

### The Sanitary Condition of Windsor.

OUR contemporary the *Lancet* having published, in its current issue, a most damaging account of the sanitary condition of the Royal borough of Windsor, we have felt it to be our duty to make direct inquiries concerning the accuracy of the report, and we have no hesitation in saying, as the result of such investigation, that the *Lancet* has either been most outrageously gulled or is unpardonably careless in the matter. Certain minor improvements are undoubtedly desirable in the sanitary arrangements of some of the poorer residences in Windsor; but not more so than is the case in every important town in the kingdom; and it is quite clear, from the recent action of the borough authorities, that they are keenly alive to their duties in this respect. The most crushing reply to the *Lancet's* unfounded strictures, however, is to be found in the mortality returns of Windsor, which show that the mean death-rate of its population for the last two years does not exceed 13.4 per 1,000, while the deaths from zymotic diseases have been only one per 1,000. It is impossible that these unusually favourable returns could be made under conditions such as the *Lancet* has described, and we cannot but express surprise that any medical authority should have been misled into making the sweeping statements indulged in by our contemporary without first being assured of the accuracy of the information on which they are based. So far as the health of Windsor is concerned, we have no fears that it will suffer more severely than other towns of like size in case of an epidemic invasion; but at the same time we would urge upon the authorities responsible for the well-being of its inhabitants that no steps should be omitted which well tend to remove any possible source of danger. No place is so situated as to justify the slightest neglect in this connection, and we feel sure that at Windsor there is an active desire to render the town as sanitariously perfect as it can be, enjoying as it does the services of a medical officer of health who is especially fitted for the duties he has to perform.

### Arsenic among the Ancients.

AMONG the mineral poisons known to and used by the people of ancient India we find that arsenic was enumerated; thus Susrutu, whose works are referred to B.C. 1400, makes mention of the white oxide, called at that time *phendshma-bhasma*, and *admakā*, and the yellow sulphuret, called *haritala*. There is every reason to believe that the same mineral in one or other of its forms was used in that country, and at that distant period as a prophylactic against malaria, and that when about A.D. 730 the Buddhist physician Weiku found his way thence to China he introduced that drug into the latter empire. There appears, indeed, to be some grounds for the belief that previous to the arrival of the Buddhists, arsenic was used in China, both as a prophylactic against periodic fevers and as a remedy in their treatment. The manner of employing the drug appears, however, to have been peculiar; thus, it is recorded that "arsenic and other medicines were carried in a belt, branches of the peach tree hung up in the house, talismans and charms of various kinds made use of, while, at the same time, by means of music of gongs and drums, and fireworks,

demons may be driven off." The *Pent'sao* or "Chinese Herbal," the date of which is referred to the period A.D. 1370 to A.D. 1650, contains instructions in regard to the use of sublimed arsenic (*Pi-shih*) in cases of ague. The process of sublimation is supposed to develop the poison of the mineral.

At the present day, at Wenchow, orpiment and king's yellow are used as prophylactics against malarious and *demoniacal* influences, infinitesimal doses being taken with cinnabar, in a little liquor, on the fifth day of the fifth moon—Dragon festival. In the case of children the drug is smeared on the forehead. Elsewhere in China arsenic *smoking*, by means of a pipe, is used as a remedy for asthma. None of these are sold in shops in China without evidence and witnesses to the propriety of the sale. The punishment of death by decapitation is inflicted upon both the seller and the buyer if fatal effects result. If not fatal they are both strangled. If the druggist ignorantly or carelessly sells the poison he receives eighty blows.

In Styria the workmen engaged in arsenic mines take arsenic as a protective against effects which would otherwise occur to them from inhaling the fumes from the furnaces in which the mineral is sublimed. One of these men has consumed above six grains of white arsenic, a quantity enough to poison three persons, without suffering the least inconvenience; and it was stated that he was accustomed for years to consume similar quantities of the drug. Another man took more than four grains of the yellow arsenic, that is, of orpiment, and he, too, had done so for years. Both these men were in robust health. It is said that the Styrians consume large quantities of butter, as well as other food rich in fats, and that the oily matters, forming a kind of soap with the arsenic, the latter is thus prevented from producing its ordinary effects upon the body. This may be so, although by no means necessarily. Having once secured a series of facts, a theory wherewith to explain them may be easily and readily presented.

MR. LAWSON TAIT has been appointed Consulting Surgeon to the Samaritan Hospital for Women at Nottingham.

THE will of Sir William Muir, K.C.B., M.D., late Director-General of the Army Medical Department, has been proved; the personal estate amounts to £8,000.

THE most reliable statistics go to prove that up to the present time the number of persons attacked by the cholera in Spain is about 150,000, of whom nearly one-third have succumbed.

THE lucrative appointment of Chief Surgeon to the Metropolitan Police having become vacant by the resignation of Mr. Timothy Holmes, F.R.C.S., Mr. MacKellar, of St. Thomas's Hospital, has been elected thereto.

WE learn from the *Temperance Banner* that a movement has been set on foot to establish a temperance hospital in Dublin. Two satisfactory conferences have already been held. The matter is now in the hands of a provisional committee.

THE decoration of the Royal Red Cross has, the *Gazette* states, been conferred by the Queen upon the undermentioned Princesses, in recognition of the services rendered by their Royal Highnesses to the Aid Society for the Sick and Wounded Soldiers and Sailors, namely, Her Royal Highness the Princess Louise, Marchioness of Lorne; Her Royal Highness the Duchess of Albany; and Her Royal Highness the Princess Frederica of Hanover, Baroness Von Pawel Rammingen.

We notice with interest that Dr. Beaney, of Melbourne, whose visit to Dublin some years ago, as well as the subsequent proceedings in Melbourne, and his candidature for the Fellowship of the Irish Academy of Medicine, were prominently noticed in the *Medical Press*, arrived in Dublin last week. Dr. Beaney has, since his last visit to Ireland, acquired the distinction of Membership of the Victorian Parliament, and we, therefore, salute him as "the Honourable James George Beaney, M.P."

### Correspondence.

#### CONDUCT OF THE COUNCIL AT THE BRITISH MEDICAL ASSOCIATION, CARDIFF.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Referring to your observations on page 152 as to the report in the *British Medical Journal* of the proceedings of the General Meeting of the Association at Cardiff, I beg to state that those remarks appear to be made from an inaccurate knowledge of the facts, which are quite correctly stated in the report in the *British Medical Journal*. Dr. Jacob's motion as it stood on the paper had become out of order owing to the new circumstances under which the committee was appointed in obedience to counsel's opinion. The chairman of the Parliamentary Bills Committee in referring to the report of that committee, had suggested that Dr. Jacob's might be brought into order by modifying the wording of it, and Dr. Foster, the Chairman of the Council, sent messengers to Dr. Jacob to acquaint him. I begged of the members present to remain and afford Dr. Jacob an opportunity of bringing his motion forward.

When Dr. Jacob entered the room there was not a quorum present. He was permitted to make his statement, and every attention was shown him. After Dr. Jacob had spoken, it being evident that the matter was far too important a one to make it desirable that so small a meeting should give a hurried decision, myself, Mr. Sibley, and two or three other gentlemen retired from the room. They did this in the interest of Dr. Jacob, as they thought it was better that the matter should be left in this position open to further consideration, rather than by a direct vote taken on the proceedings. That Dr. Jacob had a majority at the meeting is totally erroneous, as on the platform and in the body of the room there were altogether about sixteen or eighteen persons who would have voted against it. Had the meeting condemned his resolution it was felt that it might be regarded as dictating to societies within the Association as to what action they should take in political canvassing. Mr. Hart had nothing whatever to do with the matter, and it is entirely due to Mr. Hart's courtesy that Dr. Jacob had the opportunity of delivering his address and putting on record his views. I may say that Mr. Hart is not a member of the Council of the Association and does not attend its meetings.

Yours truly,  
W. C. GRIGG, M.D.

27 Curzon Street, Mayfair.  
August 11, 1885.

In order that any further controversy on this matter may be unnecessary, we have submitted Dr. Griggs' letter to Dr. Jacob. The following is the reply:—

23 Ely Place, Dublin.

Sir,—I am afraid that neither the members of the

Council of the Association who counted me out, nor the Editor of the *Journal* who is responsible for the report of the meeting were friendly to me or my proposition. I fully acknowledge their right to disapprove of it, and to speak and vote against it, but certainly not to get rid of it by a questionable *ruse de guerre*, and then to publish a statement of the facts which is the reverse of true. I accept all responsibility for the accuracy of those facts as stated by you, and I can only explain Dr. Griggs' account of the matter by supposing that his attention was otherwise occupied. The truth is that before I was permitted to proceed with my argument an effort was made by one of the Council to count me out, but a quorum was found to be present. When I concluded my observations, Dr. Drysdale, Dr. Brown, and others rose to second and support my motion, but they were told by the chairman that they need not speak, because it was obvious that there would be no opposition to it. It was the Editor of the *Journal* who, then sitting amongst the Council, interposed as the question was about to be put; it was the Chairman of the Medical Reform Committee who backed him; it was the members of the Council, and they only, who left the room; and it was the Editor who, going out last, called on the Chairman to count the meeting. And after my motion had been got rid of by this manoeuvre the *British Medical Journal* capped the proceeding by publishing a statement which falsely represented that I had been obliged to whip up members to make a house for my motion, and that the meeting had *proprio motu* decided against my proposition.

I regret that the meeting should have been so small as to make possible this manoeuvre of the Council and the Editor, but I must say that I have a strong suspicion that the public business of the Association is intentionally kept over to the far end of the general meetings in order to prevent inconvenient discussions. It is not wonderful that the members of the Association, having sat out, patiently or sleepily, a dreary "Address" of an hour and a-half, should make a rush from the room the moment that politeness allows them to do so.

It is when the room has thus been emptied that the Council makes a pretence of asking the members to consider the public business of the Association, and it may therefore be easily understood that such business is *not* considered, and that the Council, who keep their seats on the platform, can and do vote anything they please without fear of criticism.

For instance, on the particular occasion of which Dr. Griggs writes, the reports of the Medical Reform Committee and the Parliamentary Bills Committee, dealing, *inter alia*, with Lunacy Law, the Sale of Patent Medicines, the Compulsory Notification of Infectious Diseases, the Grievances of the Army and Militia Surgeons, the Registration of Midwives, &c.—reports pregnant with matter oftentimes more interesting to the profession than the weary *réchauffés* which are called "Addresses," were passed through without a syllable of criticism or a moment's thought by the same meeting which, a few minutes later, the Editor and the Council counted out.

The ostensible policy to the Association upon questions of supreme importance to the profession is thus put forth, but I beg for myself emphatically to repudiate these reports as in any way expressing the opinions of the members. I doubt whether one in five of the members of any of these committees reads its report. I am quite certain that not one in fifty of the members of the Association does so, and I know by experience that, if they did, it would be hopeless for them to attempt to get a hearing at one of these far-end meetings, and that, if they insisted on being heard, no matter what they might propose, it would be peremptorily put under foot by the Council party who occupy the platform on these occasions.

I am, &c.,  
ARCHIBALD H. JACOB,  
M.D. Dub. Univ., F.R.C.S.I.

#### DR. BRADLEY'S CASE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Will you permit me to reply very briefly to the letters which appeared in your issue of July 29th, from Mr. J. W. Martin of Sheffield, and Dr. Ewing Whittle of Liverpool? It is known to very many of Dr. Bradley's friends that I have

had somewhat unusual opportunities of exercising influence in this particular case, and I wish to remove an impression which is very widely felt and very fully expressed in those two letters, that the Lord Chief Justice and the late and present Home Secretaries were prejudiced in any way, or took but little or scant interest in the case. I wish particularly to say that there is not the slightest ground for the comments made by Mr. Martin on the Lord Chief Justice. Lord Coleridge favoured me with a very protracted interview on this case, and submitted his notes for my perusal, and I am bound to say that any judge must have conducted the case precisely as he did on the evidence which was before him. The real faults of the case lay, as I have often pointed out faults frequently do lie, in one special direction, and that is, that a prosecution of this importance should be conducted by the Crown, and not be allowed to pass before a jury on the evidence of one practitioner. The other fault lay almost in the same direction, and was to the effect that Dr. Bradley was to a very large extent answerable for his own conviction by reason of his persistent refusal to call in evidence which could and would at once have acquitted him.

I have long argued that no criminal trial should proceed upon the evidence of any one medical witness either for or against the prisoner. The best of us may be mistaken, and it is possible occasionally that prejudice may be introduced. Certainly it is the duty of any man who is unfortunate enough to be charged with such an offence to leave no stone unturned in his defence; and now it is perfectly evident that if one or two experts had been called for the defence such a conviction as was recorded against Dr. Bradley would have been absolutely impossible. It is all very well for a man to depend, as Dr. Bradley did, upon his innocence for an acquittal, but unfortunately English jurisprudence is not a game at which mere innocence and guilt are concerned; it is far more like a chess-board, at which the most skilful player is sure of a victory.

I am, Sir, yours, &c.,  
LAWSON TAIT.

Birmingham, August 6th, 1885.

#### INOCULATION AGAINST CHOLERA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—When we reflect on the facts of vaccination and inoculation in relation to small-pox—on the fact that syphilitic hard sore is prophylactic to future infection, that one attack only, on the main, is the history of measles, scarlet fever, &c., and in the facts which Pasteur has demonstrated in relation to chicken-pox, cholera, rabies, &c., it is obvious that we are nearing a great general form or law in biology and disease, viz., a law of co-ordination, or general principle, that the most complex and dangerous phenomena of disease are after-results or *débris*, whose precipitating causes are earlier and far less powerful disturbers of the system than those phenomena commonly known as the actual disease, and we see further, that small or less potent changes, produced artificially, have the power of exhausting the capacity for the more violent changes.

The same great principle of co-ordination is seen in acclimatisation, in the use of bitters and quinine by residents in Tropical Deltas; in the use of infusion of lemons in Italy, as prophylactic of fevers. The same generic form can be recognised in the facts that it is dangerous to change the habituated "mode," or to travel during cholera epidemics. During twenty years past I have been urging that "change" of environment, is enough, at certain times, to induce those vito-chemical changes in the system whose results are cholera, holding the hypothesis that in the amazingly complex and high atomic constitution, of organic tissues, periodic access of unstable equilibrium, or natural tendency to decomposition and devolution, happen; at such periodic times I am compelled to hold that "chill," "shock," a dose of salts, and many other changes, may induce vito-chemical changes in the co-relations of the tissues, cell-contents, and fundamental protoplasm, whose results at certain times are cholera. The differences between two men, one of whom in Calcutta, in May, takes a dose of salts and dies of cholera, and who keeps well, cannot be recognised by any yet known research; function alone demonstrates it. But all this points us to the infinite complexity of the vital rates, and yet more to the infinitely delicate differences and conditions

that differentiate those who do, from those who do not, pass into cholera.

When we see that mere *change* of environment may lead to those vito-chemical actions in the organism, whose results, acting on nerve centres and on fundamental protoplasm of cell contents, are what we call cholera, and when we see on how small differences of environment, the healthy vito-chemical co-relations are maintained, we may well seek to extend the method of Jenner and the method of acclimatisation.

We can never doubt but that the assafoetida, pepper, and opium pill of Indian bazaars co-ordinates the unstable composition of tissues, and saves many from passing into the further changes, whose results are cholera; so does the cholera belt and kummerbund save; it prevents "chill" and its vito-chemical results.

Can we by analogy, gather up the form of those things which prevent cholera; can we extend in scientific continuity, the method of Jenner, or the method of the Indian pill? Is it the opium, or the assafoetida, or pepper, which affords molecular conserving "energy" against the chemical changes which precipitate cholera?

I must confess to more than astonishment at Dr. Koch's view, when he says, "Their (comma-bacilli) presence is limited to the organ which is the seat of the disease—the intestine." (*B. M. J.*, 12, 3, 84, p. 568.) It does seem surprising that in so complex a phenomenon as cholera its chief seat should be held to be the intestines! I have always seen, as prominent parts of its causation, the evolution of "poisons," altered modes of co-relation of the highly atomic matters of the body, and which, as in other known "poisons," such as snake poison, strychnia, &c., have a catalytic power on the living blood, &c., and whose influence is mostly felt on certain nerves which control the heart and other organic life centres. It is true that certain definite poisons may be parts of certain groups of bacilli, just as different plants have different qualities, and poisons even, in relation to animal organic-life structures; but such is a far more remote hypothesis than that of the possible evolution of vito-chemical poisons as consequent on chill, shock, and altered habituated environment.

I have been surprised that Dr. Ferran should select intertinal *débris* as most likely to possess the potentialities of cholera-molecular vital-energy. Were I pursuing a like prophylactic practice I should seek my "vaccine" in the lymph or blood.

But have we no analogies toward other co-ordinators against those first vito-chemical changes which are followed by cholera? It seems certain that it is the first vito-chemical change against which we have to guard. The kummerbund, the bazaar pill, the non-induction of "shock," as by avoiding saline aperients in cholera seasons, in periods of recurrent unstable vital equilibrium, save. But are we not justified in extending our methods of prophylaxis by the analogies of the Indian pill, with its gums, by the instance of the oil of lemons, as in Italian fevers, by quinine, &c., &c.? We must recognise that there is a pre-cholera stage, that at certain recurrent periods the vito-chemical "modes" of healthy process are in unstable equilibrium, and that it is toward maintaining this equilibrium and preventing the evolution of cholera "poison" (hypothetical) that our efforts must be directed.

When a "chill," or "shock," or dose of Epsom salts, &c., precipitate cholera, the vito-chemical changes which have happened are beyond our present powers of analysis; but when so small a cause leads up to them, we may feel certain that as proportionately small a prophylaxis must exist.

I believe that we are on the verge of a great generalisation in pathology, by which morbid process shall be seen to be in continuity with the rates of health, and that such generalisation will have a vito-chemical base, and that it will be a universal form in the great febrile group. I know that this is highly transcendental, but it has bearing on our methods of preventing cholera, &c. It is by no means transcendental that natives of India seek to preserve their vital "energy" by wearing the kummerbund, by carefully covering over their mouth, nose, ears, &c., when walking home at evening from the day's work; by largely using salt, &c., and that they have faith in the aromatic and opium pill, as preventing cholera.

From the facts and analysis I have stated are we not fairly justified in pursuing a prophylaxis to those not yet visibly affected, when in presence of a cholera epidemic

There are analogies pointing to cholera lymph and blood "vaccination;" also for the administration—hypodermic or otherwise—of quinine, arsenic, lemon skin oil, opium, assafoetida, salt, the permanganates, &c., &c.

I know that what I have said is vague, how can it be otherwise in dealing with the subtlest domains of biology and the cosmic co-relations of living beings! Not the less, what I have said may be in true philosophical method.

Yours truly,

WILLIAM H. PEARSE, M.D.

Plymouth, August 8, 1885.

**Obituary.**

JOHN GAY FRENCH, M.D., F.R.C.S. LOND.

ON the 28th July, a well-known member of the Bengal Medical Service passed away in the person of Surgeon-Major J. G. French at the residence of his father. Dr. J. G. French was the eldest son of Dr. Allen French, of Ballygar, co. Galway, and was educated at Trinity College, Dublin, where he took the first anatomical prize in his second year, also at the Ledwich School, and at Mercer's Hospital, where he acted for a term as resident pupil. He graduated M.R.C.S. London, and L.K.Q.C.P.I. in 1861, and in the same year took first place in the Indian Medical Service, in his 21st year. On arrival in India he was gazetted to a native regiment, and served in the Butan War, and received the medal; soon after he was chosen for Civil appointment. When on furlough in 1869 he was appointed Medical Officer of Rathdrum Dispensary, which he soon resigned, to attend at the Queen's College, Galway, the session 1869-70, taking the degree of M.D., M.Ch., and F.R.C.S. London by examination. Soon after returning to Bengal he was sent by Government to investigate and report on the endemic fever then raging in Burdwan; he afterwards was first resident surgeon to the General Hospital of Calcutta, Health Officer to the port of Calcutta, Civil Surgeon of Decca, and lastly Civil Surgeon of Patna District, Principal of the Temple Medical School, Governor of Jails, Asylum, &c., which he held until the 12th of last May.

Dr. French contracted bronchitis in Manchester where he set up as consulting surgeon when on furlough in 1881, and subsequently it developed into asthma on his return to Patna, followed by nervous affections brought on by over-work. Dr. French contributed largely to the literature of India, having written many pamphlets on cholera, fever, surgical operations, and cases, as also being the Editor of the "Indian Annals of Medical Science," and the *Indian Medical Gazette* for nearly two years; he was also Examiner to the University of Calcutta.

**Medical News.**

University of London.—The following is a list of candidates who passed the recent preliminary scientific (entire examination):—

**First Division.**—George Thomas Congreve Barber, Stephen Henry Bates, Arthur Bousfield, Charles Richard Box, Arthur Norman Boycott, Herbert Calger, John Alfred Codd, William Marshall Davidson, Frances May Dickinson, Thomas Archibald Dukes, Gabriel William Stabel Farmer, James Howard Green, Elias George Hall, Richard Tanner Hewlett, George James Hill, Herbert Henry Herden, Charles McGowan Kitching, Arthur Colborne Lankester, Arnold William Warrington Lea, Randle Leigh, Joseph Johnston Macgregor, Arthur Manknell, Geoffrey Colley March, Edward Percy Paton, John Edward Platt, Hugh James Moore Playfair, Charles Henry Powers, Herbert Ramsden, John Stewart Richards, John Robertson, Henry Stephen Sandifer, Amy Sheppard, Mary Louisa Sprigg, Mary Darby Sturge, Robert Edwin Williams.

**Second Division.**—Albert Ashton, Robert Cozens Bailey, Albert Brook Batley, Ellen Margaret Tinné Berthon, Samuel Victor Johnson Brock, Frank Calder, Henry Albert Caley, David Cannan, Lionel Vernon Cargill, Richard Henry Carlisle, Blackwell Charles, Alfred Clark, William Adams Clark, John Tertius Clarke, Archie Tillyer Collum, Frank Septimus Colton, Victor Albert Louis Edward Corbould, Albert Corner, Howard Distin, Edward Miall Dobinson, Percy William Dove, Edward Robert Charles Earle, William McAdam Eccles, Percy Charles Evans, Edward Desmond Fitzgerald, Charles John Girling, John Guest Gornwall, Frank Grange, John William Geary Grant, Joseph Green, John Harvey, John Sidney Hicks, Leonard Erakine Hill, Thomas Walter Hinds, John Armistead Home, Ernest Wickham Hors, William James How, Edward Victor Hugo, Charles Imray Kirton, Henry Brunton Kitchin, Mary Adela McCulloch Knight, Harry Lambert Lack, Frederick Lewis, Thomas Lissaman, Alice McLaren, Samuel Francis Mawson, Charles Carter Mozon, Harry Augustus de Beauvoir

Nelson, Samuel Nicklin, William Nuttall, Frederick Layton Orr, Harold Burgess Osburn, Charles Reginald Palmer, Edwin Stephen Pasmore, Reginald Spencer Pearson, Eric Leonard Norman Fridmore, George Lancelot Rolleston, Henry Roscoe, Gerald Alpress Sidmons, John Herbert Sykes, Albert Edward Tebb, Benjamin Pope Viret, Wilfrid Brougham Warde, Ernest Edwin Wara, John Alfred Waring, Garibaldi Watson, Samuel Williams, Alfred Field Henry Wray, John Young.

**Honours Candidates Recommended for a Pass.**—James Macdonald Gill, Orestes Victoriano Pisanal, Thomas Frank Bickette, Joseph Watts Roberts.

Royal College of Surgeons of England.—The following are additional lists of candidates to those which appeared in our last, who, having passed the required examinations for the diploma, were admitted Members of the College on August 10th:—

Barrett, Robert Basby, L.S.A.	Hurlbutt, Spencer, L.S.A.
Bray, Percy Dean, L.S.A.	Scott, Patrick Camie.
Hughes, John D., L.R.C.P. Lond.	Waters, Avery Clough, L.S.A.

The following were admitted on August 11th:—

Godfrey, Albert Ed., L.R.C.P. Lond.	Pollard, G. R. M., L.R.C.P. Lond.
Hefferman, W. Hilton, L.S.A.	Thornton, Edward, L.S.A.
Monk, Henry G. Hawkins, L.S.A.	Wrigley, Robert, L.S.A.
Morris, H. Maackinlay, L.R.C.P. Lond.	Yeoman, Charles, L.S.A.

The following were admitted on August 12th:—

Alexander, Samuel P., M.B. Glas.	Inman, George Arthur F., I.S.A.
Bradbury, Harvey, K. L.S.A.	Reywood, John R. L., L.S.A.
Cory, Isaac Rising, L.R.C.P. Lond.	Wallinger, R. N. A., L.R.C.P. Lond.

There were 339 candidates admitted to examination, of whom 95 obtained their diplomas; 96 passed in Surgery, and when qualified in Medicine and Midwifery will be admitted Members of the College. Of these candidates, 24 were referred for three months, 115 for six months, 4 for nine months, and 5 for one year. Fifty-nine candidates, having obtained Medical qualifications and previously passed in Surgery, were also admitted Members.

**British Medical Service.**—The following is a list of surgeons on probation in the Medical Department of the British Army who were successful at the August Examinations both in London and Netley, arranged according to the number of marks gained:—

First Half session, ending June 1st, 1885.

*S. Hickson	B. E. Moleworth	C. R. Kilkelly
H. J. Fletcher	J. W. F. Long	W. H. Bean
S. H. Lindeman	C. L. Jossling	N. C. Ferguson
E. Davis	J. F. Bateson	S. R. Wills
†S. Powell	W. T. Swan	M. L. Hearne
F. W. C. Jones	J. Eulin	S. L. Deeble
J. Meek	B. L. Macleod	E. H. Hall
A. E. Morris	J. H. Curtis	W. H. Bennet
E. Cormack	G. G. Adams	J. H. Greenway
J. F. McMillan	J. M. F. Shine	R. G. Hanley
C. O'Donel	W. B. Day	W. H. Bell
W. A. Carte	D. E. Hamilton	G. Cree
A. O. Fitzgerald	†B. G. Thompson	S. G. Philson
F. D. Elderton	C. T. Blackwell	J. M. Nicolls
E. N. Sheldrake	J. E. Power	F. W. H. D. Harris.

\* Gained the Herbert Prize of £20, the Prize in Pathology, and the Prize presented by Sir Joseph Fayrer.

† Gained the Martin Memorial Gold Medal.

‡ Gained the Parkes Memorial Bronze Medal and Montefiore Second Prize.

Mr. H. J. Dyon, of H.M.'s Indian Medical Service, gained the Montefiore Medal and a Prize of 20 guineas.

Second Half-session, ending August 3rd, 1885.

J. F. McMillan	G. J. A. Tuke	T. Daly
S. G. Allen	P. de B. Skerrett	J. M. Sexton
J. S. Green	H. C. Dent	T. H. Baylor
G. H. Symes	J. F. Greig	E. E. Cree
C. A. Lane	C. Hayden	F. L. Carte
P. C. H. Gordon	H. D. Rowan	W. H. Starr
L. T. M. Nash	H. Carr	A. A. Sutton
J. H. Brannigan	H. G. Hathway	A. P. H. Griffiths
M. O'Halloran	A. L. H. Dixon	W. S. Boles
C. S. Sparkes	C. G. Woods	H. L. G. Chevers
W. H. Pinches	P. J. Nunnery	F. J. W. Stoney
H. F. Horne	B. A. Maturin	J. F. G. Burke
J. H. Daly	H. V. Dillon	H. N. Kenny.

**Notices to Correspondents.**

MR. GUBB (Bromley).—The case shall appear in our next. We hope to find space for the translation later on.

DR. LAFAR (Cashel).—Your reply to Drs. Moloney and Russell is in the printer's hands. Proof will be sent you before publication.

FEEES FOR ATTENDANCE ON MEDICAL MEN.

O'C. says: I attended the late Dr. H. for nine months previous to his death. He was a bachelor, and by his will everything he had was left



to a Mr. K. and his (Mr. K.'s) daughter. Mr. K. had for a long period appeared to exercise a strong control over the doctor. He was no relation. None of the doctor's relations were mentioned in the will. Can I, with due regard to professional etiquette, claim payment for my attendance?

[A medical practitioner is—by etiquette as well as by law—fully entitled to obtain his fees for attendance on a medical man or his family. If he refrains from doing so, he does so strictly as a concession to good fellowship, and to spare the pocket of the patient or of his family. If there be no good fellowship in the case, and if his foregoing his fees be no relief to a family legitimately dependent on the deceased, the practitioner is entirely absolved from any obligation to refrain from asking for payment. In this case it seems that our correspondent is legitimately entitled to insist on being paid.—ED.]

DR. AUGUSTUS J. H. (Westbourne).—Quite impossible to say if letter was or was not suitable, as it passed the range of possibility to decipher. The signature was with difficulty made out, but the rest had to be abandoned.

THE SECRETARY, CHELSEA HOSPITAL FOR WOMEN.—A reply shall be sent to your note at an early date.

DR. GRIFFITH (Pimlico).—No point would be gained by inserting the letter.

LIFE ASSURANCE.

T. J. G. says: I examine a life for an Insurance Company to-day. The Company write in a few days wishing for a further examination. Am I right in asking for a second fee in such a case?

[If your original examination were in any respect defective, we think you are bound to make it perfect without an additional fee. But if the necessity for re-examination arises out of some new matter not within the scope of the original retainer of your services, you should be paid a second fee.—ED.]

THE BRADLEY FUND.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I enclose a list of subscriptions promised and received towards the above fund. Will you kindly allow it to appear in the columns of your journal? I remain, Sir, yours faithfully,

Chesterfield, Aug. 12th, 1885.

RICHARD JEFFREYS.

Sir Wm. Jenner, Bart.	..	£1 10 0	Dr. J. Lawrence	..	£1 1 0
K. C. B.	..	10 10 0	Mr. D. B. Balding	..	1 1 0
Sr Henry Thompson	..	10 10 0	Dr. J. Barr	..	1 1 0
Mr. Lawson Tait	..	10 10 0	Mr. E. Bowes	..	1 1 0
Mr. Marston Buzard,			Mr. Frank H. Hodges	..	1 1 0
Q. C., M.P.	..	10 10 0	Dr. W. P. Herringham	..	1 1 0
Sir Andrew Clark, Bart.	..	5 5 0	Dr. Roger Prosser	..	1 1 0
Mr. W. Adams	..	5 5 0	Dr. W. Collier	..	1 1 0
Sir Edwin Saunders	..	5 0 0	Mr. William Martin	..	1 1 0
Dr. Robert Martin	..	5 0 0	Dr. George Brown	..	1 1 0
Mr. George D. Pollock	..	5 0 0	Dr. William Benthall	..	1 1 0
Mr. C. J. Wheelhouse	..	5 0 0	Mr. A. E. Laver	..	1 1 0
Mr. Lennox Browne	..	3 3 0	Dr. H. A. Powell	..	1 1 0
Mr. Noble Smith	..	3 3 0	Dr. H. Fearnside	..	1 1 0
Medical Press and Circular	..	3 3 0	Mr. Josh. A. Locking	..	1 1 0
Mr. James W. Barry	..	3 3 0	Mr. Geo. Walter Tait	..	1 1 0
Dr. Francis McLoughlin	..	3 3 0	Dr. Louchlan Aitkin	..	1 1 0
Sir Wm. MacCormac	..	2 2 0	Dr. W. A. Satchell	..	1 1 0
Mr. J. Hutchinson	..	2 2 0	Dr. Balthazar Foster	..	1 1 0
Dr. George Johnson	..	2 2 0	Mr. John Bluet	..	1 1 0
Dr. Martin D. Bartolome	..	2 2 0	Mr. Richard Jeffreys	..	1 1 0
Mr. W. Favell	..	2 2 0	Dr. J. M. Vinch	..	1 0 0
Dr. Keeling	..	2 2 0	Mr. J. Goodwin Shea	..	0 10 6
Mr. Arthur Jackson	..	2 2 0	Dr. Thomas Morgan	..	0 10 6
Dr. W. E. Thomas	..	2 2 0	Mr. J. E. James	..	0 10 6
Mr. Simon Snell	..	2 2 0	Dr. Tom Nevill	..	0 10 6
Mr. Henry Sewell	..	2 2 0	Dr. Grif. Griffiths	..	0 10 6
Dr. J. M. Kennedy	..	2 2 0	Dr. J. F. Fry	..	0 10 6
Dr. F. Richardson Cross	..	2 2 0	Dr. J. B. Fry	..	0 10 6
Mr. G. Booth, J.P.	..	2 2 0	Mr. G. P. Francis	..	0 10 0
Dr. J. P. Smith	..	2 2 0	Dr. De Vere Hunt	..	0 10 0
Dr. A. Eddowes	..	2 0 0	Dr. Josh. Rogers	..	0 10 0
Dr. Peter Redfern	..	1 1 0	Mr. Alfred Beckless	..	0 10 0
Mr. Bernard M. S. Roth	..	1 1 0	Mr. F. M. Corner	..	0 10 0
Mr. F. H. Miles	..	1 1 0	Dr. J. W. Buckle	..	0 10 0
			Dr. J. S. Johnston	..	0 10 0

DR. SCHOFIELD.—It is not at all desirable to protract delay in the matter. Indeed, the sooner the business is completed, the better for all concerned. Nothing is to be gained by protracting matters as suggested.

DR. EVERARD.—Nothing yields more comfort or is more grateful to the patient under such circumstances than a warm jacket-poultice of linseed meal. There is no better preparation of opium than the one you name. It is, moreover, reliable.

MR. STOKER.—We do not remember the amount of fees. Write to the Dean, who will give you all necessary particulars.

THE SANITARY CONDITION OF WIESBADEN.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Paragraphs as to the sanitary condition of this town having appeared in some of the London papers, calculated to mislead many who might otherwise wish to visit for health or pleasure this charming watering place, I trust you will find space in your columns to insert a few lines stating what I believe to be the facts of the case.

I have been here six weeks, and during that time, even when the epidemic was reported at its height, I have heard nothing to induce me to think of running away from the place. To my knowledge, there has not been a single case of typhus fever. What fever there has been has been gastric and typhoid of a very mild character, most likely traceable to the excessive or incautious use of cold drinks and uncooked fruit during the very great heat a month ago. In the last six weeks,

in a town of nearly 60,000 inhabitants, there have been twenty-eight deaths attributable to fever. I may add that it is now almost extinct, and that no case of fever has occurred in any of the hotels or pensions. I enclose my name and address, which you are at liberty to furnish to any who wish for further information.

I am, Sir, your obedient servant,  
AUDI ALTERAM PARTEM.

Wiesbaden, July 28th, 1885.

Vacancies.

- Asylum for Idiots, Earlswood, Surrey.—Assistant Medical Officer. Salary, £150, with board, &c. Applications, with testimonials, to the Secretary, 36 King William Street, London Bridge, E.C., on or before August 22.
- Brighton.—Sussex County Hospital.—Honorary Assistant Physician. Applications, with testimonials, to the Secretary, before September 2.
- Chatham.—St Bartholomew's Hospital.—Assistant House Surgeon. Salary, £100, with board, &c. Endorsed applications to the House Committee by September 30.
- Dublin (Cork Street) Fever Hospital.—Resident Clinical Assistant. Board provided, and a gratuity of £20 presented on having served six months. (See advt.)
- Frome Union.—Medical Officer and Public Vaccinator for the Nunney District. Salary, £77, with the usual extras. Applications by August 24.
- Kent County Lunatic Asylum.—Third Assistant Medical Officer. Salary, £120 per annum, with furnished apartments, &c. Applications, with testimonials, to the Clerk to the Committee of Visitors, on or before August 25.
- Manchester.—Owens College.—Professorship of Physiology. Applications to Dr. Greenwood, Principal of the College.
- Mason Science College, Birmingham.—Demonstrator in Physiological Department. Applications on or before August 26.
- Salisbury Infirmary.—House Surgeon. Salary, £100, with board. Applications to the Secretary by August 21.
- Shipton-on-Stour Union.—Medical Officer. Salary, £58 per annum. Applications, with testimonials, to the Clerk, not later than August 23.
- Stockton-upon-Tees Hospital.—House Surgeon (non-resident) Salary, £200 per annum. Applications, with testimonials, to the Secretary, not later than August 24.
- Weston-super-Mare Hospital.—House Surgeon. Salary, £70 per annum, with board, &c. Applications, with testimonials, to the Hon. Sec., on or before September 5.

Appointments

- BEEVOR, C. E., M.D. Lond., M.R.C.P., Physician to Out-Patients to the Great Northern Central Hospital, London.
- BRUSKILL, R. D., L.R.C.P. Ed., L.R.C.S. Ed., Medical Officer for the Co'north District of the Sedgfield Union.
- BULLOCK, J. G. W., L.R.C.P. Ed., L.R.C.S. I., Medical Officer to the Rugby Union Workhouse and District.
- COLMER, P. S. H., M.D. Durh., L.R.C.P. Ed., L.F.P.S. Glas., re-appointed Medical Officer and Public Vaccinator for the No. 3 District of the Yeovil Union.
- DOUGLAS, A. E., M.D. St. And., F.R.C.S. I., Medical Officer to the Floating Hospital, Warrenpoint, in the Newry Union.
- HOCKER, C. P., L.R.C.P. Ed., L.R.C.S. Ed., Medical Officer for the South District and Workhouse, Cirencester Union.
- JOLIFFE, A. E., M.B. C.S., L.S.A. Lond., Senior House Surgeon to the Cheltenham General Hospital.
- KING, J. C., L.R.C.P. Ed., L.R.C.S. Ed., Medical Officer and Public Health Officer to Castlepollard Dispensary, Co. Westmeath.
- MACANDREW, H., M.B., C.M. Ed., Junior Assistant Medical Officer to the Falop and Montgomery Counties Asylum.
- SHIRLAW, J. L., M.B., C.M. Ed., Medical Officer for the Ferryhill District of the Sedgfield Union.
- TOMKINS, H., M.D. Q.U.I., M.R.C.S., L.S.A. Lond., Medical Officer of Health for Leicester.

Births.

- HERON.—August 10, at 73 Southwark Bridge Road, the wife of J. Heron, M.D., of a son.
- REID.—August 11, at 31 Bridge Avenue, Hammersmith, London, the wife of John Reid, M.D., of a daughter.
- SAUNDERS.—August 9, at Denburn Crail, Fifeshire, the wife of F. A. Saunders, F.R.C.S., of a daughter.
- STARTIN.—August 13, at Surbiton Hill, Surrey, the wife of Jas Startin, M.R.C.S., of a son.

Marriages.

- CHESTNUTT-CLOUGH.—August 15, at Howden, East Yorks, John Chestnutt, L.R.C.S., L.R.C.P. Ed., of Trales, to Annie Elizabeth, younger daughter of the late Thos. Clough, Esq., of Malton.
- HAMILTON-CUOLAHAN.—August 13, at St. Leonard's Church, Streatham, Rupert Hamilton, Esq., of Berkhamstead, to Marie Stewart, eldest daughter of the late Hugh Cuolahan, M.D.

Deaths.

- BECKINGSALE.—August 10, at Newport, Isle of Wight, J. Edgar Beckingsale, F.R.C.S., J.P., aged 75.
- GOODACRE.—August 14, at Wilby Rectory, Norfolk, the Rev. Francis B. Goodacre, M.D., M.B. Cantab., Rector of Wilby and Haigham.
- GRIFF.—August 4, at Bedford Street, Covent Garden, Joseph Collings Griff, F.R.C.S., aged 49.
- SMALL.—August 3, at Albano, Thomas Gerard Small, M.D., of Dublin, for many years resident in Rome, aged 82.
- TURNOUR.—June 31, at Perth, West Australia, Charles C. Turnour, M.D., late of Edinburgh, aged 33.

# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 26, 1885.

CONTENTS.		PAGE	PAGE
<b>ORIGINAL COMMUNICATIONS.</b>		<b>DEPARTMENT OF LUNACY.</b>	Outlawry of the Medical Practitioner ... 195
The Treatment of Placenta Prævia. By James Murphy, B.A., M.D., Surgeon to the Sunderland Infirmary; Lecturer and Examiner in Botany at the University of Durham College of Medicine, Newcastle-on-Tyne .....	179	Psychological Section of the British Medical Association at Cardiff .....	195
On Some of the Details and Recent Modifications in the Antiseptic Treatment of Wounds. By Kendal Franks, M.D., F.R.C.S.I., Surgeon to the Adelaide Hospital, &c. ....	182	The Treatment of Maniacal Excitement ..	199
Deahna on Dressings. Translated from <i>Schwiff's Jahrbucher</i> by T. E. Cahill. ....	184	Lunacy Legislation .....	199
History of the Progress of Laryngology from the Earliest Times to the Present. By Gordon Holmes, M.D., Physician to the Municipal Throat and Ear Infirmary, London; Consulting Physician to the Sheffield Ear and Throat Hospital .....	185	<b>LEADING ARTICLES.</b>	
The Surgical and Ethical Aspects of the Case of Gangrene of the Hand. Being a Reply to the Remarks of Drs. Molony and Russell by Dr. Thomas Laffan. ....	187	WILL THE CONGRESS MEET IN AMERICA? 190	
<b>CLINICAL RECORDS.</b>		THE BRADSHAW LECTURE .....	
Case of Belladonna Poisoning during Parturition—Recovery. By Alfred S. Gubb, L.R.C.P., M.R.C.S. ....	188	MEDICAL MEN AS VOTERS .....	191
		<b>NOTES ON CURRENT TOPICS.</b>	
		The Marseilles Epidemic .....	191
		A Hotbed of Germs .....	191
		A Timely Warning .....	192
		The Centenary of Digitalis .....	192
		The German Association of Naturalists and Physicians .....	192
		An Exhibition of Criminal Anthropology ..	192
		Galvano-Puncture in a Case of Aneurism ..	192
		Systematic Examination of Wet-Nurses for Preventing the Transmission of Syphilis ..	193
		Accouchement by Firearms .....	193
		The Army Medical Competitive .....	193
		The Social Evil Movement .....	194
		Remedies for the Social Evil .....	194
		The Fifty-eighth Congress of German Naturalists and Physicians in Strasburg .....	194
		The Berlin University .....	194
		Bearing Premature Infants .....	194
		<b>SCOTLAND.</b>	
		Surgeons' Hall, Edinburgh .....	197
		Health of Edinburgh .....	197
		Edinburgh—The late Dr. William Walker ..	197
		Glasgow Death-Rate .....	197
		Cholera Precautions at Leith .....	197
		Shooting Accident .....	197
		<b>CORRESPONDENCE.</b>	
		The late Home Secretary and Dr. Bradley ..	197
		Inoculation against Cholera .....	198
		<b>SPECIAL ARTICLES.</b>	
		Antiseptic Pavements .....	198
		<b>LITERATURE.</b>	
		Pharmacopœia of the British Hospital for Diseases of the Skin .....	199
		A Pharmacopœia for the Treatment of Diseases of the Larynx, Pharynx, &c. ....	199
		The New Chemistry .....	199
		Medical News .....	199
		NOTICES TO CORRESPONDENTS .....	200

## Original Communications.

THE

### TREATMENT OF PLACENTA PRÆVIA. (a)

By JAMES MURPHY, B.A., M.D.,

Surgeon to the Sunderland Infirmary; Lecturer and Examiner in Botany at the University of Durham College of Medicine, Newcastle-on-Tyne.

MR. PRESIDENT AND GENTLEMEN,—When your Council paid me the very kind compliment of asking me to inaugurate the discussion in obstetrics, I ventured to suggest "The Treatment of Placenta Prævia" as a subject in which most of us can take part, and all must have an interest in; for, while it is admittedly one of the most serious complications of labour, several methods of treatment have of recent years been introduced which have greatly lessened its terrible mortality, while at the same time there is by no means an unanimity among obstetricians as to what are the best means of treating the complication, and the experience of the members of this Society who have treated cases will, I trust, help us to arrive at more definite lines of treatment than at present prevail.

The placenta, I need not remind you, is said to be prævia "when it is attached to any portion of the uterus, which is subject to distention during labour" (Lusk), and has distinctive names given to it according to its relation with the internal os; thus it is said to be:—

1. *Central or complete*.—When, after dilatation of the internal os, the placenta only can be felt.

2. *Partial or incomplete*.—When, with dilated os, there is recognisable a portion of the membranes as well as a segment of the placenta.

3. *Marginal*.—When the placenta border stretches down to, but not beyond, the internal os.

4. *Lateral*.—When the placenta, though attached to the spherical surface of the lower part of the uterus, does not reach the margin of the os.

To this latter class belong a great many of the cases of so-called accidental hæmorrhage.

(a) Read before the Northumberland and Durham Medical Society.

The placenta is never attached to the cervix, a fact that was first insisted on by Professor E. T. Taylor, and is now generally admitted, since Kuhn, who investigated the subject with Karl Braun, found that in no case was the placental portion, which occupied the cervical canal, adherent to the canal walls, but that in all post-mortem examinations the remains of the placenta prævia materna ended by a sharp border line at the os internum.

The frequency of placenta prævia is variously stated by different investigators. Johnson and Sinclair gave it at 1 in 573 (Rotunda Hospital, Dublin); Schwartz, 1 in 1,564 (among 519,328 deliveries in the Grand Duchy of Hesse); Müller, as occurring 813 times in 876,432 births, or not quite 1 in 1,000.

Lomer reports 136 cases in 6,882 births, or 1 in 50, in Schroeder's Clinic; but as this is in hospital practice, of course the percentage is too high for a general rate; but he points out that at Schroeder's Clinic and the Charité (both in Berlin) the annual number of cases is 65; and as this does not include the cases occurring in private practice, it gives the minimum of frequency in Berlin, in which the annual number of births is 46,000, so that it occurs at least once in 728 deliveries.

As regards the mortality, Churchill puts it down 1 in 3; Read, 1 in 4½; Müller at 40 per cent.; Simpson, 1 in 3, or, as he forcibly puts it, greater than that of cholera or yellow fever, and double that after the operation of lithotomy. How much the mortality has been reduced of recent years by individual operators may be judged by a comparison of the tables on next page, which are copied from Lomer's paper in the December number of the *American Journal for Obstetrics*.

In the majority of cases we have warning that the placenta is presenting from the hæmorrhages that take place towards the end of pregnancy. These were formerly supposed to be due to the cervix casting off the placenta in the act of its being taken up and expanded during the last months of pregnancy. With a few exceptions, however, most writers have abandoned this theory, for the good and sufficient reasons, first, that the cervix does not expand so early as the floodings occur, or, indeed, until very near the end of pregnancy; and, secondly, that the

placenta is never attached to the cervix. Dr. Barnes then suggested "that the floodings occurred from detachment of the placenta, arising from an excess in rate of growth of the placenta over that of the cervical zone, a structure which was not designed for placental attach-

## LARGE COLLECTION OF CASES BY VARIOUS OPERATORS.

	No. of Cases.	Maternal Deaths.	Per Cent.
Charpentier .. . . .	65	22	35
Depaul .. . . .	71	23	32
Simpson .. . . .	654	180	29
Schwartz .. . . .	332	80	26
Wasp .. . . .	938	237	25
Müller .. . . .	912	212	23
King .. . . .	240	54	22.5
Charpentier (second list) ..	952	237	25

## COLLECTION OF CASES OCCURRING IN THE PRACTICE OF SINGLE OPERATORS.

	No. of Cases.	Maternal Deaths	Per Cent.
Spiegelberg .. . . .	102	16	16
Barnes .. . . .	67	6	8.5
Hecker .. . . .	70	7	10
Müller .. . . .	15	0	0
Murphy .. . . .	23	0	0

ment, and which is not fitted to keep pace with the placenta. Hence, the placenta shoots beyond its site, and hæmorrhage results." Now, great as is my respect for Dr. Barnes, I very much doubt if hæmorrhage ever occurs from this cause. The idea that the placenta shoots beyond its site is purely hypothetical, and would apply to normally situated placenta as well; and, though I carefully looked for it, I never found atrophy or other indication of its having occurred in any of the cases that I have seen. Further, the bleeding would be more likely to occur at the circumference than at the centre, and would be placental and not uterine, which Dr. Barnes alleges not to be the case. I have no doubt that bleeding occurs from the four causes stated by Dr. Matthews Duncan, namely, either by rupture of an utero-placental vessel, or marginal utero-placental sinus, by partial separation of the placenta from accidental causes, such as a jerk or fall, or in consequence of uterine pains from miscarriage commencing, but being arrested at an early stage. But if we consider that contractions are frequently taking place in the uteri of pregnant women, and that these contractions have more or less of a shrinking effect on the normally placed placenta, and have a decidedly expanding effect on the placenta placed over the os, we readily perceive how liable an utero-placental vessel or sinus is to be opened, or even a portion of the placenta itself detached. Whatever be the cause, certain it is that such hæmorrhages occur with great frequency towards the end of pregnancy. But I have never observed that they coincided with monthly periods, as has been stated by some writers. When they occur early they generally lead to abortion, and thus indicate the proper treatment; but, failing this, hæmorrhage, occurring in the latter half of pregnancy, without apparent cause, should be regarded as in all probability the result of placenta prævia; and on examination, should the vaginal fornix be found soft and boggy, the cervix soft, thick, and patulous, with vessels that pulsate strongly, the suspicion is increased, and though Wallace (Ed. *Med. Journ.*, 1872) states that the placental bruit may be heard with startling distinctness by means of a curved wooden stethoscope, the diagnosis is only rendered positive by introducing the finger through the os and touching the placental mass.

When the diagnosis is thus established positively, or

even when we have strong presumptive evidence of its existence, how should we proceed? This is the first point to consider in the treatment of placenta prævia, and it is one which I trust the members who take part in the discussion will consider the importance of; and the question at once resolves itself into whether labour should be brought on then and there, or an endeavour made to prolong the pregnancy to its normal period. The older writers recommend the latter course, and we are told to keep the patient on a hard mattress, to apply astringents and cold to the vagina, to give cold and acidulated drinks, and exhibit opium and even ergot. But though a portion of this treatment may be all very well in not at least increasing the hæmorrhage, we must bear in mind that all this time the patient is in great and imminent danger. In spite of all these precautions, hæmorrhage may occur at any time, and must occur when labour sets in, and we cannot foresee when it may take place, or calculate in what quantity it will pour out; and it may be, and often is, so sudden and so terrible, that death occurs before assistance can be obtained, or that the patient is so exhausted that assistance, when it comes, is powerless to save life. I would impress on this Society that the horrible mortality in placenta prævia is not due so much to the impotence of our art as it is to violent hæmorrhage occurring before assistance can be obtained, or where that assistance is of a helpless doing-nothing character. Why, then, should we hesitate to bring on premature labour at once when placenta prævia is diagnosed, when by means of Barnes's bags we can safely bring on labour at any time or fix the time as easily as for an ovariectomy or lithotomy and bring a skilled assistant to help us in the operation and to share the responsibility? If this be desirable, as it is, in the case of men who make obstetrics a special study, how much more advantageous is it in the case of the immense number of practitioners who have no peculiar penchant for midwifery, but loathe and detest it, and merely regard its practice as one of the stern and unpleasant necessities of what we are pleased to call the noblest and most self-sacrificing of professions. Playfair, Lusk, Barnes, and most modern writers suggest, if they do not actually advise, this active mode of procedure. But it may be objected to on the grounds that it lessens the chances of the child's life; let us see how far this holds good—Müller finds, as the result of his extensive and most important investigations, published in Stuttgart in 1877, that the hæmorrhage occurs in greatest frequency from the twenty-eighth to the thirty-sixth week in complete presentation, and in the incomplete varieties most frequently after the thirty-second week, and in no instance out of 912 cases that he has collected has death occurred before the seventh month. Now, though a seven months' child has not a very great chance of living (except it be a first baby, which it is notorious do excellently well), still its chances of life are not increased by the frequent floodings that are likely to occur before its birth, which will in all probability be premature, and it appears to me stands as good or a better chance by being delivered then, than by allowing pregnancy to continue, for let us consider what is the mortality of children in placenta prævia according to different authors:—

Schwartz . . . . .	76 per cent.
Hecker . . . . .	67 per cent.
Barnes . . . . .	63 per cent.
Müller . . . . .	64 per cent. (average of 2,360 cases.)
Fritsch . . . . .	60 per cent.
Spiegelberg .. . . .	50 per cent.
Braun . . . . .	50 per cent.

Now these numbers refer mostly to the question whether the child was born with life, not whether it remained alive, which is a very different matter. For example: Behm had 78 per cent. born with life, but of these only 29 per cent. lived, so that instead of having 78 per cent. of children that lived, he had in reality only 22 per cent. Kuhn followed the fate of the children in 46 cases of placenta prævia, and found that two months

after birth only two of them were alive. And Müller states a placenta prævia child has only three chances out of ten of being born alive; and as Virchow shows that nearly one out of every three children born under all circumstances in Berlin die within the first year, its remaining chances would be almost gone before even its time came for measles, whooping-cough, scarlet fever, and the various other diseases that we may almost regard as its necessary trials, before it reaches a time when the value of its life may be in any way compared to that of its mother; so that as far as we can at present manage the treatment of placenta prævia the chances of saving the child need not prevent us from inducing premature labour. *Therefore, I would strongly urge that premature labour be brought on as soon as we know that we are dealing with a case in which the placenta presents after the seventh month of pregnancy, and even before then should the bleedings be serious, frequent, or continuous.*

Before discussing the best means of inducing labour in these cases, let us consider some of the principal methods of treatment recommended for placenta prævia, the point being to effect delivery with as small a loss of blood as possible, and with less risk to mother and child.

The older writers, even as far back as Giffard and Portal, knew that the placenta might be implanted over the os, or (as they thought) attached to the cervix; and some of their instructions for treatment are both quaint and curious, though scarcely instructive. We find Guillemeau and Mauriceau having very clear ideas of its existence, and recommending the rapid and forcible emptying of the uterus at all hazards—the *accouchement forcé*. Rigby has written a very clear description of it in his work on "Hæmorrhage," and appears to have been the first to have made a distinction between "unavoidable" and "accidental" hæmorrhage, and wrote that "manual extraction of fœtus by the feet is absolutely necessary to save the life of the mother in unavoidable hæmorrhage, but in accidental hæmorrhage is not required."

The first change from this method of treatment, viz., *puncture of the membranes*, is generally attributed to Puzos, but was described by Mauriceau fifty years before him, as he distinctly says: "The vessels of the uterus, which were open, become shut by the contraction of its proper substance as soon as the waters of the infant which held it extended are evacuated from it." This practice was largely followed by Ramsbotham, and in the present day is strongly recommended by such eminent authorities as Barnes and Playfair. I have found it of service in lateral presentation, but its use in the other forms is not to be relied on. In complete presentation it is difficult of accomplishment; and besides, an objection I have to it is this, if it fails, as it often does, it renders version, which may have to be fallen back upon, more difficult and dangerous; therefore I reserve it for cases of lateral presentation of the placenta where the head presents, for when the waters escape, the head presses against the placenta, and the forceps can be applied, provided the head presents, which, be it said, it frequently fails to do in cases of placenta prævia.

The next mode of treatment which we need consider is the *separation of the placenta from the uterus*, which was so ably brought before the profession in a communication laid before the Medico-Chirurgical Society of Edinburgh in 1844 by the late Sir James Simpson. He was led to adopt this practice from a consideration of eight cases in which he found that the hæmorrhage ceased on the complete expulsion by natural means of the whole placenta before the birth of the child, and finally put on record from various sources 141 cases of this occurrence, and it may interest the Society to learn that some of these cases were contributed by the late Doctors Tulloch, Greenhow, and Harcastle of this city, and he arrived at the following conclusions:—

1. The complete separation and expulsion of the placenta before the child in cases of unavoidable hæmor-

rhage is not so rare an occurrence as accoucheurs appear generally to believe.

2. It is not by any means so serious and dangerous a complication as might *a priori* be supposed.

3. In nineteen out of twenty cases in which it has happened the attendant hæmorrhage has either been at once altogether arrested or it has become so much diminished as not to be afterwards alarming.

4. The presence or absence of flooding after the complete separation of the placenta does not seem in any degree to be regulated by the duration of time intervening between the detachment of the placenta and the birth of the child.

5. In 10 out of 141 cases, or in 1 out of 14, the mother died after the complete expulsion or extraction of the placenta before the child.

6. In seven or eight out of these ten casualties the death of the mother seemed to have had no connection with the complete detachment of the placenta, or with results arising directly from it; and if we do admit the three remaining cases, which are doubtful, as leading by their occurrence to a fatal termination, they would still only constitute a mortality from the complication of 3 in 141, or of 1 in 47 cases.

7. On the other hand, under the present (1844) established rules of practice, 180 mothers died in 654 cases of placental presentations, or nearly 1 in 3.

He first deliberately put the method in practice on the 1st of October, 1844, but the placenta had been artificially removed by others previous to Simpson, and cases are recorded as instances of malpractice by Collins, Ramsbotham, Cripps (of Liverpool), Lowenhardt, Baudelocque, &c. Ramsbotham describes a case so graphically that it is worth recording in his own words. He was summoned by a doctor to come and help him in a case he was attending, but before Ramsbotham left his house he received a second message from the doctor saying that he need not come, "as the woman was better and doing well." When on next meeting the doctor he asked what was the nature of the case, the following conversation ensued:—"It was the strangest case I ever saw; it was a placental presentation with the most violent flooding, but I got it away." "Got what away?" says Ramsbotham. "Why, the placenta," says the doctor. "What, before the child?" asked Ramsbotham, in astonishment and horror. "Yes, before the child," said the doctor, "and the flooding ceased and the woman did well, and the child soon followed the after-birth." Simpson thought the placenta was the source of the bleeding; this, however, has now been established not to be the case, as the hæmorrhage comes from the open mouths of the uterine vessels, and Barnes has drawn attention to the fact that in the majority of cases it is not necessary to separate the whole placenta, for there is a natural spontaneous arrest of hæmorrhage attained when that part of the placenta which has grown within the lower zone has been detached, provided uterine contractions concur, for it is on these we must depend to stop the hæmorrhage, and the reason of the cessation of hæmorrhage, though not explained by Barnes, is, I believe, this—when the placenta is completely expelled, the uterus is able to contract and close the open mouths of its vessels, as it does in twins, where the first placenta is expelled before the birth of the second fœtus; but when the placenta is only slightly detached, the connecting vessels being only partially torn are kept on the stretch, and so the chief source of the hæmorrhage is from the line of juncture of the uterus and partially-detached placenta; but when the placenta is sufficiently detached to become flaccid it does not drag on the vessels, and so permits them to contract, which they readily do provided the uterus is contracting; hence it is desirable to pass in a finger and separate the placenta well round the os to permit this flaccidity to occur. The extent to which this should be done will vary in different cases, depending on various circumstances, such as position of the fœtus, amount of liquor amnii, strength of pains, &c., but it generally cor-

responds to the extent which the placenta would be spontaneously detached to admit the passage of the foetal head, the largest circumference of which is about equal to a circle with a diameter of  $4\frac{1}{2}$  inches; or, according to Matthews Duncan, the plane at which spontaneous detachment ceases is reached at a distance of  $2\frac{1}{2}$  inches by following the curve of the lower segment, and of  $1\frac{1}{2}$  inches if measured in the plane of the uterine axis.

(To be concluded in our next.)

## ON SOME OF THE DETAILS AND RECENT MODIFICATIONS IN THE ANTISEPTIC TREATMENT OF WOUNDS.

An Address delivered before the Biological Association of the University of Dublin.

By KENDAL FRANKS, M.D., F.R.C.S.I.,  
Surgeon to the Adelaide Hospital, &c.

MR. PRESIDENT AND GENTLEMEN,—I have felt for some time that it was incumbent upon me to make a communication to the University Biological Association, as a small acknowledgment of the honour you conferred upon me in electing me one of your honorary members. I think I cannot fulfil that obligation better than by bringing before you a subject which is invested at the present time with great interest, namely, the antiseptic treatment of wounds. My chief object in doing so is, that certain modifications have been introduced into the method, more especially in Germany, where the principle of antiseptic surgery is, I may say, universally recognised, modifications which I believe tend to render antiseptic surgery more simple, more efficient, and more readily adapted whether to public or private practice, whether in town or country. I do not intend this evening to discuss the question of the *value* of aseptic surgery. I will take for granted that you are all quite satisfied on that point. This question has been fully debated, and has become threadbare, and no useful end is now to be gained by going over the arguments in favour of a method of practice which the experience of the last ten years has fully established. If your experience of the method has been one of failure, if you have seen wounds inflame and suppurate or run an unhealthy course, do not blame the principle upon which your practice is based, blame rather the manner in which the principle is applied. And here let me ask you to discriminate clearly in your minds between the antiseptic principle and the various methods employed to put that principle in practice. The principle is now recognised to be unassailable. It simply tells us that we must keep all forms of organisms out of our wounds from beginning to end, if we wish to obtain the best results. This is the foundation on which we must build, and here we find unanimity among antiseptic surgeons. When, however, we come to the question as to what is the best method to adopt in order to carry out this principle most thoroughly, we find a wide divergence of opinion. All aim for the same goal, but they travel along different roads; what we must seek for is the road which is the shortest and easiest, and yet never fails to reach the desired end.

Now, gentlemen, before we can fully appreciate the efforts which are being made to secure asepticism in wounds in the simplest and surest way, I must ask you for a few moments to consider in detail the *matériel* of Lister's method. This method you have doubtless seen frequently employed, and when all proper precautions are taken, you have seen that it is effectual in keeping operation wounds aseptic. But even those who have had the largest and most successful experience of this method, are not satisfied that with it we have reached perfection, or that it leaves nothing more to be desired. For convenience sake we may consider that Lister's method, in common with all methods,

may be divided into three stages, namely, the securing of asepsis before, during, and after, the completion of an operation. It is in this third stage, which we may take to begin at the time when the wound has been finally closed, and before the dressings have been applied, that the greatest amount of changes have been introduced or suggested, and therefore, to this stage I will, in the first instance, direct your attention. In a typical Lister's dressing, when the drainage tubes have been inserted and the wound stitched, a piece of so-called protective is in the first instance applied. This is carefully prepared oil-silk, and is impervious to carbolic acid. It is itself rendered aseptic by being dipped in a solution of carbolic acid immediately before being applied to the wound. Its object is, as its name implies, to protect the sensitive wound beneath from the irritating effects of the carbolic acid. I allude to this now because the use of the protective is often misapprehended. Many think that its object is to prevent the dressings sticking to the wound, and some seem to think that it is an advantage in keeping the wound moist. Now, as I hope presently to show you this latter is a serious drawback to it. Its real use is easily understood, when you remember that the carbolic gauze which invests the wound in a typical Lister's dressing, contains nearly 5 per cent. of carbolic acid—the warmth of the skin over which it is applied helps to volatilise the acid, and thus we would have the wound constantly exposed to the irritation of an atmosphere of carbolic acid, were it not protected from it by a material which was impervious to it. This seems so evident that it is hardly worth while to call your attention to it, and yet it is necessary to bear it in mind, for I have seen the protective applied over the deep dressing, and, again, some manufacturers in recommending the protective they make, assure you that it is prepared with carbolic acid, thus bringing about the very thing we try to avoid by its use. Over the protective then, we apply what is called the deep dressing. This is composed of several pieces of loose gauze, dipped in carbolic lotion immediately before being applied, and then squeezed nearly dry. Using the gauze this way, in loose pieces, enables us to accommodate it to the various inequalities of the surface. It is very important to remember that those loose pieces, which lie next to the wound, must be dipped in the lotion immediately before applying them. The object of doing so is this: It is almost impossible to insure that some particles of dust should not fall on the gauze during some period of its transit from the manufacturer's to the wound. Should this dust happen to lie *between* the different layers of the gauze dressing, the carbolised atmosphere generated by the heat of the body soon renders such particles inert. It is as if it were attacked on both sides by the antiseptic. But it is different with the gauze which lies immediately in contact with the wound. Here the dust may penetrate into the wound before it has had time to be rendered inert. It finds a suitable soil in the discharges which come from the wound, or lie in it, and these discharges though previously aseptic are not antiseptic, and have no power to prevent the development of any germs which may have gained an entrance. Hence it is most important to insure that no organisms capable of doing mischief shall remain in the deep layers. The amount of the deep dressing depends of course on the quantity of discharge which may be anticipated. Over this deep dressing again we apply the outer dressing, which consists as you know of nine layers of gauze. There is no special charm in the proverbial nine layers, eight or twelve layers would do as well, but nine are generally used on account of the greater facility of folding. Between the eighth and ninth layers there is inserted a piece of mackintosh. The object of this you know is to prevent the discharge soaking rapidly through the dressings at a point opposite to the wound, and so necessitating their being changed. The mackintosh compels the discharge to travel under the dressings until it reaches the edges, and thus the whole of the gauze is utilised.

Finally, the dressings must be secured in their place with gauze bandages, and special care must be taken to see that the edges of the dressings are kept in close contact with the skin. This is generally accomplished by means of an elastic web bandage.

Now a very important question arises in connection with these dressings, and that is, when should the dressings be changed? If there is much discharge from a wound during the first few days the dressings must be changed frequently. They will often require to be changed within twelve hours, and nearly always within twenty-four hours. Sir Joseph Lister is in the habit of changing the dressings in nearly all cases the day after operation, and afterwards only as occasion may require. As a general rule the dressings must be changed as soon as the discharge makes its appearance at the edges of the dressing. This may compel us to change the dressings every second or third day, but in no case should a carbolic gauze dressing remain unchanged for longer than a week; for the carbolic acid being volatile, every day the strength of the dressing diminishes, and soon it reaches a point when the amount of the antiseptic present is no longer able to prevent the development of organisms. But even before this point is reached the appearance of discharge at the edges of the dressings compels us to change them. For under these circumstances we have a pathway leading from the outer air to the wound, which is filled with a fluid most favourable to the development of organisms, and it is impossible that this fluid should abstract sufficient carbolic acid from the dressings to render it antiseptic itself, for we know with what tenacity the resin holds the acid. If under such circumstances we neglect to change the dressings, it is remarkable with what rapidity organisms develop in the discharges, and make their way to the wound.

Such, then, are, shortly, the materials employed in, and the method of, applying a Lister's dressing. Whilst fully recognising the value of such a dressing, antiseptic surgeons everywhere have been attempting to modify and to improve it. I say modify and improve, for many modifications which have from time to time been suggested are not improvements, for they fail often to ensure asepticity. The objections which have been raised by earnest workers in this field, and all other objections we may at present neglect, may be summed up under the following heads:—

*First, the dressings are expensive.*—The gauze alone, to buy, costs about 3d. a yard, although if we make it ourselves it would cost a little over 2d. Now, suppose our outer dressing of wire layers is eighteen inches square, we should require 2½ yards of gauze one yard wide. That alone would cost 6½d. When we add to this the price of the gauze used for the deep dressing and the bandages, the price of the mackintosh and the protective, I think you will agree with me that to put down the price of such a dressing at one shilling is not an exorbitant estimate. Could we leave these dressings on permanently—that is, till the wound was healed, we should not regard this as an expensive dressing; but when we are obliged to renew them frequently, the price becomes a serious item, especially in a hospital where large quantities are daily employed. I do not mean that the price should debar us from using them could we obtain nothing cheaper, which would at the same time be equally efficacious, but it should certainly stimulate us to seek for such a cheaper dressing.

*Secondly—The antiseptic employed is volatile.*—This obliges us, as I have already shown, to change our dressings frequently. The gauze when properly prepared contains about 1 in 20 of carbolic acid, but if it is exposed to the air it loses the acid rapidly, so that in half-an-hour it will probably not contain more than 1 in 30 or 1 in 40, according to the temperature of the air, and thus, when applied to the wound, it may not have a sufficient quantity of antiseptic present in it to render it safe.

*Thirdly—Its power of absorption is very small.*—When you buy ordinary gauze in a shop—manufactured book-

muslin, as it is called—you will find that it invariably contains a certain amount of fatty substances, which interfere with its power of absorption. If you wash such gauze and boil it with carbonate of soda, its absorbing powers are greatly increased, for the fat is thereby removed. I tested it in the following way:—I weighed an ounce of this dry gauze; I then allowed it to soak in water till it was saturated. It was then suspended, so as to allow the excess of water to drain from it, and was then weighed again. Its weight was now a shade over 6 ozs.; in other words, it was capable of holding five times its own weight of fluid. It might be objected that this was not an accurate way of testing it, as the fluid was not the discharge from a wound, nor did soaking the gauze in fluid correspond to the manner in which gauze absorbs when applied as a dressing. But these objections do not really hold good, for we are not concerned at present to inquire the exact amount that a particular dressing will absorb from a wound, but the relative powers of absorption that different materials possess, and we need then only care that the same method of testing is applied to all. Now, if we apply this method to Lister's carbolic gauze, we find, as we should have suspected, that its absorbing power is very small. I tested not only the gauze which we manufactured ourselves at the Adelaide Hospital, but also the best gauze I could buy in Dublin, and which had been imported from England. The results with both were identical. After twenty-four hours' immersion in water, they had absorbed or taken up only 1½ times their own weight, and after three days only 2½ times. Hence we see that carbolic gauze, on account of the paraffin and resin used in its manufacture, absorbs very slowly, and absorbs comparatively very little.

*Fourthly—It keeps the wound moist.*—It is well known that the more concentrated a fluid is, the more it becomes an unfavourable soil for the development of the lower organisms, and that the complete drying of the secretions from a wound forms an almost certain obstacle to putrefaction. This is the principle of scab-healing, and ever since the days of Hunter, surgeons have attempted to procure rapid healing of a wound, by trying to form an artificial seal over it; but all these attempts were unsuccessful, because they failed to remove the chief danger, namely, the retention of the secretions beneath the scab. If then we wish to obtain the advantages of rapid healing under a scab, formed by the drying of the secretion on its surface, we must provide means for carrying off the secretions rapidly from the wound, and this is effected by free drainage, and by the use of some highly absorbent dressing. The great advantage, from an antiseptic point of view, of keeping the wound dry by carrying off its discharges rapidly was well illustrated by the experiment related by Mr. Sampson Gamgee at the meeting of the International Medical Congress in London in 1881, (a) "Take two pieces of fresh meat of equal thickness and weight. Place one between two pads of absorbent gauze and cotton, and wrap the other in lint soaked in water, with a covering of oiled silk or gutta percha. The first piece, as I have often proved by experiment, will continue dry and sweet, long after the meat in water dressing has become a rotten and stinking mass." In the carbolic gauze dressing, it is impossible for the wound to be kept dry, for next the wound we have the protective, and outside all the dressing we have the mackintosh which renders drying of the secretions impossible.

*Fifthly—The great difficulty in obtaining and in keeping the carbolic gauze in a reliable condition.*—I have already alluded to the rapidity with which the carbolic acid may evaporate from our dressings, it is therefore of the greatest moment that every precaution should be taken to insure the carbolic gauze being efficient; and I am convinced that it is to this unreliableness of the gauze that more failures in antiseptic treatment are due than to any other cause. Look for one moment at the vicissitudes through which the gauze has to pass before it reaches

(a) "Transactions," Vol. II, p. 349.



your hand. All that which you buy in the shops is for the most part manufactured in or near London. It is brought over to Dublin, and has to pass through the hands of many who are either ignorant of the care which the gauze requires, or who are antiseptic sceptics, before it comes in to your possession. I will give you an instance. Not long ago I went into a shop in Dublin and saw on the counter a heap of nicely folded gauze which had been taken out of the case in which it had come over, and was awaiting the "convenient season" to be stowed away. It lay there uncovered, exposed to the air and the dust of the shop. How long it had lain there I cannot say, but of one thing I am sure, that such gauze could only bring discredit on antiseptic surgery. Stimulated by failures for which we could not account unless they were attributable to the bad quality of the gauze, about two years ago we determined to manufacture what we required in the Adelaide Hospital. I need not weary you with the details of the process of making carbolic gauze, suffice it to say that we soon discovered that what we made was far better than any we could buy and gave far better results. From a comparison of it with that which we bought, by weighing equal quantities before and after it was charged, I could not but come to the conclusion that the gauze prepared elsewhere and imported into Dublin, was not made according to Lister's directions, and that it did not contain the proper quantities of either resin, paraffin, or carbolic acid. But even after we have made the gauze, great care must be taken with it to prevent its deterioration. The precautions which we adopted in the Adelaide Hospital were these. As soon as the gauze was charged, it was loosely shaken out and at once put into a large chest lined with tin and air-tight. It was kept in this until required for use. When a ward required to be supplied one of the nurses of the ward took down an air-tight tin box, large enough to hold a supply of gauze which would last from a week to a fortnight. This was filled with the prepared gauze, closed and locked, and in this way taken back to the ward. Here it was folded into convenient sizes, some torn up for bandages and rolled, some cut into small pieces for deep dressings and then carefully replaced in the box, and the box locked. The folding of the gauze was done on a waterproof sheet previously sponged over with carbolic lotion. Of course we must depend, to a large extent, on the nurse to see that all these precautions are taken, and that the box is used for no other purpose than to hold carbolic dressings. But these details will show you what care must be used in preserving the gauze in a proper state for use.

(To be concluded in our next.)

## DEAHNA ON DRESSINGS.

Translated from *Schmidt's Jahrbucher*.

(By T. ESMONDE CAHILL.)

(Continued from page 439, last vol.)

[We now come to the new surgery. It is called by various names:—The Bismuth dressing, the plan of secondary suture, the *Dauerverband*, and the peat mould application. But all these names can be sunk in one—the great dry treatment.—TRANSLATOR.]

**Bismuth.**—Kocher grounds his recommendation of subnitrate of bismuth on the possibility therewith of dispensing with drainage, and thereby bringing about immediate union of the greater part of the wound. Secondary suture is an aid. At the start the powdered bismuth was strewn on the wound. Later a ten per cent. solution, until finally it was found that a one per cent. mixture fulfilled all the demands of antiseptia. An emulsive mixture may be rubbed in or syringed in after the operation, and at the changes of dressing. When the wound had been sutured, then a thicker mush (*Brei*) of bismuth is applied which dries to a crust. The first dressing is made with shreds of hydrophilous material.

A series of experiments has determined the fact that bacteria are not capable of developing in preparations of bismuth. Poisoning phenomena, however, are very common. Acute stomatitis with swelling of the gums, the tongue, and the throat, loosening of the teeth, and blackening of the edges of the gums, intestinal catarrh, and desquamative nephritis are all observed. After the operation the sutures (silk) are inserted in all cases in which the rapid termination of the case is looked for, though not tied, but a bismuth dressing applied. If bleeding is not completely stopped, bismuth tow is applied. After from 12 to 48 hours (depending on the amount of oozing (*nachblutung*)), the wound is hermetically closed. *Because secondary suture allows itself to be applied to all wounds which are capable of union at all, Kocher contends that the evolution of wound secretion after from half to one day is not a necessary consequence of traumatism.* Part of the favourable result is to be attributed to the drying of the wound surface by the astringent action of the bismuth. Thirty-six cases showed very favourable results. Kocher finds that the bismuth fails to work upon the cocci, and only renders the soil (*narkboden*) incapable of developing micro-organisms. Riedel finds that bismuth works well in flesh-wounds, but brings on pleuritis in the pleura, and extensive adhesions in the peritoneum. It is no good in abscess or erysipelas. V. Langenbeck praises bismuth, but for scab-healing he prefers iodoform. Petersen finds great disadvantages in bismuth, and substitutes oxide of zinc. It is cheap and does not produce poisoning symptoms.

**Acetate of Alumina.**—Burow, Bruns, and Billroth have all designated this as an extremely useful disinfectant. Pinner found that a 0.5 per cent. solution was sufficient to protect substances on the point of decomposition; that solutions of 1.5 to 2 per cent. would kill germinating bacteria. A solution of 2.4 per cent. was always sufficient to keep down the proliferation of bacteria.

**Technique.**—Essentially Listerian. Purify the field of operation and the instruments with a 5 per cent. carbolic solution, since the acet. al. does not saponify and does corrode. For other uses, and for a spray, apply a 2½ per cent. solution. Anæsthesia in the hands seldom observed, but they become raw. Suturing with catgut or more rarely Czerny's silk. Bandages, gauze preserved in a 5 per cent. solution of alum. From within, outward—protective silk gauze, salicylic wadding (10 per cent.) calico bandages. Bandage dispensed with after eight days. For permanent irrigation a 0.5 per cent. solution suffices. The acet. al. spray actively astringes and dries the wound, so that capillary bleeding is controlled. A permanent solution is not attainable, evaporation evolves hydrate of alumina.

**Preparation.**—400 grm. acid. acet. dil. offic. (P. Germanica) is applied for dissolving 500 grm. patent alumina; decant and filter. The resulting fluid gives in 100 parts about 4.5 parts anhydrous alumina, or about 15 per cent. of the bi-acetate (*Zweifach essig-saure*). It was found that a 700 to 400 solution produced eczema.

**Statistics.**—In Pinner's hands, from the 20th of June, 1871, to the 1st of August, 1881, the results were very favourable—more favourable than those with the previously used Listerism. Of course you cannot make a permanent dressing of any moist application. The spray was withheld on account of the conductivity of infection possessed by the air. In the ward in question in Freiburg Academ. Hospital there were:—Patients, 2,183; operations, 708; tracheotomies, 119; erysipelas (mild), 5; erysipelas (fatal), 1; pyæmia, 0; septicæmia, 1—doubtful. Poisonous effects not observed. Wound cavities after necrotomies, and so forth, can be filled up with aluminated charcoal. This method has also been found very useful on the living subject in extirpation of the rectum.

On the principle of keeping away all irritation, mechanical or chemical from the wound, Esmarch has inaugurated, and Neuber has continued, to improve, the antiseptic *danerverband*. Neuber was brought to in-

investigate this subject by the odium attached to artificial blood drains on account of parenchymatous coozing. Neuber acknowledges the presence of parenchymatous coozing, but thinks it is over-estimated. Careful application of ligatures previous to the loosening of Esmarch's tourniquet, elevation of the limb, compression of the flaps, irrigation with ice-water, sufficed to prevent abundant coozing (*nachsickern*) of secretion, so that the first dressing remained on four days on an average. Particular care afterwards enabled him to leave it on until the wound was healed all to the drainage canal and suture holes. There was still wanting only an absorbable suture and drainage material to produce complete healing under *one dressing*. He took catgut and decalcified bone. From within outward—*knüllgaze* fixed by means of carbolic gauze bandages. The same must more than amply cover the wound in a layer of one to two fingers thick. The result is a spindle-shaped limb. Further inequalities, if any, are filled with salicylic wadding. On the most dependant part of the wound an inch thick of wadding is superimposed. Now follows the 9-folded Lister gauze. This projects beyond the wound on all sides at least 3 to 5 hands breadths, and must at both borders be lined with a hand's breadth of inch thick salicylic wadding. The gauze will be strongly compressed, and enveloped by prepared gauze bandages. An elastic compressive bandage outside completes the dressing. In the thirty-six cases communicated, this dressing remained on up to the twentieth day. In eight cases there was absolute healing after the first change of dressing. In four the wound gaped a little, in nineteen *prima-intensio* had come on in the whole extent of the wound line, all to quite small spots which mostly corresponded with the drainage. Of three cases of ovariectomy there were two deaths from peritonitis. The same in a case of resectio ilei. In an ablatio mammæ there came on fatal septicæmia in sequence of retention of secretion. In four cases there was moderate suppuration-odour in as many.

*Hautdurchlochung*.—Drainage is facilitated by hoieing the skin with a skin punch.

*Peat-Mould*.—Finally, there was found in peat-mould a dressing material which by its strong absorptive and drying powers greatly increased the usefulness of the *daner-verbana* compound. It was first used by a turf cutter, who cured a complicated fracture of the forearm in ten days without a drop of pus. Neuber used the sawdust of white peat-mould. This material possesses in the dry state an extraordinarily great absorptive power for fluids, especially water and blood, for pus less: it takes up nine times its own weight in water or blood. It further exhibits considerable power of absorption for bad smelling stuffs, and finally, it was found that portions of meat and blood enclosed in the centre of a peat ball resisted decomposition, at least as long, perhaps longer than in a ball of 5 per cent. carbolic wadding.

*Technique*.—Purify the wound with a two and-a-half per cent. carbolic solution, furnish it with absorbable drainage tubes or punch holes and suture. Then place a small 2½ per cent. iodiform-peat cushion, over that a large carbolic (5 per cent.) peat cushion, make fast the whole with a gauze or water-glass bandage. Loosen the Esmarch's tourniquet when the dressing is applied; in this way the operation is completely bloodless. There never was secondary hæmorrhage.

*Statistics*.—Cases 212; deaths 3; dressing ran full course in 198; dressing prematurely removed in 11; complete healing in about 167.

Gaffky has experimented on peat and offers the following axioms:—(1) Peat is not free from fertile germs of lower organisms; (2) peat possesses no lethal power over bacteria, it is not a disinfecting substance; (3) antiseptic power in the sense that saturated with proper nutritious fluids, it *completely* prevents the multiplication of lower organisms in the same, peat possesses none (4), on the other hand, peat can under such circumstances delay up to a certain point the multiplication of the lower organisms.

In spite of these results of his experiments Gaffky believes that on account of its considerable power of absorption and its elasticity peat may be safely recommended.

*Moor-moss*.—Hielk finds the absorption power of peat enhanced in the *sphagnum* which is developed after the withering of moor-moss. He recommends it as a dressing.

## HISTORY OF THE PROGRESS OF LARYNGOLOGY FROM THE EARLIEST TIMES TO THE PRESENT.

By GORDON HOLMES, M.D.,

Physician to the Municipal Throat and Ear Infirmary, London; Consulting Physician to the Sheffield Ear and Throat Hospital.

Il importe beaucoup de connaître l'histoire de la science à laquelle on s'attache.—*Boerhaave*.

### EPOCH I.—THE PRE-LARYNGOSCOPIC AGE.

(Continued from page 165.)

In 1829 the growing importance of laryngeal pathology was first signalled by the production of a separate treatise devoted to diseases of the larynx in general. The author of this work was J. F. H. Albers, (1) Professor of Anatomy at Bonn. And in this country the necessity of studying laryngology was emphasised by the London College of Surgeons proposing in 1836 diseases of the larynx as the subject of their annual Jacksonian prize. The successful essay was written by Frederick Ryland, (2) of Birmingham. This author deserves the great credit of being an original collector of the scattered information existing on his theme, of illustrating it with fresh examples drawn from his own experience, and for the reduction of it independently to a system. We cannot, however, attribute to him any special step in advance; he is, in fact, considerably behind his predecessor, Albers, as well as Trousseau and Belloc, whose work, published about the same time as his own, also claims to be classed as one of the primitive treatises on diseases of the larynx.

But in Albers (3) we are compelled to recognise a laryngologist of far greater calibre than the state of the science at the time could give us any grounds to expect. He was indisputably the first observer who contemplated a system of laryngeal pathology complete in almost all its divisions, although the resources of his art did not at the time permit the full clinical exemplification of his conceptions. Thus, he is the first writer who treats in definite terms and separate sections of simple catarrh and chronic hypertrophic catarrh of the mucous membrane, of syphilitic and tubercular ulcerations (to a great extent anticipating Trousseau and Belloc), of disease of the cartilages, growths, &c., and especially paralysis of the larynx. In dealing with the latter department he relies on the experiments of Le Gallois for the construction of a framework which he tries to fill in with clinical instances, but he is also misled by Magendie's erroneous theory of innervation. He is, however enabled to distinguish two classes of laryngeal paralysis, namely, *aphonia paralytica*, in which the voice only is affected, and *laryngo-plegia*, when breathing is also interfered with, "Occurring probably," as he remarks, "when isolated muscles, especially *musculi dilatores glottidis*, are paralysed." He considers that this paralysis is likely to be present in œdema of the glottis, and croup, being then the chief cause of dyspœna, and also that it may be brought about by tumours, such as aneurism of the arch of the aorta, enlarged glands, &c., disposed so as to press on the recurrent nerve, or if by ulceration or caries the cartilages and muscles should become separated.

In 1846 our history first leads to the other hemisphere, in which year Horace Green, (4) Professor of Medicine at New York, demonstrated in practice the conception of Van Swieten as to the pathological interest of the mucous glands, of the pharyngo-laryngeal tract of mucous membrane. Under the name of "follicular diseases of the air passages," Green well described and illustrated by chromo-lithographs the granular state of the pharynx, the counterpart on a

larger scale of the often concomitant affection of the larynx, thus revealing the pathology of the disease often spoken of vaguely as "clergyman's sore throat." He considers fully the etiology of the malady, which he determines to be fundamentally allied to struma and debility, but he does not distinguish between the comparatively mild lesion ordinarily met, and the severe morbid process leading to ulceration, to which we shall have to allude further on as probably peculiar to phthisis.

The existence of laryngeal neoplasms and tumours was clearly recognised from the beginning of this period, and numerous such cases of peculiar and ordinary type were, from time to time, reported. Thus Pravaz (5) in 1824 gives the instance of a girl, *æt.* 26, who for six years suffered with a tumour of the larynx which could be felt on passing the fingers through the mouth to the upper part of the organ. On a certain day two hard stones, of the size of a small pea, were expectorated, and recovery ensued. The same author cites the case of an officer who died somewhat suddenly from suffocation, and on post-mortem examination two hydatids, transparent and ovular, as large as a nut, were found under the epiglottis, occupying in part the ventricles. The first writer who devoted a special treatise to laryngeal growths was H. G. Urner, (7) of Elberfeld, in 1833, on the text of a case observed by Albers. This was a fatal case in a man, *æt.* 54, where a round and fleshy tumour, the size of a nut, was discovered fixed by prolongations to both vocal bands. In 1850 almost all the scattered cases were collected in a treatise, exhaustive up to date, by C. H. Ehrmann, (8) Professor of Medicine, and Director of the Museum of Anatomy at Strasbourg. This work includes thirty-six instances, of which two are from the author's own experience, and five from animals. Nineteen of them are reproduced, in natural size, in skilfully executed lithographs. Ehrmann endeavours to explain the histology of laryngeal polyps, but owing to his limited personal observations and the vagueness pervading the descriptions of others, he can only conclude that some are of a fibro-cellular or fibroid structure, whilst others result from a hypertrophy of the tissues of the mucous membranes, chiefly the epithelial elements. In 1852 a treatise on polypi of the larynx was published by Horace Green, (6) who added eight cases met with in America (four of his own) to those already enumerated by Ehrmann, and discoursed intelligently concerning the symptoms of such tumours. To two of his own instances he applied the term "cauliflower excrescence," and "encephaloid."

The subject of croup attracted much attention during this period, so that the literature of this disease became very extensive, a circumstance which, though it did not bring forth much scientific advance, rendered the objective recognition of the malady very facile and widespread. As early as 1778 C. F. Michaelis, (9) of Göttingen, wrote an exhaustive essay on croup, a work of almost scholastic ingenuity in the detection of points for reflection and discussion. We need, however, to notice only the views current as to the nature of the false membrane. Michaelis refers to the observations of Böck and Salomon (10) that it contains longitudinal fibres and may often be seen to be streaked like the manual epidermis. His own conclusion (a development of that of Ghisi) (11) is, that this production is "a true polypus of the trachea," of lymphatic origin, and inorganic nature, thus differing entirely from the organic polyps of the uterus, nose, &c. Hence he proposes and adopts the name of *angina polyposa* instead of croup. In 1808 Antoine Portal, (12) Professor of Medicine at the College of France, wrote on croup at considerable length in a literary and observant manner. He was followed by numerous authors up to this period, any record of which, except a mere bibliographical one, would only offer to the reader a web of prolix speculation tending to obscure, rather than to elucidate the phenomena of the disease. Thus it will be perceived that, on the whole, the pathology of croup remained *in statu quo*.

*Mutatis mutandis*, many of the remarks in the last paragraph can be applied to spasm of the glottis. Numerous monographs caused practitioners to be alert in recognising cases, but the pathology was not elucidated. The first rational explanation was given in 1841, by Marshall Hall, (13) who ascribed the malady uniformly to reflex action, an etiological conception which, considering the wide distribution and varied connections of the pneumogastric nerves, must in most, if not in all cases, be received as satisfactory. Hall considered that the peripheral source of the spasm might

exist in one or more of three regions, viz., the dental, gastric, and intestinal. Thus the external irritant would generally be teething, stomach derangement, or worms. To reflex spasm of the glottis Hall also relegated instances of choking, or a foreign body lodging at the top of the œsophagus.

In 1808 an important advance was gained in the pronunciation by G. S. Bayle, Professor of Medicine at Paris, of the first discriminative description of œdema of the larynx. (14) His memoir was based on seventeen cases seen by himself, in which there was only one recovery. The various symptoms of the disease were fully described, as well as the chief post-mortem feature of serous infiltration of the glottis which produces the fatal swelling. (15) After the time of Bayle the subject was kept well in view and many papers relating to it were issued. In 1852 the observation and discussion of the disease culminated in the production of a very elaborate work by F. Sestier, also Professor of Medicine at Paris. In a volume of nearly 500 pages this author amassed all the information, literary, etiological, therapeutic, &c., that could illustrate or be drawn from the numerous cases previously published, amounting to about 215. The fact that Sestier makes eleven varieties of the malady, the division resting principally on etiological distinctions, is sufficient to indicate the minuteness of his analytical operations.

*Treatment.*—This department underwent great development, especially as to the local medication of the larynx, but much also was done towards the perfecting and extension of operative measures.

In general therapeutics we may chronicle the discovery of iodine in 1812 by Courtois, of Paris, and its first use in syphilis in the form of iodide of potassium, claimed by James Copland, (16) of London, as having been made by himself in 1825.

We have seen that the ancients prescribed inhalations, insufflation of powders, revulsives to be applied to the neck and remedies (hypoglottides) to act on the windpipe by being swallowed during slow dissolution in the mouth. Such methods, however, though occasionally employed, were never popular or extensively resorted to until Trousseau and Belloc re-enumerated, discussed, and gave them a new prominence in their essay of 1837. But the devices of these observers as to treatment were not limited to the refurbishing of old measures, for they also invented some new ones of great value. Thus they were the originators of the direct application of solutions to the larynx, a proceeding which they effected in three ways:—(A), a spill or twist of suitable paper was bent into a curve at one end, which was dipped in the fluid (they preferred a weak solution of silver nitrate) and then passed down to the larynx by the mouth; (B), a stick of whalebone similarly curved with a fragment of sponge attached was used in the same manner; (C), a small syringe with a curved pipe terminating in a rose was employed to inject the liquid in a fine shower.

Independently of Trousseau and his colleague, Horace Green, a year or two later (17) devised and carried out with no less ingenuity the application of solutions to the larynx. Like those practitioners, he preferred nitrate of silver, and used a curved whalebone with sponge attached. Tracheotomy was extensively practised. Trousseau and Belloc refer to seventy-eight operations in their own practice, of which five were undertaken for the relief of dyspnoea in laryngeal phthisis (so-called) and seventy-three in croup. In the latter disease, however, some surgeons disapproved of it, Porter, (18) of Dublin, for example, conceiving the severity of the constitutional disturbance as the real cause of death. The improvements in the operation relate solely to the construction of the canula. Trousseau and Belloc allude only to the single straight tube, but in this country a single curved tube, answering to a quadrant, and tapering considerably towards the inner end, was in general use many years previously. Such a tube is recommended by Robert Liston, (19) of London, in 1831, the object of the diminishing calibre being the compression of the sides of the wound to prevent hæmorrhage by the thick external portion. The history of the tracheotomy canula is, however, full of vicissitudes. The first suggestion of the modern tube, which in no way resembles, and perhaps is not even related to that of Casserius, seems to emanate from A. G. Richter, (20) Professor of Medicine at Göttingen in 1776. In 1784 Antoine Louis, (21) the greatest civil and military surgeon in France at that date, whilst reproducing the figures of Casserius, yet showed a quadrant conical tube of the form usually employed in his time

Nevertheless in the same year Benjamin Bell, (22) of Edinburgh, after considering the propriety of using Richter's curved tube, decides in favour of a straight one, his reason being that an inner tube could only be used with that form. But this inner tube, again, disappeared from the world of surgery until about 1853, when it was re-invented and adapted to the curved canula by Obre, (23) a London surgeon. This inventor first made it project slightly internally beyond the outer tube, thus gaining the maximum of efficiency for keeping the passage clear of mucus.

That royal but almost untrodden road to tracheotomy, the tracheotome, received some attention during this period. Richter improved on the instrument of Dekker, and debated the practicability of using it. A. Louis also discussed the question, and gave the first noticed account of a tracheotome invented in 1746 by a French surgeon named Bauchot. This instrument consisted of a lancet-shaped knife with a stout handle sheathed in a flattened canula; and also of a crescent-like blade designed to fit over and steady the trachea during perforation. Bauchot is said to have used his invention successfully in two cases. (24) Again, in 1853, Sir H. Thompson devised another tracheotome, a bivalve lancet, the two laminae of which are held together by a screw that causes them to separate widely after entering the windpipe, so that a tube can be inserted.

(1) Die Pathologie und Therapie der Kehlkopf Krankheiten. Leipzig. 1833.

(2) A Treatise on Diseases and Injuries of the Larynx and Trachea. London. 1897.

(3) The right of Albers to be regarded as author of the pioneer work may, perhaps, be disputed by that of W. H. Porter, surgeon to the Meath Hospital, Dublin (entitled "Observations on the Surgical Pathology of the Larynx and Trachea," 1838), but although a very progressive treatise its comprehensiveness is too limited to give it a full claim to the first place.

(4) A Treatise on the Diseases of the Air-passages. New York. 1844.

(5) *Op. cit.*

(6) On the Surgical Treatment of Polypi of the Larynx, and Oedema of the Glottis. New York. 1852.

(7) Dissertation de Tumoribus in Cavo Laryngis. Bonn. 1818.

(8) Histoire des polypes du larynx. Strasbourg. 1850.

(9) De Angina Polyposa sive Membranacea. Gœttingæ. 1778.

(10) Acta Societatis Scientiarum Suecicæ. 1772.

(11) *Op. cit.*

(12) Mémoires sur la nature et traitement de plusieurs maladies. T. III. p. 65. Paris. 1808.

(13) *Op. cit.*, pp. 171-188, &c.

(14) He published a summary of his paper in the Dictionnaire des Sciences Médicales, T. xviii, p. 505, Paris. 1817; but it was first printed in extenso in the *Nouveau Journal de Médecine*, T. iv, p. 3, 1819.

(15) Bichat in 1802 had alluded to the special liability of the larynx to oedema, but in too curt and casual a way to obtain for the disease a place in nosology. He stated that the larynx was subject to a "kind of serous engorgement" which occurred nowhere else, and "often suffocated the patient in a short time." He allowed that previous authors had described the symptoms, but affirmed that they were ignorant of the anatomical lesion. He tried experiments on dogs, with success, to produce oedema by injuring the larynx.—*Traité d'Anatomie Descriptive*, Paris, 1801-3, T. II, p. 396, 404.

(16) Dictionary of Practical Medicine, Vol. III., 1858, p. 1845.

(17) *Op. cit.*, p. 183.

(18) *Op. cit.*

(19) Elements of Surgery, Pt. II., p. 263, London, 1831.

(20) Observations Chirurgicales, Fasc. II., c. 3.

(21) Sur la Bronchotomie—Mémoires de l'Académie de Chirurgie, 1764, T. IV., p. 465.

(22) A System of Surgery, Edinburgh, 1784, Vol. II., p. 416.

(23) Erichsen's Surgery, 1st ed., 1863, p. 703. Here also appears to be the first published description of Sir H. Thompson's tracheotome.

(24) Histoire de l'Académie des Sciences, T. III.

(To be continued.)

## THE SURGICAL AND ETHICAL ASPECTS OF THE CASE OF GANGRENE OF THE HAND.

A REPLY TO THE REMARKS OF DRS. MOLONY AND RUSSELL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I must in the first place take exception to the term *land-bill* as applied to the record of the case previously published by me. That publication was in strict medical form, and obtained very much less lay circulation than many of the reprints from medical journals do. I shall say nothing of your introductions, but waiving those precedents altogether, I say that medical etiquette disentitles no man to defend himself, even if he be obliged in so doing, to appeal directly to some of the laity, in order to disabuse their minds of misrepresentations with which they may have been previously infected. It would have been of very little use for me, or for any other aggrieved member of the profession, to appeal to one of the high-sounding colleges

to punish a delinquent. The journals are weekly full of the inutility of such applications. I might have sent my communication in the first instance to a medical paper, but if such were subsequently put into the hands of some of the laity, in what would consist the difference? Yet, from the moment of the publication of your issue of July 22nd., that was the course adopted with numbers of that issue by those two medical purists. It would be too painful to me to dwell minutely on the course adopted by those two gentlemen; let it suffice that the truth should be made known, and that, with that object it should be put within the public reach.

In the second place, I feel constrained to reiterate every single one of the statements made by me in my previous article. I decline to recognise snipping off a remnant of skin as in any way invalidating the statement that the hand dropped off. Further, it is wanting in ingenuousness to state that the portion of the arm corresponding to the compress subsequently sloughed almost to the bone, the full facts being that after cellulitis, which involved the entire extremity, extensive sloughing took place in several parts of the arm and forearm, and amongst them in this part. It is not the fact that the bandage and compress were literally buried in the middle third of the arm, nor is it the fact that Drs. Moloney and Russell expressed doubts as to the possibility of saving the hand, but on the contrary, they proclaimed to town and country, (such is *their* love for professional etiquette) that they would save it to the very nail; and they utterly scoffed at the existence of gangrene.

Lastly, I deny that I proposed to amputate at the shoulder-joint. On the contrary, I left the exact point to be determined, when the precise vessels injured would be ascertained under ether. I may, however, have expressed the belief that the seat of injury would be found to be the proper point, and to that I adhere.

This patient subsequently required the attendance twice a day for nearly three months, of an army of medical attendants, together with trained and untrained surgical helps. He suffered, as I have stated, from blood-poisoning, and has been more than once at death's door, and would at this moment convey to us a more accurate appreciation of the precise value of the stump left, if we had a report as to its actual state from some outside surgeon.

From all these it will be easily seen how much better it would have been for the patient had these gentlemen promptly recognised the gangrene, and had amputation been performed in time to prevent the consequences that subsequently ensued.

I now come to the charges of my honourable *confères*, and the first thing to be noted in connection with them is that they have now shifted their ground. The first time, one of them alleged it was by digital compression the case ought to have been treated; while No. 2 contented himself with alleging that the bandage ought to have been applied from the fingers. When, at length, both were constrained to admit the presence of gangrene they charged my treatment with being responsible for it. Now, I am charged with unsurgical treatment for putting on a bandage at all, instead of cutting down then and there on the wounded vessel or vessels, and tying their ends. Letters are produced from six gentlemen containing replies to an evident leading question, and enunciating a surgical rule which, however abstract in itself, does from its position in the context clearly lay down the dogma that I was not at liberty to treat my case by any other means than that of operating on the spot by cutting down on the ends of the vessels and tying them. Now, I will assume for the sake of argument that this is the meaning to be attached to the letters of those six gentlemen; I will at once join issue with their contention, and for that purpose will now quote the surgical rules in their entirety, and not after an incomplete fashion, and from writers which the most respectable of those gentlemen must acknowledge to be the authorities on the subject.

Mr. Erichsen says (p. 155) that the rule of surgical practice is to cut down directly on wounded vessels, *where it is proposed to treat them by ligature* and to tie both ends. But this rule is neither absolute nor universal, as will be seen from the following quotation from the same work. It will be found in page 157. It is as follows:—"No operation should be undertaken, unless the bleeding be actually continuing. If the bleeding have been arrested, however furious it may have been, the surgeon should never go in search of the wounded vessel, or undertake any operation

unless it burst forth again. A man was brought to the University College Hospital with a deep stab in the groin, directly in the course of the external iliac artery; a very large quantity of arterial blood had been lost, but the hæmorrhage was arrested on his admission by the application of pressure. From the great and sudden loss of blood it was supposed that the external iliac had been punctured; but it was not thought advisable to perform any operation unless hæmorrhage recurred. The bleeding did not return, the wound healing without any further trouble. In secondary hæmorrhage the case is different. There, the vessel must be secured, even though the bleeding has for the time ceased."

The foregoing quotation determines two things: 1st. That a choice of procedure is at least open to a surgeon; and 2nd. That pressure over the part is all that is called for; for there is not one word here about this case of wounded femoral artery being bandaged from the toes up. The plain meaning of the words would entitle me to go much farther; but enough for my purpose if it is minimised so as to cover the right to exercise a choice in the matter. Further on, the same writer states: "In primary hæmorrhage" (th t now under consideration) "the rule of practice is not to interfere by operation if once the hæmorrhage has been arrested by other means." So much for Mr. Erichsen.

Now, for Mr. Moore, Surgeon to the Middlesex Hospital. In an article on the treatment of wounded vessels, after quoting from the practice of the great military surgeons, he sums up, and declares the rule generally followed by surgeons to be no operation in early and doubtful cases, but reliance on pressure, cold, &c.

Again, the *Lancet* of July 18th, contains a review of a paper by Dr. Stimson, of New York, which comes to the support, if such were needed, of the views of the preceding writers. Here is what Dr. Stimson has to say. He tells us that he has ransacked the pages of medical literature for all the cases of ruptured axillary artery, and that he finds them to be forty-four in number, and that out of these, eight cases, and eight cases only, were treated in accordance with the surgical rule of applying a ligature to both ends of the vessels, and that in every single one of those eight cases death ensued. He goes on to enumerate the various measures adopted for the treatment of the remaining thirty-six cases, and, as the outcome advocates pressure as the safest. He advises this to be conducted by means of a pad and tight bandage over the injured vessel, and over it alone, there not being one word about those finger bandages, the necessity for which will, no doubt, now become apparent to our American cousins, when they shall have had time to digest the communication of my honourable confrères. Finally, the *Lancet* endorses the views of the distinguished American surgeon.

The practice of Charing Cross is clearly shown by Mr. Bellamy's case in the *Lancet* to be the same. Here I may observe that, though it was the ulnar artery that was wounded in his case, yet when the pressure treatment was employed, there was no proof that the injured vessel was not the brachial, and hence the practice of that hospital is identical with mine. An attempt has been made to make out that Mr. Bellamy's opinion does not cover my case also. I have a letter in which he declares that it covers both. I mention this to prevent any misunderstanding as to his views on the subject. To cut down on a vessel, in order to ligature its ends, has more than once led to the instant death of the patient, and the surgeon has still oftener failed to find the ends. Under such circumstances I adopted the course which was most conducive to the interests of the patient, and I at least saved his life, even though I failed to preserve his limb entire. Gangrene is no unusual accompaniment of grave arterial wounds, attended by extreme loss of blood. It is one of the accidents after ligature which is distinctly set down in our text-books; and, I believed it would have ensued in this case under any line of treatment. I believe it was due in this instance to two well-known factors, viz., to aortic obstructive disease, and to the extreme exsanguined condition of the patient. On more than one occasion, I detected an aortic murmur which had all the characters of an organic one.

After the appearance of the communication of July 22nd, I addressed a letter to each of the six gentlemen, calling his attention to the article contained therein, and inquiring whether his letter was intended to convey that the treatment pursued by me in the case referred to was contrary to sound surgery. To this I received the following replies:—

1. From Dr. Hamilton.—"In my letter I expressed no opinion on your treatment."

2. From Dr. Pearson.—"My observations referred to the abstract question only, and I would not venture an opinion on a given case without seeing it."

3. From Dr. Jones.—"I did not mean my letter, which was published without my knowledge to bear on any special case."

The two following will strike most people as very curious replies:—

4. From Dr. Ormsby.—"Pray, excuse my not entering into a correspondence concerning a subject, the merits of which I am not acquainted with."

5. From Dr. Watson.—"Dear Sir,—In reply to your letter of the 19th inst., which only reached me to-day, I can only say that I am in absolute ignorance of all the circumstances to which you allude.—Yours faithfully, PATRICK HERON WATSON, Edinburgh."

Here is an extraordinary state of things. Two gentlemen come forward to offer opinions on a case, the circumstances of which, they tell us, they are wholly ignorant of. I may surely leave these letters to speak for themselves. Now I come to Dr. Ireland Wheeler:—

"Dear Sir,—I am in receipt of your letter. I have not a copy of the medical journal you refer to by me, but I am certain that I expressed myself clearly, and that whatever I have written cannot be misunderstood.—Yours faithfully, W. I. WHEELER."

As his letters are anything but clear, I now call on Dr. Wheeler to state explicitly whether his first letter is intended to convey that the treatment pursued by me in the case quoted was or was not, contrary to good surgery. I am quite aware that, unlike the gentlemen from Cashel, most certainly not tyros, he is careful to lay down no garbled surgical rules, but is modestly content to state what he himself would do in the case of a wounded artery, viz., tie both ends of the vessel. He is further cautious in the matter of bandaging the fingers; for he tells us that in venous hæmorrhage he would do so, a condition of things outside the case altogether. Nevertheless, the appearance of this gentleman's letter in the company in which it figures gives to it one meaning, and one meaning alone, viz., condemnation of my treatment. I again call on him to leave no room for doubt or misunderstanding by enunciating this in plain English. In such event we shall have Dr. W. I. Wheeler on one side and Mr. Erichsen, Mr. Moore, Mr. Bellamy, Professor Stimson, and a host of others on the opposite side.

I am, Sir, yours, &c.,

The Union Hospital, Cashel. THOMAS LAFFAN,

[We have given Dr. Laffan the opportunity for reply, but as any surgical interest which the case may have had is already exhausted, and as we have given our strong opinion against Dr. Laffan on the ethical aspect of his handbill publication, we do not propose to continue the publication of any further communications on the subject.—ED.]

## Clinical Records.

### CASE OF BELLADONNA POISONING DURING PARTURITION—RECOVERY.

By ALFRED S. GUBB, L.R.C.P., M.R.C.S.

A WOMAN, æt. 32, about to be confined of her third child, was attended by the village midwife, and as the labour was very tedious the midwife, who acted to some extent as the representative of the local medical man, sent a bottle to the surgery for some ergot. The doctor gave the bottle to his assistant simply telling him to fill it. The latter not knowing what the bottle had contained, smelled it and recognised the odour of liniment of belladonna, which he therefore dispensed, not, however, omitting to protect it with a poison label. The midwife on receiving the bottle promptly administered a teaspoonful of its contents, followed soon after by a second. In the course of two hours, however, she became alarmed at the "carryings on" of her patient, who rolled about on the floor, throwing her arms about and talked incoherently and indistinctly. There was some sickness, but the patient gradually became comatose and only muttered unintelligibly when spoken to loudly or shaken. The doctor was sent for and when he arrived the patient was quite inert, unable to

stand or reply to any questions, though she still mumbled something when moved on to the bed. As sickness had occurred, and as some time had now elapsed since the administration of the poison, the doctor did not deem it desirable to do anything further to counteract its effects and she was simply placed on the bed and allowed to sleep. On examination, the head was found low down on the perineum, the forceps were then applied, and delivery effected without difficulty, the placenta following in due course, and with no hæmorrhage. The woman gave no signs of pain during these proceedings, and continued to sleep on for several hours. Ultimately she awoke, and was much astonished on being told that the child was born, having no recollection of what had taken place. She said she felt "dazed," and complained of the dryness of the mouth and throat, also of "weakness," especially in the legs. Her speech was difficult and indistinct, probably from the dryness of the mouth. The symptoms gradually passed off, and she made an excellent recovery without any further difficulty.

### Department of Lunacy.

#### PSYCHOLOGICAL SECTION OF BRITISH MEDICAL ASSOCIATION AT CARDIFF.

IN Dr. Yellowlees the Section had a stirring and lively President no less than an excellent speaker and an experienced psychologist. The subject of his address was a great one even if it has been worn threadbare of late; but we fear he brought little that was new to bear upon its problems, and it savoured rather of an address to a public audience than of a display of thoughts worthy the digestion of medical men. The causes and prevention of insanity are so exceedingly numerous and complicated, so involved one with another, and in many cases so far from the reach of scientific estimate that we should have preferred to see Dr. Yellowlees laying down the law with greater reserve, and not allowing lugubrious reflections to find expression till he had tested their foundations in the light of careful calculation and scientific accuracy. The physiological action of alcohol does not seem to have been sufficiently considered in the calculation which Dr. Yellowlees made of the effects of "nips," "night-caps," &c., on the future of the individual or his posterity. What real ground has he for his sweeping generalisations as to the future and the posterity of the drinking population of the country? What reliable data can he bring forward to support his imputation? As a result of investigation under the least complicated conditions, the sum of our certain knowledge of the physiological and pathological action of alcohol is too meagre for such a fell swoop as Dr. Yellowlees deluged his hearers with. Moreover, in reference to brain exhaustion from sexual excesses and self-pollution, we think the President might have found a theme in itself sufficient to do bare justice to in the space of a single address; but he discusses it in a paragraph, and we are again forced to think he is too rough and ready in his estimates. The relations and the reaction of the sexual paroxysm and nerve energy on each other are still too little understood for us to say that unbridled indulgence in sexual intercourse within the marriage state "may wreck the strongest brain." A great many "strongest brains" and average brains too are not yet wrecked after something more than unbridled connubial intercourse. If he is right, the relative proportions of our sane and insane populations will be reversed in a century. While we have said so much in disparagement of some of Dr. Yellowlees' conclusions, there are others which we have felt to be wise, sound, and well-timed, and we especially commend the observations on self-control, moderation in all things, and a graduated system of education conceived in a physiological spirit. The address as a literary effort was

very fine; but we must again express our opinion adversely (as we did last year regarding Dr. Savage's) to addresses of this kind. They are formal, expansive, and ornamental, rather than useful. If we are to have new and valuable truths, we ought at least to have a share of them from the Presidents of Sections. Dr. Yellowlees has a ripe experience, and he has the gift of speech in a rare degree. Could he not have selected a smaller subject, and disclosed some new and curious truths worthy to claim a page on the history of science?

#### THE TREATMENT OF MANIACAL EXCITEMENT.

The discussion on this subject, ably led off by Dr. Campbell, of Carlisle, was vigorous, animated, and at times heated. The old forces of restraint and non-restraint, chemical restraint, &c., were ranged in opposition, and the conclusions arrived at were far from being unanimous, albeit Dr. Campbell had endeavoured by classification of maniacal excitement to lay down a definite basis of debate, the speakers soon kicked over the traces, as is too often done, and hopeless irrelevancy was too frequently the rule.

#### LUNACY LEGISLATION.

Dr. Hack Tuke read a clever paper on this subject, but treated of it in a manner described by the President as happily irrelevant. Dr. Tuke makes a strong demand for more Commissioners, he advocates State aid or local help to registered hospitals, and he claims for medical men that they should be safeguarded from undue interference by the magistrate when providing lunacy certificates.

REGISTERED FOR TRANSMISSION ABROAD

### The Medical Press and Circular

Is published every Wednesday morning Price 6d. Post free 5½d

POST FREE TO ANNUAL SUBSCRIBERS . . . £1 2 0

" " IF PAID IN ADVANCE . . . 1 1 0

Post-office Orders and Cheques to be drawn in favour of—

A. A. TINDALL, 20 King William Street, Strand, London, W C.

A. H. JACOB, 8 Molesworth Street, Dublin.

Agents for Scotland:—

MACLAHLAN & STEWART, South Bridge, Edinburgh.

A & W. STENHOUSE, Hillhead, Glasgow.

Sole Agent for the Continent:—

JOHN F. JONES, 31 Bis, Rue du Faubourg Montmartre, Paris.

ADVERTISEMENT SCALE—Whole Page, £5 Os. 0d. Half Page, £2 10s. 0d.; Quarter Page, £1 15s. 0d.; One-eighth Page, 12s. 6d.

Small Announcements of Practices, Assistances, Vacancies, Books, &c., of Seven lines or under, 4s. per insertion; 6d. per line beyond.

Considerable reductions are made from the foregoing Scale when orders are given for a series of insertions. Letters in this department should be addressed to the Publishers.

### The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 26, 1886.

#### WILL THE CONGRESS MEET IN AMERICA?

It would be idle to attempt concealment of the fact that not only is the success of the proposed meeting of the International Medical Congress at Washington imperilled by existing dissensions in the profession of America, but that it is a serious question whether the gathering can be permitted to be held there at all. We are alive to the possibility that the curious arrange-



ments entered into by the clique of the American Medical Association may be fully carried out; but at the same time we are perfectly certain that a congress convened under such circumstances will not be international in any sense of the word, but will develop into nothing more imposing than a magnified mutual admiration society. There is no longer any doubt that all the leading members of the profession in America will at such a gathering be conspicuous by absence, or that European practitioners will fail to find any recompense for this fact in receiving attentions from gentlemen whose names they are unable to associate with the extension or perfection of scientific knowledge or the advancement of the art of medicine. Three thousand miles and more is a lengthy journey to make merely for the sake of a friendly hand grasp and the interchange of courteous platitudes, though there are not a few among the deposed officers of the Congress for the sake of seeing whom we would, personally, gladly make such a pilgrimage. It is, however, the conviction that even a brief spell of converse with these eminent men would profit us extremely, that animates the thought to which expression is given above; while we cannot stir up any equivalent enthusiasm in reflecting on the probable advantages to be derived from similar intercourse with the, no doubt, excellent persons who have elected themselves into posts that can only fittingly be occupied by physicians of recognised ability and genius.

The whole history of the International Congress has nothing so unfortunate as this episode to show, and we are deeply grieved that a great country like America, a country that is closely united to us by the holiest ties of blood and community of thought, should be the first to stir the deep waters of science by the introduction of a miserable and unworthy quarrel about—*ethics* forsooth! In truth it is a mean and miserable bone that is the cause of contention. What is it to the sacred light of science whether its followers are members of this, that, or the other Association? and who outside the arena of local politics will care a straw for the ethical opinions of men with whom he is associated in common pursuit of a great and honourable profession? We want to meet the doctors of all nations at an international congress; and so that they be doctors and honest men, what other right or title to be present need they have? Possibly, nay even probably, such catholic invitations as the Congress naturally extends may give admission to a few whose claims to be regarded as doctors *and* honest might be open to criticism; but even so, let them come; they cannot but be benefited and instructed; and who that loves his calling will not join us in the cry. It is perhaps unfortunate that the absence of any uniform law in America to which every practitioner must conform, has rendered such a plea necessary in connection with the coming Congress; but let this shortcoming be admitted as it should, and its drawbacks be discounted in advance.

At the present time the situation is this. The American Medical Association has taken into its hands the regulation of the Congress, and has decided that only those practitioners who are in membership with it, or not being members are delegated by medical societies and recognised by it in this

connection, shall be admitted to the Congress. It has further *revised* the list of appointments made by the original committee appointed at the Copenhagen Congress, and replaced many of the names therein with others of its own choosing. Result: Almost every physician of standing has declined to accept the office assigned to him, and the list as now constituted is, at any rate to those on this side of the Atlantic, one of the most ludicrous productions of recent times.

Is it not time for an end to be put to this anomalous state of things? We here in Britain are jealous of the honour of the profession in America almost as much as for ourselves. We cannot but regard our American brethren as forming with us a single united body, and its prestige is dear to us as our own. One suffers with the other, indirectly, and we here will not, if we can prevent it, be pointed at by neighbouring nations as incapable of united action for the common good. Let those who are responsible for the present trouble in America acknowledge their mistake and amend it. Now it is possible; later it may not be.

#### THE BRADSHAW LECTURE.

ON Tuesday, the 21st inst., the annual Bradshawe lecture at the Royal College of Physicians was delivered by Dr. Goodhart, of Guy's Hospital, who occupied his distinguished position under somewhat mournful circumstances. The duty was to have been undertaken on this occasion by the late Dr. Mahomed, whose early death at the close of last year created such widespread regret throughout the whole profession; and in selecting for the subject of his discourse that of arterial tension, Dr. Goodhart responded to a warm and graceful feeling dictated by his long friendship with one who was almost up to the day of his death engaged on the study of this particular question. The personal testimony borne to the character of Mahomed by Dr. Goodhart is eminently deserved, and the few words in which the lecturer formulated the estimate in which his departed colleague will be held will be accepted as a faithful tribute to his worth.

Dr. Goodhart wisely elected to put his address in the form of a critical review of the received explanations of morbid arterial tension, and the result is a careful and masterly, impartial discussion of the pathological and clinical data on which the contending theories are based. He clearly showed that the present is incapable of affording demonstrable evidence on either side, but that the hypothesis of arterio-capillary degeneration, the "arterio-capillary fibrosis" of Gull and Sutton, is more worthy of acceptance than Dr. Johnson's well-known theory of spasmodic arterial contraction. In a somewhat more definite manner than usual, perhaps, he inclined also to accept the occurrence of functional disease apart from evident structural changes, but he was careful to imply that molecular alterations, inappreciable to such means of observation as are yet available, very probably precede such functional affections. The association of the relations of renal to general disease received some consideration, and a brief space was devoted to the question of the production of dilatation of the pulmonary artery without other signs of serious

disease. The lecture was of the most scholarly character throughout, and was listened to with rapt attention by an unusually full audience.

#### MEDICAL MEN AS VOTERS.

THE adhesion of the average commonplace voter to one or other political party is a sort of fetish which binds him to shibboleth which, generally speaking, has for him no meaning. This class of voter supports with great enthusiasm one or other candidate, and delights to fuss about as an ardent politician, and to take a leading hand in the little local political game when the play is going on. But, generally speaking, he cares nothing for the candidate; has the vaguest idea what his opinions are; does not even know with any accuracy what the policy of "the party" may be; and has no better reason for all this political enthusiasm than the fact that he has got his politics out and dry from his father and grandfather, and likes to be with the "respectable party" or the "go-ahead party" as the case may be. This sort of voter never seems to remember that his own vote and influence is the most homœopathic quantity in the calculation of his candidate's chances; that, as regards the general policy of Government, the votes of thousands like him is of no influence or practical effect whatever. If he be a medical man he also knows that he has nothing whatever in the way of consideration, attention, or favour to expect from any party, and that it is almost totally indifferent to him either from a political or a medical point of view who sits on the Treasury bench.

Why, then, will medical voters insist on blindly following the whistle of political wire-pullers when, by throwing their influence into the scale with medical interests, they could exercise a material influence and give valuable help in furtherance of needful medical legislation? We affirm that, as a universal rule, a medical voter should vote for a medical candidate, no matter what his politics may be, and that, if there be no medical candidate for his constituency, he should vote for that candidate who would give the most satisfactory pledges on medical questions.

On this principle we join the *British Medical Journal* in advocating the claims of Mr. Eric Erichsen. He is a candidate who, by his professional and social position, by the high rank which he occupies in science, by the power of intellect and energy of purpose of which he has given abundant proof, is entitled to confidence and support on his own merits. Whether, if he should get into Parliament, he is going to vote for protection or free trade, for the occupation of the Soudan or for the building of torpedo boats, we do not care a straw. We know he will make a brilliant representative of medical affairs, that he will be able to form a sound judgment on medico-educational reform, on lunacy law, on sanitary legislation, and other cognate matters, and in this view we think that the medical voters of the Universities of Edinburgh and Aberdeen will be very foolish if they throw their votes into the vortex of general politics and thus efface their influence in the constituency.

There may, of course, be instances in which a medical candidate forfeits his claim to the support of the profession by sacrificing his principles, descending to disreput-

able political dodgery, and buying the support of anti-contagious diseases fanatics, anti-vaccinators, anti-vivisectionists, and quacks by means of pre-election pledges. Such a claimant deserves to be repudiated as a representative of medical men, and has no right to expect any support whatever; but he is, we hope and believe, a rare exception, and proves the general rule that the doctor should, in politics, be a doctor first and a party man afterwards.

#### Notes on Current Topics.

##### The Marseilles Epidemic.

AT the French Academy of Medicine on the 18th inst. a letter was read from Dr. Solari, of Marseilles, in which the writer protested against certain assertions made by Dr. Brouardel respecting the local origin of the cholera epidemic in that town. Dr. Solari insists that the disease was imported last year from Tonkin, and that its introduction occurred through the transport vessel *Sarthe*; moreover, he asserts that in the Tonkin delta cholera is endemic, and that its transmission to France was the principal result of the conquest achieved by the latter country. Dr. Solari also considers it to be the duty of his Government to purchase one of the Levantine islands and employ it as a station for the temporary sojourn of suspected persons returning from Tonkin. To these statements Dr. Brouardel replied that there was absolutely no proof that the *Sarthe* had been the means of introducing the disease into France; and against the delta epidemic theory he urged that cholera foci were more often discovered inland and along the banks of the Gauges than in the delta properly so-called. This controversy is not likely to be speedily terminated; and meanwhile the municipal authorities of Marseilles are at last showing an earnest desire to place the town in something approaching a condition of health, a result which must after all be regarded as the most satisfactory outcome of the terrible lesson taught by the loss of life inflicted on its inhabitants.

##### A Hotbed of Germs.

A LIVERPOOL paper has been the means of drawing public attention to one of the worst instances of carelessness in respect to the public health that has ever been exposed, and which reflects the greatest discredit on all those who are responsible for permitting it to exist and continue. It appears that in a part of the city known as West Derby there is situated in the midst of a closely populated neighbourhood a disused quarry, into which it has been customary for all kinds of filthy rubbish, and every kind of abomination, to be "shot." The consequences of such heedless negligence of every sanitary rule can easily be imagined. Affording a convenient place of deposit, this hole has received a ceaseless succession of cartloads of refuse too offensive to rank as "rubbish" even, and has thus been stocked with material in which the germs of disease can find abundant means of development, and whence at all times must emanate the most sickly, even though they chance not to be deadly, odours. As a consequence, sickness, attributed by the unfortunate residents near by to the decomposing heap,

is always more or less prevalent, and has led to complaints on several occasions and to the interference of the medical officer of health for the district. This gentleman's representations, however, have been ineffectual to prevent the continuation of the nuisance, and now it remains to be seen if the authorities can be roused by other means to a sense of the injury their inaction is producing. They have ample powers to put a stop to the offence committed by those who are immediately responsible for it, and it will be well for Liverpool if this is accomplished ere the ravages of an epidemic disease proclaim that the laws of health may not be violated with impunity.

#### A Timely Warning.

DR. SKEGG, medical officer of health for the district of St. Martin-in-the-Fields, applied to Mr. Flowers, at Bow Street Police Court, on Saturday last, for an order against the proprietors of certain tenements in White Hart Street, requiring them to close the dwellings as unfit for human habitation. The premises consist of 51 rooms, and are planned without any sufficient regard to the necessities of their occupants. The rooms are described as being very small, and as being kept in the most filthy state, Dr. Skegg characterising their condition as "pestilential." The most distressing feature about the case, however, is that a very inadequate water supply has been provided, scarcely enough for ordinary drinking purposes being obtainable, while cleanliness and the needs of health in this connection do not appear to have been considered in the arrangements. Complaints made to the owners of the property have proved quite unavailing, and hence Dr. Skegg has very properly proceeded to the extreme step of soliciting the magistrate's order to close the premises; and it is satisfactory enough for ordinary drinking purposes to run any risk such as is involved by the presence in our midst of unsanitary buildings; and every encouragement rather should be given to the poorer inhabitants of cities and towns to promote their own and their neighbours' health by giving them surroundings that will not at any rate favour the production and spread of disease in their midst.

#### The Centenary of Digitalis.

DR. W. MURRELL, under the heading "The Centenary of Digitalis," has contributed to a contemporary an exceedingly interesting letter descriptive of the first introduction into regular medical practice of digitalis as a remedy for dropsy. It is, he says, just a hundred years since a Birmingham physician, Dr. William Withering, after ten years' experience of the drug, published his "Account of the Foxglove and some of its medical uses." His acquaintance with the plant in this connection commenced through his being called on to pronounce as to the value of a mixture made by an old woman in Shropshire, and which was said to have cured dropsy in many

cases treated unsuccessfully by physicians. Dr. Withering found that out of the twenty ingredients of the mixture only one, and that digitalis, possessed any real therapeutic virtue. He accordingly employed it himself, and induced others to make trial of it, but his views, as has been the case with most important improvements in medicine, met with much active opposition. His prophæcy that "in spite of opinion, prejudice, or error, time will fix the real value upon this discovery, and determine whether I have imposed upon myself and others, or contributed to the benefit of science and mankind" has been most amply fulfilled; and at this period of time, when the drug is universally employed by medical men for the treatment of certain forms of disease, it is interesting to be recalled to a memory of the early trials attending its introduction to the *materia medica*.

#### The German Association of Naturalists and Physicians.

THE fifty-eighth Congress of German Naturalists and Physicians is fixed to take place at Strasburg, and will commence on Thursday, September 17th next, and terminate on the 23rd of the same month. Notices of communications and abstracts of papers must be forwarded to Herr J. Stilling.

#### An Exhibition of Criminal Anthropology.

THE Anthropological Congress which is shortly to be held at Rome will, says *Nature*, have a curious feature in a collection of seven hundred skulls of criminals, numbered and classified. To these will be added the photographs of 3,000, and the brains of more than 150 convicts, thousands of autographs, poems, sketches, and special instruments, the work of criminals, an album containing a record of 700 observations, physical and moral, on 500 criminals and on 300 ordinary men. There will also be graphic maps of crime in Europe with reference to meteorology, food, institutions, suicide, &c.; tables of the stature of criminals in relation to the length of the arms, and of crime in towns compared to that in the country. M. Bertillon will exhibit the graphic curves of 23,000 *recidivistes* examined in twelve parts of the body, and the practical results obtained. Photographs of Russian political and other criminals, especially of those from Moscow, and wax masks of a large number of celebrated criminals, will also be exhibited. All the notabilities in the science of criminal anthropology will take part in the Congress.

#### Galvano-Puncture in a Case of Aneurism.

IN the *Rivista Internat.* Dr. Brancaccio relates a case of aneurism of the ascending aorta very much relieved by galvano-puncture. There was no previous history of any value except that of alcoholism. The tumour projected about an inch in the infra-clavicular region, and was bounded above by the upper border of the second rib, to the left by the mammary line, to the right by the sternum, whilst below it merged into the cardiac dulness. The heart was healthy, the radial pulse small and occasionally intermittent, was synchronous with the beat of the heart. Severe pain in the chest, cough and dyspnoea were present. Daniell's battery, consisting of fifteen elements, was employed. Two

strong steel needles were plunged 3 cm. deep, 4 cm. from each other, in the third intercostal space. The left needle was connected with the positive pole, the right with the negative. The operation lasted sixteen minutes. Dr. B. saw the patient ten hours after: the pain had then disappeared, respiration was normal, the swelling diminished, the pulse from 118 had fallen to 90, altogether he was stronger and better. The second operation took place twenty days later, the number of elements being increased to twenty. Severe pain, rigors, pyrexia followed, but soon passed away. The operator thought fit, however, to lessen the number of elements to fifteen at the third and fourth operations. Eight weeks after the last operation the patient left the hospital at his own desire. His general condition was much improved. The cardiac pain had disappeared, the tumour was smaller by at least an inch, the cardiac impulse was more powerful, the pulse more regular, fuller, and stronger. The author recommends galvano-puncture for small aneurisms which have not extensive communication with the artery. The case proves at the same time that the situation of an aneurism just above the aortic valves is no contra-indication to the use of galvano-puncture, as several authors have stated, thinking that the difficulties of clot formation in that situation were insuperable.

#### Systematic Examination of Wet-Nurses for Preventing the Transmission of Syphilis.

SEVERAL years ago a bureau was started in Moscow where wet-nurses could be examined by specialists with reference to old or recent syphilis. The examination was intended to be a very searching one, on account of the latency which characterises this disease, and the possibility of further outbreaks in such cases. A certificate of immunity was withheld if suspicious glandular swellings, scars in certain places and of a certain character, suspicious pigmentations, or swellings of the bones were present, or if there was a history of repeated miscarriages. The condition of the nipples was especially noted. Of 490 women who were examined in the course of three years, seventeen per cent. were refused certificates of immunity. In an additional four per cent. of cases, the evidences of syphilis were unmistakable. It is gratifying to know that this bureau appears to have met with the approval of Russian physicians. But in our country the establishment of such an institution is hardly practicable.

#### Accouchement by Firearms.

A STORY is going the round of our French exchanges, on the authority of M. Granier, surgeon in the French Army, in Algeria, that at Brizerte, where the military authorities had recently forbidden, under the severest penalties, the discharge of firearms within the town, the whole garrison was awakened at three o'clock one morning by the tremendous explosion of a heavily loaded gun in the neighbourhood of the ramparts: a guard of soldiers rushed into the house from whence the sound had come and found a woman lying on the floor, with a newly-born babe between her thighs. The father of the child stood over his wife with the smoking musket still in his hand, but his intentions in firing; the gun had been

wholly medical, and not hostile to the French troops. The husband having discovered that his wife had been in labour for thirty-six hours, he thought it advisable to provoke speedy release for her, and, following the Algerian custom to *scare the baby* out, he had fired the musket near his wife's ear; instantaneously the accouchement was terminated.

#### The Army Medical Competitive.

WE published last week the list of the candidates for army and naval commissions at the last examination at Burlington House. We understand that 85 candidates presented themselves for 30 army vacancies and 16 commissions in the navy. Of the 85 candidates, 35 were educated in Ireland, of whom 7 obtained appointments, including Mr. Yare, who took first place. Thus at two successive competitions the first place was taken by Irishmen, Mr. Hickson being the best man last February. The first place in the Indian Service was obtained by Mr. Granger.

WE publish elsewhere the papers on Medicine and Surgery, and hope to find place for the other papers next week. Mr. Pollock's paper on surgery is in all respects a fair practical test of knowledge, such as a sufficiently educated surgeon ought to be able to answer, but an ignorant or stupid candidate could not deal with. Dr. Aitken's paper on medicine is, in some respects, a model of what an examination paper ought not to be. The first two questions demand from the candidate an "analysis and commentary" on two cases which are given in detail and occupy three closely-printed pages. The necessary reading of these cases two or three times over to enable the candidate to understand them would of itself consume a good part of his available time, and the quantity of detail of signs and symptoms which is packed into them is enough to extinguish the diagnosing faculty of even the smartest student. Worse than this, the first subject of question is a 70-line narrative of a case of intra-thoracic sarcoma, which, after half-a-dozenappings, incisions into chest, and applications of drainage-tubes, died unrelieved, leaving the surgeons in a quandary which was solved only by post-mortem examination. The unhappy competitor was expected to diagnose disease which the surgeons in charge failed to make out, and, having done so, he was required to "expound its pathology, state views as to the initiation, progress and development of the symptoms and physical signs, and their mutual relationship, and to describe the probable post-mortem appearances." The second question was a still more elaborately detailed case of myxœdema, needing for its answering the astuteness and experience of Sir Thomas Watson and the literary facility of the editor of the *Times*. The remaining questions on the paper are fair tests, but, as a whole, the paper is such as to justify our recent criticisms upon the system of competitive examination for the Services, and our conclusion that, in many respects, they are anything but a fair criterion of the erudition or practical efficiency of the competitor.

DR. LOMBE ATTHILL, of Dublin, has been elected a corresponding member of the Gynæcological Society of Boston, U.S.

### The Social Evil Movement.

A NUMBER of well-intentioned people met in conference at St. James's Hall on Friday last to discuss and pass resolutions to repress the social evil, but which, as Lord Lynton reminded the meeting, if not most carefully handled, would be sure to do more harm than good, by driving the evil deeper in, and multiply the crimes they were intended to repress. That it has been so already is evinced by the extraordinary admission of a Mrs. Josephine Butler. This lady confessed that she and her friends have intentionally bribed others to enter into immoral contract with regard to young girls whom all the time they intended to protect from evil, and did protect from evil. The Editor of the *Spectator*, in expressing his unqualified disapproval of the proceedings, says: "In this case this lady and her friends have tempted by their proposals to the worst act that a human being can commit, and they may never be able even to prove to the person so tempted that the intention was not what it appeared to be. Even if they can, they can never undo the assent which they invited another to give to a frightful wickedness." The Bishop of St. David's, in answer to the invitation of those who summoned the conference, said: "I am sure I shall not be regarded as indifferent to the object which the promoters have in view when I say that I am unable to accept the position thus conferred upon me, partly because I am unwilling by accepting it to be supposed to express indirect approval of the recent action of the *Pull Mall Gazette* (which I regard as perhaps the gravest offence against public decency and morality which has ever been committed in any even nominally Christian country), and partly because I do not think a public demonstration either desirable in connection with such a subject, or a promising mode of bringing about the end which the promoters have in view." We commend this view of the question to the leaders of the movement. The greater the publicity and agitation the more likely to promote the evil rather than repress or lessen it.

### Remedies for the Social Evil.

CONSIDERABLE differences of opinion arose at the St. James's Hall meeting as to the remedy for the social evils of large town. One speaker warmly espoused the Malthusian doctrine, but this was scouted, and it ultimately fell to the lot of an unmarried lady, Miss Ellice Hopkins, to propound a perfect cure, and which seemed to be very acceptable to the ladies present. She argued, and with apparently a good deal of success, that in order to reduce the number of unmarried men, the heads of families should show more willingness to train and educate their daughters to become the wives of poor men. "They will," she said, "be much happier as the wives of poor men than not wives at all. Many single women are eating out their hearts because their parents have a comfortable ideal for them, which leads to the starvation of the heart, and is the hungriest part in a woman's nature." But among the divergent opinions advanced on this score, the following seemed to be the more acceptable:—1. That marriage should be encouraged as much as possible. 2. That it is better a woman should marry a poor man than that she should not marry at all.

3. That early marriages should be encouraged. 4. That the neo-Malthusians are rank heretics. 5. That employers should be compelled to discourage low wages.

### The Fifty-eighth Congress of German Naturalists and Physicians in Strasburg.

GREAT preparations are being made to render this Congress, the first meeting of which will take place on September 17th, a great success. It has never before been held in the newly-acquired provinces, so that a special and peculiar interest attaches to the occasion. Whatever unwillingness there may have been, when Strasburg was first selected as the place of meeting, on the part of *Alsatian savants* to welcome a German society, appears happily on reflection to have passed away. As is usual, English medical men may become members or participators under certain conditions. The fee for a member's or participator's ticket is 12 marks, the same fee entitling the holder of a ticket to one lady's ticket free. All the railways leading to Strasburg have been solicited to make concessions to members, &c., journeying to the Congress, and in most instances the concession has been granted. Any information will be given, and lodgings provided, on application to Herr Quastor Schmidt, Universitätsgebäude, Strasburg.

### The Berlin University.

THE Theological Professor Dr. Kleinert and the Gynaecologist Professor Gussacrow have been elected respectively Rector and Dean of the Medical Faculty for the year commencing October 15th.

On August 3rd was celebrated the 75th anniversary of the founding of the University. Amongst the ceremonies was a procession of students to the statue of the founder, King Friedrich Wilhelm III.

### Rearing Premature Infants.

SOME months ago we presented our readers with a series of illustrations and a descriptive notice of the "couveuse," a sort of incubator intended for the rearing of premature infants in artificial warmth. Prof. Tarnier recently presented at the Académie de Médecine two children born at the sixth month, whom he had succeeded in rearing by the aid of this apparatus and forcible feeding with woman's milk. Eight grammes of milk were injected through a caoutchouc tube into the stomach every hour for the first three days, and then sixteen grammes were injected every three hours. It is necessary to begin with small quantities, or the child becomes swollen by an acute œdema through hypernutrition. The couveuse is used at a temperature of 30° to 37° C. The younger the infant, the higher the temperature employed. Dr. Blot observed that he regarded the couveuse as a useless procedure, as the same results are attainable by the employment of cotton and bottles of hot water. M. Tarnier said that during the employment of the couveuse he had on several occasions been astonished at the rapid disappearance of the sclerema of infants.

### Outlawry of the Medical Practitioner.

MEDICAL students and practitioners are, we suppose from the irregular nature of their avocations, open to the accusation of being the worst possible people for answering business letters in a business-like way, and, as their success in life depends, in no little degree, upon their steadiness and punctuality in this respect, it would be very well for them to amend. In our columns to-day the Registrar of the General Medical Council appeals to the members of the profession to aid him and to protect themselves by answering the letters which he addresses to them before removing their names from the Register. There has, indeed, been much wailing by individual practitioners because they have temporarily lost their rights to recover fees by reason of the removal of their names from the Register, but one can have little pity for such grumblers, because they have incurred this penalty by neglect of the commonest precautions and the simplest civilities of life. The Registrar of the Medical Council *must* keep his Register as correct as possible by wiping out obsolete names and adding new registrars, and he is enjoined by Act of Parliament to make his corrections in the list by sending repeated letters to individuals who seem to have disappeared, and removing their names if they do not respond. If these practitioners receive letter after letter and will not answer even by a postcard, or if they leave their residences without making any arrangement about their letters, they have no right to expect that a public officer will halt in his duty to please them. We speak with experience, for we have in custody at this moment private letters and books addressed to persons who will not take the trouble to give instructions about them. For the benefit of practitioners of this class we beg to say that it will be the duty of the Registrar of the General Medical Council to remove from the Register every one of them who do not reply to his circular letter, that they will thereby lose their rights as practitioners, and that it will not be possible to reinstate them except after sufficient cause shown and with the express authority of the Council.

### A Royal Recognition of Devotion to Duty.

We have no little satisfaction in recording that Her Majesty has conferred the Albert medal upon Dr. Edward Thompson, Surgeon of the Tyrone County Infirmary, Omagh, in testimony of his courage and self-sacrifice in attempting to save the life of a child who was dying of diphtheria. The patient, Herbert Mitchell, *et. 6*, was admitted to the infirmary on the 4th April, suffering from a severe attack of diphtheritic croup, the tonsils being coated with thick white deposit, the glands of neck much swollen, and the other usual symptoms well developed. On admission he was moribund—so bad, indeed, that the consultants thought an operation useless, and went away. Dr. Thompson, however, thought he ought to give the poor child the faint chance of life which tracheotomy could afford, and therefore operated at once, but the moment the tube was inserted it became blocked, and the child ceased to breathe, upon which Dr. Thompson, without hesitation, cleared it by sucking it with his mouth. Even then respiration did not return, until the doctor, taking the inner tube between his lips,

kept up artificial respiration for a few moments, by which means breathing was restored. Unfortunately the child ultimately died, and Dr. Thompson was laid up with a bad throat for some days afterwards. The infection was also communicated to the matron, Miss Brownlow, who had nursed the poor child with entire disregard of her own danger, and she narrowly escaped death.

We have been obliged to press for the foregoing particulars, and the narrative is one truly honourable, not only to Dr. Thompson, but to our profession. We congratulate him on attaining a distinction to which his courage and self-sacrifice so eminently entitle him.

### The Pollution of the Thames and Lea.

THE present state of the rivers Thames and Lea are necessarily exciting alarm. They are most undoubtedly presenting cause for a good deal of uneasiness, if not alarm, just now, and the daily papers are flooded with correspondence on the subject. The condition of the Thames both above and below bridge is far from what it should be; indeed, the river between Blackwall and Erith (where indignation meetings have been held) is alarming and dangerous. Between these two points we have a floating population, estimated at about 25,000, and no plan has as yet been devised for dealing effectually with the sanitary requirements of so large a residential population, and scarcely varying in numbers or habits from one year to another. Then there is the outfall of the metropolitan sewage at Barking, which of course makes matters much worse. The Metropolitan Board is now, no doubt, doing its best to deodorise and render the effluent water less innocuous. But we learn that the process adopted is only attended with very partial success. The right to discharge the effluent water into the Thames has been given to the Board by statute, and it can only be called upon to do what it is advised to do by its engineer and those in whom it has confidence. But the difficulty of dealing with London sewage must be continually cropping up, since, as the monster city grows, it must pour more and more filth into its sewers, and which must find an outlet somewhere. Eventually it must be carried out to sea. The upper reaches of the Thames afford no better security against pollution and danger to health. The riparian population living on its banks are at a loss to know how to meet the difficulty or how to dispose of town ejecta. Sewage farming is declared to be a failure, and the several processes adopted for the precipitation of the grosser matters are scarcely ever to be trusted. The smaller tributaries of the river, the Wye just now, send into the stream not only the sewage of towns, but of numerous factories, and the refuse of unwholesome trades. The floating population living in hundreds of house-boats and pleasure-boats of all kinds, through the greater part of the summer months contaminate the Thames to a very large extent, and above the intake of the Water Companies. The river Lea just now is even in a worse condition. From a communication in a morning paper we find the total solids per gallon given at from 506 to 695 grains, inclusive of a high percentage of free ammonia and albuminoid ammonia. An analytical chemist to whom samples of the water taken from the Lea near the sewage works were submitted condemns the water as totally



unfit for consumption, from its excess of organic impurities, its disgusting smell, and the growth of sewage fungus, which constitutes a nuisance and a danger to health. It is incomprehensible to those thoroughly acquainted with the Thames and Lea that water drawn from such sources should ever be spoken of in terms of praise such as those usually employed by the chemists of the Water Companies. Fortunately London at this moment presents a clean bill of health, but we cannot shut our eyes to the fact that a former outbreak of cholera occurred at the East End of London, and which is far more densely crowded in every part than it was ten or twenty years ago.

THE Société Médicale des Hôpitaux has opened a subscription toward providing a bust of Dr. Noël Gueneau de Mussy, recently deceased, which is to be placed in the Hôtel Dieu, to which hospital he had been attached for many years.

MR. ELSNER has been appointed Surgeon to Major-General Sir Peter Scratchley, Her Majesty's Special Commissioner for the New Guinea Protectorate, and accompanies him on his tour of inspection amongst the islands of the Pacific.

THE average duration of life in cancer of the tongue is, without operation, ten and a-half months; with operation, sixteen months. In some cases, after operation, the patients have lived for from two to five years, or even ten years.

DR. BARDUZZI (*Giornale Internaz. delle Scienze Mediche*) recommends Guyon's method for the treatment of acute gonorrhœal cystitis. It consists of careful injection into the bladder of 40 drops of a solution of nitrate of silver (5 grains to the ounce) every fifth day, later on 20 drops every second day. This treatment, so successful in acute cases, is absolutely useless in chronic ones.

IN the same journal, Dr. Ceccherelli records the case of a man, æt. 25, who suffered from a large nœvoid lipoma in the left lumbar region. It had existed since he was eleven years old, and completely filled up the interval between the last rib and the crest of the ilium. The tumour altered occasionally in size, becoming also at times the seat of most violent pain. The overlying skin was adherent, discoloured, and ecchymosed. Extirpation was rendered difficult owing to the number of vessels which had to be divided and tied.

WE have heard it claimed for Lyons that there is little fear of cholera breaking out there because the male portion of the population micturate openly in the narrow streets and alleys with which the city is intersected, and that therefrom arises sufficient free ammonia to destroy the cholera poison. The same might be claimed for a good many continental towns besides Lyons, where the act is not confined to the male portion of the population, but cholera finds its way there nevertheless. We hope Lyons will enjoy the boasted immunity during the pre-

sent outbreak, albeit the filthy state of its purlieus may be perpetuated.

LAST week there were 2,885 births in London to 1,472 deaths, the one being almost double the other. This may be taken as some sort of explanation of the enormous increase of the metropolis in recent years, commercial depression notwithstanding.

THE will of Sir William Mure Muir, K.C.B., M.D., Director-General Army Medical Department, Honorary Physician to Her Majesty, has been proved, the personalty being upwards of £8,000.

ON Monday week the Dublin Corporation unanimously voted the freedom of the city to Dr. Kevin Izod O'Doherty. Dr. O'Doherty is the youngest of a family which has occupied a high professional position in Dublin, his eldest brother—lately deceased—being Mr. Doherty, the eminent Dental Surgeon of St. Vincent's Hospital. During his studentship Dr. O'Doherty served as apprentice to Mr. Donovan, of Clare Street, the most esteemed apothecary in Dublin, and at this time he contracted relations with Mr. Gavan Duffy, of the *Nation*, and other leaders of the *United Irishmen* of 1848, the result of which was that he was tried for seditious practices and sentenced to transportation to Australia. After a very long period he returned to Dublin, where he was the first surgeon who received the Fellowship of the Royal College of Surgeons as a first qualification. After a short stay in Dublin he returned to Brisbane, and has practised very successfully in that place up to the present time.

#### EXAMINATION OF CANDIDATES FOR HER MAJESTY'S ARMY, INDIAN, AND NAVAL MEDICAL SERVICES.

##### SURGERY.—MR. POLLOCK.

Monday, 10th August, 1885—from 2 p.m. to 5 p.m.

1. Describe the process by which bone unites in simple fracture. What local and constitutional causes may retard, or prevent union? What should be the treatment under each condition?
2. A child is the subject of disease of the hip-joint. Describe the symptoms by which it may be diagnosed at its commencement; the probable course of the disease if not arrested; and what should be the treatment, local and constitutional, in its various stages?
3. By what symptoms may be diagnosed rupture of the femoral artery, about the middle of the thigh, the result of accident without external wound? What treatment should be adopted in such an injury?
4. What are the various causes of necrosis of bone? What serious consequences may ensue when certain bones are affected; and what should be the treatment according to the bone implicated?
5. What are the various conditions (surgical) which occasion alkaline urine? Describe the measures to be taken to ascertain whether the urine be secreted alkaline, or may have become so after entering the bladder; and the treatment desirable under each condition.
6. Describe the symptoms usually observed in the early stages of syphilitic iritis. Give an account of what would subsequently take place should the disease not be arrested; and lastly describe the treatment in each stage.

##### MEDICINE.—DR. AITKEN.

1. A case for Analysis and Commentary (case of Intra-thoracic Sarcoma).  
Expound the pathology of this case, and state your views regarding the initiation, the progress and development of the symptoms and physical signs, with their mutual relationship

if any; and describe what you would expect to find at the post-mortem examination.

2. A case for Analysis and Commentary (case of Myxœdema).

State the conclusions you come to regarding the pathology and morbid anatomy of this case.

3. Describe the post-mortem evidences in the structures of the heart of acute and chronic endocarditis.

4. Give a short summary of the trophic disturbances which may occur in cases of locomotor ataxy.

5. Classify ovarian tumours on a basis of their origin, development, and morbid anatomy; and state the main points on which you would rely in establishing the physical diagnosis between ovarian dropsy and ascites.

6. Name the drugs and other agents which act on the urinary bladder and urethra, as (1) Vesical sedatives, (2) Vesical tonics, (3) as Urinary sedatives and astringents, explaining how they act, and the indications for their use.

## Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

**SURGEONS' HALL, EDINBURGH.**—At a meeting of the lecturers, held recently, Dr. G. A. Gibson was elected as Lecturer in Materia Medica and Therapeutics. Dr. Gibson is an M.D. and D.Sc. of the University of Edinburgh, a Fellow of the Royal Society, and a Fellow of the Royal College of Physicians of Edinburgh. He is one of the clinical medical tutors in the Royal Infirmary, is Secretary to the College of Physicians, and has during the past year lectured with much acceptance on materia medica in the School of Medicine at Nicholson Square.

**HEALTH OF EDINBURGH.**—The mortality in Edinburgh for the week ending with Saturday, the 15th inst., was 84, and the death-rate 17 per 1,000. Diseases of the chest accounted for at least 20 deaths, and zymotic causes for 9, of which 6 were due to diphtheria, 2 to whooping-cough, and 1 to erysipelas. The intimations for the week comprised—Fever 17, diphtheria 6, scarlatina 8, and measles 16.

**EDINBURGH.—THE LATE DR. WILLIAM WALKER.**—We regret to record the death of Dr. William Walker, of Edinburgh, which took place on the 16th inst., at his residence, 47 Northumberland Street. As a surgeon and an oculist Dr. Walker occupied a position of great eminence, and his loss will be deplored throughout all ranks of the profession, of which he was a distinguished member. A native of Dumfriesshire, Dr. Walker's professional career has always been identified with Edinburgh, where he resided, and where, as an oculist, he was consulted by people from all parts of the kingdom. He held the position of oculist at the Royal Infirmary during a period of thirty-three years; he was a trustee of the Edinburgh Eye Dispensary, in which institution he always took a deep interest; and he had the honour of being oculist in Scotland to the Queen. At one time he was President of the Royal College of Surgeons. He was closely associated not only with the old professional school, in which he rose to eminence, but with the members of the new, the younger school, who looked up to him as a man of outstanding consideration. He was a gentleman who took a most sympathetic interest in the welfare of all classes of the community. Dr. Walker, who was unmarried, was considerably over the great age of three score and ten.

**GLASGOW DEATH-RATE.**—For the week ending with Saturday, the 15th inst., the death-rate of Glasgow was at the rate of 26 per 1,000 per annum of the population, as compared with 25 during the previous week, and 26, 22, and 21 in the corresponding periods of 1884, 1883, and 1882 respectively.

**CHOLERA PRECAUTIONS AT LEITH.**—The lamentable condition of Spain from the terrible epidemic at present raging throughout this fair country and due in "a great measure no doubt to its unsanitary condition, has roused the local authorities in Scotland to the necessity of using every precaution against the importation of the dread disease into this country. At the port of Leith, in order to ensure cleanliness drains and closets are flushed, and white-washing and other sanitary steps have been largely resorted to. The Customs authorities have also boatmen constantly on the look-out at the end of the West Pier to prevent any vessel from a cholera-infected port entering the harbour. This, of course, only refers to a vessel which may have left a port where cholera was known to exist at the time she sailed. In any case, when a vessel leaves a foreign port notice of her destination in this country would certainly be received by the authorities from the British Consul or others abroad before the vessel could well arrive. A double barrier is thus thrown in the way of threatened danger. There are few subjects in which people get "cracked" to a greater extent than on that of "cures," and we are informed that the Spanish Consulate at Glasgow is perfectly flooded with "cures" from hundreds of well-meaning but silly people, and an excerpt from the various "cures" would be found interesting and amusing reading. Do medical men ever lose their heads like the good-natured laymen? Is a nonsensical letter in one of the London dailies purporting to be from Dr. Stretch Dowse, and recommending as much sulphur as will cover a florin, in the shoes, as a cure for cholera, not a practical and cruel joke? If not, how little wonder that intelligent laymen laugh at this and many other vagaries of the orthodox profession.

**SHOOTING ACCIDENT.**—A few days ago, while the Hon. Gathorne Hardy and his son were out shooting, the younger gentleman wounded a rabbit. The animal got among some stones, and the hon. gentleman, wishing to put the animal out of pain, fired among the stones, when some of the shot rebounded, severely injuring the eye of the young lad, who was looking on. Dr. Reid, of Glasgow, was sent for, and the daily papers inform us that "he has successfully extracted the wounded eye."

## Correspondence.

THE LATE HOME SECRETARY AND DR. BRADLEY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR

SIR,—The recent change of Government must be a source of satisfaction to the Medical Profession as a body from one point of view. It is at any rate a relief to get rid of one official whose relations to our profession were, to say the least, extremely unfortunate. The tenure of office of the late Home Secretary was chiefly of interest to us from its association with three prosecutions of medical men. The first was that of Dr. Price, known as the Welsh "Cremation" case; the second that of Messrs. Bower and Keats. Both these were undertaken by the Public Prosecutor at the instigation of the late Home Secretary; both failed, in spite of all the efforts of the Crown lawyers to obtain convictions, and both reflected great discredit on the official responsible for them, that official being the late Home Secretary. Lastly comes the prosecution of Dr. Bradley for a crime neither he nor any other man could have committed, his conviction for a crime with which he was not charged, on the unsupported testimony of a woman known to be the subject of epilepsy, with its accompanying delusions, and in the face of abundant negative evidence of an opposite character. Such a conviction had not a chance of standing; the most superficial inquiry would have been sufficient to show its injustice; and the late Home Secretary showed

himself deaf to the cries of both Justice and Mercy when he refused to look into the question for himself. What was the blasted life of an obscure young doctor to him? He did not show such great-minded equanimity when his own person was thought to be in danger. It is generally understood that on that occasion he showed himself somewhat of a craven. But it is ever so. Those who have the least regard for others have the tenderest for themselves. The late Home Secretary reminds me of the chief actor in a scene I once witnessed. A patient had been drinking heavily and was in a state bordering on delirium tremens, but had a pretty lively sense of his own danger. In an agony of abject fear he cast himself down on his knees before his medical attendant, and with uplifted hands besought him to save his life for that time and he would pay him anything he liked to ask. As might be expected, after such an exhibition of meanness, the individual, when called upon, declined to pay anything at all. In both cases was shown the same lively regard for themselves, and the same absence of regard for others. Sir William Harcourt showed a very lively regard for himself when his own person was threatened, and absolute indifference when it became his duty to step in between a fate worse than the death that threatened himself and an innocent victim. The medical profession has cause to be thankful that he has been removed from his sphere of office, and to hope that he will never again be placed in a position in which he can wantonly insult a body of men belonging to a profession at least as good as his own.

Thanking you, Sir, for your persistent and single-handed efforts on behalf of a brother practitioner,

I have the honour to be, Sir,  
Your obedient servant,

LIVERPOOL.

#### INOCULATION AGAINST CHOLERA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your correspondent Dr. Pearse has discoursed so philosophically in the current issue of your journal upon the above question that I, a vulgar-minded reader, am utterly puzzled to make out either premises or deduction from his thesis. The question is, Does he recommend or condemn inoculation for cholera? If he does the latter, as then he and I agree, I need say no more upon the subject. But if he recommends inoculation as a remedy for cholera, I suppose he will carry this new craze so far as to recommend inoculation also for such diseases as enteric or scarlet fever, and for all contagious and infectious diseases, including those with an unnamable and unpleasant name.

As no doubt your correspondent has read the annotation in the *Medical Press* giving the views of Jules Guerin upon the cholera epidemic I will only say that they appear to be orthodox, which I am sorry to say cannot be said of the Spaniard Ferran and his disciples.

Yours, &c.,

Houghton-le-Spring,  
August 22nd, 1885.

J. O'FLANAGAN.

### Special Article.

#### ANTISEPTIC PAVEMENTS.

THE existing system of city scavenging by which the putrescent solids and polluted water are got rid of as quickly as the cleansing organisation permits, and put to rot somewhere else, is obviously very faulty in principle, and its ill effects upon the public health are so manifest that any alternative would be very welcome even at the cost of some additional expense. If it were possible, even in a limited degree, to disinfect street water as it lies in the gutters and as it mixes with decomposing matters we should not only make the decomposition itself much less hurtful, but we should go some way towards making its gaseous and germ emanations less injurious. It is clearly impossible to effect this admixture of antiseptics with street *débris* by any direct means, unless we might, at great expense, effect the object by watering the streets with disinfectants in solution; but a new method has been suggested,

which, if even partially effective, is so economical and convenient that it can be universally applied. It is proposed by the "Hygienic Cement and Sanitary Concrete Company" to lay down pavements, side-walks, sculleries, and in fact all places where dirt is to be found, with a concrete saturated with disinfectants, and it is claimed that so long as any of this concrete remains it will continue to evolve disinfecting gases, and by direct contact with surface water to communicate an admixture of the disinfecting agent to all decomposing material. As to the feasibility of laying down such concrete in all places where such material is suitable, and at no greater expense than other non-disinfecting concrete, there is, we believe, no question; the only controversy which can arise is whether an effective result would be thereby attained. On this point it is unquestionable that the concrete presents all the physical signs of its disinfecting character even after months of wear and exposure to air, water, and attrition. But this apparent efficiency has been submitted to scientific examination by Professor Tichborne, and has stood the test Professor Tichborne had, as far back as 1870, employed himself in the examination of dust got from all sorts of places, and he had ascertained that the dust of cities is, in great measure, comminuted manure, and full of microbes, which fructify readily; and he goes on to say, "if the idea of gradually eliminating an antiseptic through the dust by the attrition of a pavement could be carried out, we should have a permanent hold of these germs." He very reasonably remarks that, if there be one antiseptic less suitable for *permanent* disinfection than another it would be chloride of lime, and yet he found that samples of this concrete contained an appreciable quantity of the disinfectant after twelve months' exposure to air and moisture. He found, moreover, that the concrete so exposed had parted with much of its chlorine to the water in which it was immersed, and that it was found by the tests to contain quite sufficient remaining to deodorise and disinfect sewage. The concrete which was incorporated with carbolic acid yielded, as might be expected, much more satisfactory results. After being six months under water it still yielded a considerable proportion of the disinfectant, and exhaled a strong odour of it. Professor Tichborne comes ultimately to the conclusion from his experiments that the disinfectants "are not easily displaced from the concrete except by attrition," and that this attrition "would be, of course, a more or less constant source of dissemination." Our observation and examination of the cement confirms this opinion, and it seems to us that by its use a very valuable means towards sanitation is presented to us, for it must be recollected that, though the amount of disinfectant evolved were ever so small, the surface of evolution would, if the concrete be generally used, be so large that a very material quantity of the disinfectant would be delivered to the atmosphere without any labour whatever, and, so to speak, in spite of ourselves.

But Corporations are slow-moving bodies, and civic officers are seldom willing to adopt new ideas, and we should not be, therefore, surprised, and would not think any worse of the hygienic cement, if we heard that the Dublin Corporation, or any other Town Council hesitated to use it. They have, however, no right to allow their prejudices or want of knowledge of the subject to interfere with any invention which might be of public benefit, and we hope that they will not fail to put this hygienic concrete to the test, and, if it be found to fulfil its pretensions, to give the citizens the advantage of so valuable a means of health preservation.

Literature

PHARMACOPŒIA OF THE BRITISH HOSPITAL FOR DISEASES OF THE SKIN. (a)

AFTER careful perusal of this collection of remedies, and the mode of applying them, we are pleased with the little work, as there has evidently been a desire to allow simplicity in the formulæ, and a conciseness in the directions.

A PHARMACOPŒIA FOR THE TREATMENT OF DISEASES OF THE LARYNX, PHARYNX, AND NASAL PASSAGES. (b)

THE pages of this work will be found to contain the formulæ of such local applications of remedies as are adapted to the treatment of the various affections of the larynx, pharynx, and nasal passages, and which have been tested by the author in the light of personal clinical experience, and found by him to possess some practical worth. To any one devoting attention to this special subject the perusal of the work will be of great advantage.

THE NEW CHEMISTRY. (c)

"THE New Chemistry" is the title of one of the more recent volumes of "The International Scientific Series." The subject matter of the book first appeared in the form of lectures; these have been remodelled and presented in a handy, illustrated form. The author originally aimed at presenting the modern theories of chemistry to his class, and giving to the philosophy of the science a logical consistency by resting it on the law of Avogadro. But this was soon seen to be inadequate to the purposes and objects of the teacher, and more so, because of the rapid strides in chemistry, and which for many years has been universally active, whereby the world has gained a clearer conception and more comprehensive view of the fundamental principles of the science. But unquestionably the most important advance in chemistry during the last decade has resulted from the study of the thermal changes accompanying the chemical processes, and which prove that the law of the conservation of energy is as important a directing principle in chemistry as it is in physics. This study so far has developed an entirely new branch of the science called thermo-chemistry, and whereby it is expected in the near future we shall be able to predict the order of phenomena in chemistry as fully as we now do in astronomy. The growing importance of the subject led the author, Dr. Cooke, to not only re-write, but add to his original lectures, and he has accomplished his task with so much skill and ability as to bring the whole within the compass of a handy volume, which is in every way suited to the general reader, as the student, both of whom will find that amount of useful information in its pages they may desire to obtain.

Medical News.

Royal Colleges of Physicians and Surgeons of Edinburgh, and Faculty of Physicians and Surgeons of Glasgow.—At the July sittings of the Joint Board of Examiners, held in Glasgow, the following candidates passed the first examination for the triple qualification:—

H. H. Addenbrooke, Wm. Armour, Wm. Bell, Robert Boyle, John H. Brice, Joseph Cantley, Michael Casey, H. Chadwick, Wm. G. Dick, Chas. Doherty, G. H. Douthwaite, M. H. Eames, Chas. A. Fergus, David H. Hamilton, H. L. Homer, Alfred E. Huband, C. B. Humphreys, Samuel Hunter, L. P. Jackson, John E. Jones, John A. Jones, Edward R. Kavanagh, Wm. S. Kidd, James M'Cartney, Michael M'Laughlin, Wm. Magee, Henry B. Maunsell, Patrick O'Gorman, Robt. W. Roberts, John Rogerson, Edmund Ryan, George H. Walker, Wm. Williams, and George T. Woods.

The following passed the second professional examination: Richard Ambler, Dugald Buchanan, Edward Brooks, Edward Clarkson, Edward H. Corder, James Gordon, Edwd. Gray, A. H. Hoffman, John

(a) "Pharmacopœia of the British Hospital for Diseases of the Skin, London," 3rd edition. Edited by Balmanno Squire, M.B. London, Senior Surgeon to the Hospital. London: J. & A. Churchill. 1884.

(b) "A Pharmacopœia for the Treatment of Diseases of the Larynx, etc." By George Moore Wood Lefferts, A.M., M.D., Clinical Professor of Laryngology and Diseases of the Throat, College of Physicians and Surgeons, Medical Department of Columbia College, New York. Second Edition, revised and enlarged. New York and London: G. P. Putnam & Sons. 1884.

(c) "The New Chemistry." By Dr. J. P. Cooke, Irving Professor of Chemistry in Harvard University. London: Kegan Paul & Co. 1884.

Hoyle, John Owen Jones, John Kennedy, Walte H. Large, Walter M'Gibbon, Alexander D. M'Lean, Alfred J. M'Lean, J. A. H. Mogg, Robert D. Prichard, and George Thomas Woods.

The following passed the final examination for the triple qualification:—

Andrew Alexander, Henry Wm. Bryant, Edward Clarkson, Wm. W. Clegg, James Blair Donaldson, M. M. Gandavia, Thos. J. G. Garrett, Walter MacGibbon, Arthur R. Oust, H. N. Rademeyer, David Starrock, and John T. Winter.

The following were admitted L.R.C.P. Ed. and L.F.P.S. Glasgow:— G. C. Bezbaroa and Robert Kerr.

Army Medical Service.—The following is an official list of candidates who were successful for appointments as Surgeons in the Medical Staff of Her Majesty's Army Medical Service at the competitive examination in London on the 10th and following days of August, 1885, in the order of merit:—

Yarr, M. T., ... ..	2980	{ Cox, E. H., ... ..	2350
{ Mills, B. L., ... ..	2830	{ Kennedy, A., ... ..	2370
{ Mumby, L. P., ... ..	2820	{ Gordon-Dill, R. C., ... ..	2345
Melville, C. H., ... ..	2670	{ Skerrett, F. T., ... ..	2140
Wilson, J. B., ... ..	2610	{ Ramsay, H. M., ... ..	2360
Rayner, H., ... ..	2745	{ Stokes, W. B., ... ..	2780
Benny, C. A., ... ..	2707	{ Buchanan, J. B., ... ..	2270
{ Gange, R. E., ... ..	2640	{ Simpson, D., ... ..	2270
{ Kearney, J., ... ..	2630	{ Locker, K. H., ... ..	2215
Thiele, H., ... ..	2679	{ Rose, J., ... ..	2162
Saw, F. A., ... ..	2725	{ Lovie, T. G., ... ..	2100
Cardew, G. S., ... ..	2569	{ Adamson, H. M., ... ..	2161
Cocks, H., ... ..	2510	{ Corkery, T. H., ... ..	2120
Lee, W. J., ... ..	2500	{ Squire, W. P., ... ..	2120
{ Hennessy, F. W., ... ..	2475	{ Crooke, W. E., ... ..	2110
Kendall, H. W. M., ... ..	2440	{ Walsh, C. L., ... ..	2110
Black, J. G., ... ..	2430	{ Brown, H. H., ... ..	2100
Elkington, H. P. G., ... ..	2400	{ Hayman, S. J. W., ... ..	2080
{ Hall, F. W. G., ... ..	2380	{ Hayes, J. P. S., ... ..	2070
{ Tate, G. S., ... ..	2380	{ O'Donnell, J. J., ... ..	2070

Naval Medical Department.—At the competition for commissions in the Medical Service of the Royal Navy, held on the 10th August and following days, in the Hall of the University of London, Burlington Gardens, the under-mentioned gentlemen were the successful candidates:—

Home, W. E., ... ..	2700	{ Moore, J., ... ..	2261
Fitch, R. A., ... ..	2690	{ Mansfield, C. J., ... ..	2100
Beatty, H. B., ... ..	2710	{ Hickson, R., ... ..	2080
Spry, W., ... ..	2700	{ Shuttleworth, H. F., ... ..	2005
Maitland, P. E., ... ..	2380	{ Lowney, J., ... ..	2000
Symonds, G. H. H., ... ..	2360	{ Trevor-Roper, G. D., ... ..	1930
Wynckler, W. J., ... ..	2320	{ Fisher, O. S., ... ..	1960
Walsh, J. J., ... ..	2275	{ Fogarty, J. S., ... ..	1900

Indian Medical Service.—The following is a list of the candidates for Her Majesty's Indian Medical Service who were successful at the competitive examination held at Burlington House on the 11th August:—

Woolbert, H. E., ... ..	3208	{ Cadell, J. M., ... ..	2827
Baker, G. H., ... ..	3005	{ Younan, A. C., ... ..	2725
Grainger, T., ... ..	2915	{ Adie, J. R., ... ..	2622
Edwards, A. R., ... ..	2880	{ Alcock, A. W., ... ..	2760

Twenty-two candidates competed for eight appointments. Twenty-one were reported qualified.

University of London.—The following is a list of the successful candidates at the August intermediate honours examination in Medicine.

ANATOMY.

First Class.—Henry Percy Dean, B.Sc. (Exhibition and Gold Medal); Frederick Howard Taylor (Gold Medal).

Second Class.—Alfredo Antunes Kanthrac, B.A., Percy Ashworth, B.Sc., Alfred Herbert Tubby, Milton Prentice Ledward, Guy Bellingham Smith.

Third Class.—Cyril William Jecks, John Ogle Tunstall, George Ed. Rennie, B.A. Sydney.

MATERIA MEDICA AND PHARMACEUTICAL CHEMISTRY.

First Class.—George Edward Rennie (Exhibition and Gold Medal), \*Ernest Henry Starling, \*Alfredo Antunes Kanthrac, Percy Ashworth, Theodore Fisher.

Second Class.—Evelyn Oliver Ashe, Charles Percival Crouch, Alfred Herbert Tubby.

Third Class.—Milton Prentice Ledward, Walter Stacy Colman, Geo. Hartley O'Reilly, Isabella Macdonald Macdonald, Cyril Cecil Barrow Burt.

ORGANIC CHEMISTRY.

First Class.—Ernest Henry Starling (Exhibition and Gold Medal), \*Henry Percy Dean.

Second Class.—John Wilkie, William Griffith Williams, William Page May, B.Sc.; Arnold Scott.

Third Class.—John Ogle Tunstall, Walter Stacy Colman, John Lloyd Roberts, B.A., B.Sc.

PHYSIOLOGY AND HISTOLOGY.

First Class.—Ernest Henry Starling (Exhibition and Gold Medal), Percy Ashworth (Gold Medal), Alfredo Antunes Kanthrac, Brian Melland, John Lloyd Roberts, John Wilkie.

Second Class.—Cyril William Jecks, Frederick Howard Taylor, Henry Edward Leigh Canney, George Edward Rennie, George Black, Walter Stacy Colman.

Third Class.—William Page May, William Griffith Williams. \* Obtained the number of Marks qualifying for a Medal.

## Notices to Correspondents.

**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.

**LOCAL REPORTS AND NEWS.**—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

**DR. W. C. C.** should address his communication to the journal in which the strictures appeared. We have no knowledge of the circumstances.

**MR. G. S.**—We have already contradicted the assertion of a contemporary, which seems not to be conducted on sufficiently honourable principles to acknowledge an error. We cannot again refer to a matter which is entirely between you and it.

### MEDICAL TEMPERANCE IN AUSTRALIA.

WITH temperance principles, hospitals, and institutions so firmly established in our midst, one can hardly understand the opposition of the residents and a section of the profession in Melbourne to the proposal on foot to establish in that city a hospital on temperance principles. Yet the last number of our contemporary the *Australian Medical Journal* asserts that it is so, and that the objectors maintain such firm ground as to compel the upholders of the non-alcoholic treatment of disease to abandon the attempt for the present. Of course, all innovations meet with opposition, and it cannot be expected that the queen city of the New World should be an exception to a general rule. Doubtless the scheme will be carried at no very distant period, and when quietly working as *un fait accompli* it will pass into the natural order of toleration and change.

**MEDICAL OFFICER OF HEALTH.**—The increase is but slight, and not nearly equal to the annual death-rate from the disease at this time of year.

**MR. INCHCOMBE**—The prospects of next year's International Congress are a little less cloudy than announced in a recent number, and we have reason to hope from the latest reports in our American exchanges that wiser counsels will prevail and the causes of the recent split be removed, so that the meeting to which so many in this country and elsewhere were looking forward with interest will now be held in the States as at first arranged. We shall keep our readers *au courant* with the latest phases of the controversy.

**A PARENT (Liverpool).**—It is against our rule to recommend any particular school. We must refer you to the various announcements in our weekly numbers and to our Students' number in September.

**DR. PARSON.**—Having already written upon the subject at some length, we do not think it desirable to re-open it now. Should the discussion that is in progress, however, result in a way that is likely to injure the interests of the institution, it will once more become our duty to expose the dangers incurred.

**MR. SWAN.**—Under the circumstances you cannot be held responsible, however the case results. Your duty ended when the parents' consent was refused; but it is a little doubtful whether you would not have done more wisely had you thenceforth declined all future attendance on the child.

### LIFE INSURANCE.

**ALPHA** asks: In what manner and with what company would you recommend a medical man about to marry to insure his life?

[We would gladly advise our correspondent, but do not like to select a company. We suggest the propriety of his insuring, with profits, in a thoroughly secure company, and settling the policy on his wife, so that it may not be swept away by his debts when he dies.—Ed.]

**ANXIOUS.**—You need have no anxiety about taking your family to Paris. The city is in an unusually healthy state, and there is no prospect of cholera reaching there—at least, at present.

**B. B.**—He would not be justified in quitting his post until leave were granted, except in cases of emergency. Our correspondent does not furnish us with particulars in detail to decide the case in question, but provision should be made for the carrying on of his duties while absent.

**DR. ILLINGWORTH, MR. BRINDLEY JAMES, BRIGADE-SURGEON W. CURRAN.**—Communications to hand shall be considered.

**DR. MACKENZIE (Paris).**—Shall be glad to receive the cases.

### THE BRADLEY FUND.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I have received the following additional subscriptions to those announced in your last issue towards the above fund.

		RICHARD JEFFREYS.	
Chesterfield, Aug. 19th, 1885.			
Mr. Eric Erichsen	.. £5 5 0	Dr. Robertson Match	.. £1 1 0
Dr. Dyson	.. 2 0	Dr. Samuel Mitchell	.. 1 1 0
Dr. Wm. Richardson	.. 2 0	Dr. G. F. Hadley	.. 1 1 0
Mr. C. N. Macnamara	.. 2 0	Dr. Johnston	.. 1 1 0
Dr. Clifford Allbutt	.. 2 0	Mr. Henry Steare	.. 1 0 0
Mr. John Hall	.. 2 0	Mr. John Balnes	.. 1 0 0
Dr. Van Vestrout	.. 1 1 0	Dr. W. E. Higgins	.. 1 0 0
Dr. Martin	.. 1 1 0	Mr. Henry Heywood	.. 1 0 0
Mr. J. F. F. Parr	.. 1 1 0	Mr. W. H. Booth	.. 0 10 6
Dr. R. E. Burgess	.. 1 1 0	Mr. Wm. Dale James	.. 0 10 6
Mr. J. F. Churchill	.. 1 1 0	Dr. Henry Denne	.. 0 10 0
Mr. Matthew Leach	.. 1 1 0	Mr. W. Maxwell Burman	0 10 0
Dr. J. Swain Scriven	.. 1 1 0		

*Errata.* In the last list furnished there were two mistakes. Dr.

Balthazar Foster's subscription should have been £2 2s., and Dr. Francis McLaughlin should have been Dr. Thomas McLaughlin.

**M. B., L.R.C.P.**—The population of Madrid, which is given officially at half a million, does not include the outlying districts, as "greater London" does, and is not included in the statistics of mortality.

**STUDENT.**—The last Wednesday but one in September, as usual.

**DR. WHITTAKER.**—The transmissibility of tuberculosis by vaccination has been shown to be impossible by the results of numerous experiments, those of M. Straus being the most recent to this effect. This observer was quite unable to produce any signs of tubercle in animals he had submitted to vaccination; most careful examination failed to show any characteristic bacilli in the pustules resulting from the operation.

**MR. TOUK.**—We shall not be able to do anything further in the matter until the winter season; even then, however, we cannot promise to take it up again.

**DR. FONTAINE.**—An ordinary saline mixture will probably succeed better than anything else. In order to promote absorption of the effused matter the part should be painted with tincture of iodine.

## Vacancies.

- Brighton.**—Sussex County Hospital.—Honorary Assistant Physician. Applications, with testimonials, to the Secretary, before September 2.
- Chatham.**—St. Bartholomew's Hospital.—Assistant House Surgeon. Salary, £100, with board, &c. Endorsed applications to the House Committee by September 30.
- Coventry and Warwickshire Hospital.**—House Surgeon. Salary, £100 per annum, with board, lodging, &c. Applications to the Secretary on or before September 10.
- Dublin (Cork Street) Fever Hospital.**—Resident (Honorary Assistant) A gratuity of £20 presented on having served six months. (See advt.)
- Leeds.**—General Infirmary.—Resident Obstetric Officer. Salary, £100 per annum, with board and residence. Applications to Mr. Blair, General Manager, before September 10.
- Manchester.**—Owens College.—Professorship of Physiology. Applications to Dr. Greenwood, Principal of the College.
- Shipston-on-Stour Union.**—Medical Officer. Salary, £56 per annum. Applications, with testimonials, to the Clerk, not later than August 28.
- Weston-super-Mare Hospital.**—House Surgeon. Salary, £70 per annum, with board, &c. Applications, with testimonials, to the Hon. Sec., on or before September 5.
- York Dispensary.**—Dispenser. Salary, £100 a year (out-door). Applications, with testimonials, to S. W. North, Esq., Micklegate, York, on or before September 8.

## Appointments.

- BLAKISTON, A., L.R.C.P. Ed., L.R.C.S. Ed.,** Medical Officer for the Wareham and Morden Districts of the Wareham and Purbeck Union.
- CHEETHAM-STRODE, R., M.B. & C.M. Ed.,** House Surgeon to the County Hospital, Huntingdon.
- COLLINS, G. F., M.R.C.S., L.K.Q.C.P.I., L.M.,** Junior Assistant to the Hants County Asylum, Knowle, Farnham.
- COOK, H. S., M.R.C.S., L.S.A. Lond.,** Medical Officer to the Workhouse, Parish of Birmingham.
- GILMORE, R. W., M.B. Dub., L.R.C.S.I.,** Medical Officer for the Broughton District of the Glandford Brig Union.
- HINDLE, J., L.R.C.P. Ed., L.R.C.S. Ed.,** Medical Officer for the Billington District of the Malton Union.
- MATHEW, A., M.R.C.S., L.R.C.P.,** House Surgeon to the Croydon General Hospital.
- MOORE, E. H., L.R.C.P. Ed., L.S. A. Lond.,** Medical Officer for the Mylor District of the Falmouth Union.
- SMITH, G. P., L.R.C.P. Ed., L.R.C.S. Ed., M.R.C.S.,** Medical Officer for the Cheney District of the Banbury Union.
- THYNE, T. M. D. Ed., F.R.C.S. Eng.,** Medical Officer for the Millcorner and Cockfoster's healthy of the Edmonton Union.
- WEBB, T. L., L.R.C.P. Lond., M.R.C.S.,** Medical Officer to the Workhouse, Madeley Union.
- WILDING, W. A., L.K.Q.C.P.I., M.R.C.S.,** Medical Officer for the First District and Workhouse, Church Stretton Union, Salop.

**NAVAL APPOINTMENTS.**—The following appointments have been made:—Fleet-Surgeon T. Henry Knott, to the *Mairebar*; Staff-Surgeon Albert Charles Queely, to the *Conquest*; Staff-Surgeon John B. E. Triggs, to the *Ugent*; Staff-Surgeon William Hayes, to the *Express*; Staff-Surgeon William J. B. Bookey, to the *Royal Adelaide*; Surgeon Jas. W. H. Hawton, to the *Wye*; Surgeon John L. Bagnall Oakley, to the *Minotaur*; Surgeon Clement Alsop, to the *Lion*.

## Births.

**HORNE.**—August 17 at 24 Harcourt Street, Dublin, the wife of Andrew J. Horne, F.K.Q.C.P.I., of a son.

## Deaths.

- ADAMS.**—August 11, at High Street, Lymington, Fants, Robert Seymour Adams, M.R.C.S. Eng., L.S. A. Lond., aged 52.
- NASH.**—August 17, at his residence, Foxedowns Road, Maidstone, London, John Pearson Nash, M.D., Surgeon-Major of H.M. Madras Army (retired), aged 55.
- WALKER.**—August 16, at 47 Northumberland Street, Edinburgh, William Walker, F.R.C.S., Surgeon Oculist to the Queen in Scotland, aged 71.
- WEST.**—August 17, at Royal Marine Terrace, Bray, John Russell West, M.B. aged 35.

# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 2, 1885.

CONTENTS.		PAGE	PAGE
<b>ORIGINAL COMMUNICATIONS.</b>			
On Some of the Details and Recent Modifications in the Antiseptic Treatment of Wounds. By Kendal Franks, M.D., F.R.C.S.I., Surgeon to the Adelaide Hospital, &c. ....	201	Examination of Candidates for Her Majesty's Army, Indian, and Naval Medical Services .....	210
The Treatment of Ploenta Prævia. By James Murphy, B.A., M.D., Surgeon to the Sunderland Infirmary; Lecturer and Examiner in Botany at the University of Durham College of Medicine, Newcastle-on-Tyne .....	205		
History of the Progress of Laryngology from the Earliest Times to the Present. By Gordon Holmes, M.D., Physician to the Municipal Throat and Ear Infirmary, London; Consulting Physician to the Sheffield Ear and Throat Hospital .....	208	<b>SPECIAL ARTICLE.</b>	
		Cholera .....	211
<b>CLINICAL RECORDS.</b>			
St. Vincent's Hospital—A Case of Removal of Tongue. Under the Care of R. F. Tobin, F.R.C.S.I., Assistant-Surgeon to St. Vincent's Hospital; late Assistant-Professor of Surgery, Army Medical School .....	209	<b>LEADING ARTICLES.</b>	
		THE VENOUS PULSE .....	212
		DR. BRADLEY'S CASE .....	213
		CLOTHES IN THEIR RELATION TO HEALTH 213	
		<b>NOTES ON CURRENT TOPICS.</b>	
		Another Fatal Mistake by a Druggist ....	214
		The Congress Question .....	215
		The River Lea .....	215
		Recovery from Traumatic Tetanus .....	215
		Curious Cause of Obstruction to Breathing 215	
		Who Owns the Prescription? .....	216
		Iodoformum Absolutum .....	216
		Death from Lightning .....	216
		A Co-ordination Centre for the Heart ....	216
		Extirpation of the Spleen in Rabbits ....	216
		The New Issue of the British Pharmacopœia 217	
		<b>SCOTLAND.</b>	
		Edinburgh.—Health of the City .....	218
		Glasgow Death-Rate .....	218
		The Registrar-General's Returns .....	218
		Charitable Bequests in Glasgow .....	218
		The Administration of Narcotics to Children of Tender Age .....	218
		<b>CORRESPONDENCE.</b>	
		Dr. Bradley's Case .....	218
		Medical Men as Voters .....	219
		<b>MEDICAL NEWS.</b>	
		British Dental Association .....	220
		Literary Notes and Gossip .....	220
		<b>NOTICES TO CORRESPONDENTS</b> .....	222
		Births .....	222
		Marriages .....	222
		Deaths .....	222
		The Divorce of Medicine and Pharmacy..	217
		Campaign Honours .....	217
		The Overpressure Controversy .....	217

## Original Communications.

### ON SOME OF THE DETAILS AND RECENT MODIFICATIONS IN THE ANTISEPTIC TREATMENT OF WOUNDS.

An Address delivered before the Biological Association of the University of Dublin.

By KENDAL FRANKS, M.D., F.R.C.S.I.,  
Surgeon to the Adelaide Hospital, &c.

(Concluded from page 174.)

Now, if we wish to substitute for Lister's method of dressing, a method which, while insuring asepticism, shall not be open to any of these objections we must find a dressing which shall (1) be cheap, (2) which shall be charged with a stable antiseptic, that is, one that will not volatilise at the temperature of the body, (3) which shall absorb powerfully and rapidly, (4) one which will keep the wounds dry, and (5) which shall be easily made, easily kept, and reliable.

A great many different materials have been suggested which, for the most part, are cheap, and which possess a greater or less absorbing power. I will arrange a few of the more important of them in order according to their absorbing power. (a)

Absorbent wool will absorb	15 times its own weight.
Moss-turf " "	8 to 9 " "
Wood-wool " "	8.25 " "
Gauze (freed of fatty substance)	5.5 " "
Jute " "	5 " "
Saw-dust " "	4 to 5 " "

Now we at once observe that first on the list stands absorbent wool, that is, cotton-wool carefully refined and freed from all trace of fat. Such wool, when fully saturated, will hold fifteen times its own weight of fluid. But

(a) These figures are taken from careful experiments made by Neuber of Kiel, and others.

in estimating the value of a material for a surgical dressing, we must take into account not only the quantity of fluid it will hold but also the rapidity, or so to speak, the eagerness, with which it will soak up the fluid. Now, if you suspend a piece of cotton-wool on wire gauze, and allow a fluid such as water to fall drop by drop on its central portion you will find that the central portion will become presently saturated, and will allow the fluid to pass through, whilst the circumferential part of the wool remains quite dry. Hence if you were to apply cotton-wool over a wound, and there were much discharge, the discharge would pass right through the wool opposite to the hole for discharge, whilst the parts of the wool around would have absorbed none of the discharge. Now that is a very important consideration. Suppose you try the same experiment with wood-wool or turf-moss. Each of these should be enclosed in a small bag of gauze so as to make a cushion of it. Now if you allow the fluid to fall *guttatim* on the centre of this cushion suspended in the same way, you will find that the whole pad has become saturated before it will allow any fluid to pass through. In other words, we see that either wood-wool or turf-moss will absorb more eagerly and more thoroughly than cotton wool, though they have not an equal capacity for holding the fluid. Therefore, either of these will fulfil our objects better than cotton-wool. Jute, while absorbing less than any of these, is also open to the same objection. Gauze and saw-dust, though absorbing with rapidity are inferior to turf-moss or wood-wool, both in this respect and also as regards the quantity they will absorb.

From these considerations it will at once appear that any of these dressings are, in these respects, superior to the carbolic gauze, but that the most suitable materials hitherto devised are wood-wool and turf-moss. Between these two there is very little to choose as regards efficiency. Both these materials are extensively used in Germany. Von Bruns, for instance, warmly advocates the use of wood-wool; he has used it largely in hospital practice. It is prepared from finely cut white pine wood, the so-called wood material, which is employed in German



actories for the manufacture of paper. You will see in this sample which I have here that it is of a particularly fine delicate texture; it is very soft and elastic, and is of a clean whitish appearance. It is charged with  $\frac{1}{2}$  per cent. of corrosive sublimate. On the other hand, turf and turf-moss find their strongest supporter in Neuber of Kiel, Esmarch's assistant, to whom we are indebted for the introduction of this material into surgical use. As I have been using both of these materials for antiseptic dressings for some time past, I will tell you shortly the conclusions I have come to. As far as efficiency goes—as far as they fulfil those conditions which we have seen are essential for reaching the ideal after which we seek—I think wood-wool and turf-moss stand pretty nearly on the same level. Wood-wool is undoubtedly a cleaner dressing, but then turf-moss is very much cheaper, at least in this country, and we can easily prepare it for surgical purposes ourselves. Hence I believe that turf dressings will prove the more serviceable.

There are several points in connection with turf dressings which I think are of sufficient importance to merit consideration. Turf as it is found on a moor is composed of two layers or strata. The superficial layer, which, in some places, extends to a depth of 10 or 20 feet, is composed of light brown turf which is often cut up into sods and used for burning. In Germany this superficial layer, usually called turf-moss, is sawn up for burning, and the *débris*, which we call turf mould, or peat litter, is used for a variety of purposes. It is powerfully absorbent, and hence is used largely for bedding in stables. The deeper stratum is composed of what is called black turf. It is very sparingly absorbent, but it is powerfully antiseptic. The turf-moss on the other hand is extremely absorbent, but it is scarcely at all possessed of antiseptic properties. It was these different qualities which suggested to Neuber the idea of making the deep dressing, that lying immediately next the wound, of black turf, and then covering all over with large pads of turf-moss. The absorbing power of the latter is not always the same, under all conditions. If the turf-moss be quite dry it is scarcely at all absorbent. A piece of this brown turf, if quite dry, when thrown on water, will float for a long period of time without absorbing the water to any appreciable extent. But if you place it in water in the moist state, it is then found to be possessed of its full absorbing power, and will rapidly take up eight or nine times its own weight of the water. This is a point to be borne in mind in preparing it for surgical use.

I have said that the turf-moss is very sparingly antiseptic. It is the unnecessary to charge it with an antiseptic previous to use. The most powerful antiseptic which we possess is corrosive sublimate. Compare its potency with that of carbolic acid. An antiseptic, you are aware, may act in one or two ways on organisms. It may either inhibit them, that is it may merely arrest their development, or it may destroy them, so that their power of future growth is for ever gone. Carbolic acid in a solution of 1 in 400, to 1 in 500 prevents the development of germs, but it does not kill them. A weaker solution has no deterrent effect upon them. Corrosive sublimate is much more powerful. A solution of 1 in 300,000 will arrest the development of organisms, while a solution of 1 in 20,000 will kill even the spores of the bacillus anthracis, the most resistant of all known forms of organisms. We possess then in corrosive sublimate a most powerful agent. Moreover, it fulfils one of the desiderata for surgical purposes which carbolic acid does not, it is *non-volatile*. A surgical dressing charged with the sublimate does not lose its strength when exposed to the air. When applied over a wound, the dressing, if sufficiently absorbent, soaks up the discharge, the discharge dissolves the sublimate and thus becomes antiseptic itself, and as the dressings dry by exposure to the air the sublimate does not escape, but remains in the dressing, which will thus be as efficient an antiseptic dressing at the end, say of three weeks, as it was when first applied. A combination then of sublimate as our

antiseptic, and turf mould or wood-wool as our absorbent material, gives us a dressing which allows the wounds to become dry, and at the same time enables us to leave on the dressing for an indefinite length of time, if we so desire, without interfering with the asepis of the wound. We have thus combined in this method, not only a dry dressing, but a permanent dressing. The turf mould, which I have been using for the dressing of operation wounds in the Adelaide Hospital, contains about 1 in 400 of corrosive sublimate. The way we prepare it is this. The turf mould is put into an earthen vessel, and five times its weight of a 1-1,000 solution of corrosive sublimate is added to it. The whole is well mixed up together, and when the turf mould has taken all the fluid up, it is spread out and allowed to dry partially, that is till the whole is reduced to two parts. The turf mould then contains equal quantities of moisture, so that it is in a highly absorbent condition, and it is charged at the same time, as a little calculation will show you, with 1 in 400 of sublimate. It is, therefore, powerfully antiseptic. Now the reason we require it of this strength is, that the turf mould when it is saturated with discharge will be from nine to ten times its original weight, if the turf mould had been dry. But as the turf mould already holds one part of water, it can only absorb 7 to 8 parts more of fluid. The strength of the corrosive sublimate in this saturated dressing will be from 1 in 1,800 to 1 in 2,000. Therefore, the turf mould, prepared in this way, is perfectly reliable even when fully saturated. There is another important point in connection with this method of dressing. We have seen in a typical Lister's dressing, that as soon as the discharge appears at the edge of the dressing, it is necessary to change it. This is not the case with the turf dressing or the wood-wool. As soon as the discharge is seen to have made its way through, it is quite sufficient to apply another pad of the same dressing over it, and to bandage it firmly on. Thus the wound is not disturbed.

But, gentlemen, corrosive sublimate is not an unmixed good. The first cases in which I employed it satisfied me of that. When I applied the gauze bags of turf-mould directly to the skin, both the gauze and the turf having been prepared with a watery solution of corrosive sublimate, and when I came to take the dressings off, say, on the eighth day, I often found the dressings were closely adherent to the skin, and in endeavouring to raise them off, the superficial epidermic layer of the skin peeled off with the dressing, just as if the whole skin had been blistered. This was in fact what had taken place. The corrosive sublimate proved to be extremely irritating, and had given rise to the formation of vesicles, and in a few cases even to pustules. As a general rule the wound was found firmly healed, and, as far as asepticity went the sublimate left nothing to be desired; but in one or two cases the irritation caused by the sublimate had been so great as to delay the healing process. This was a serious drawback, as it was impossible to say beforehand in what cases this irritation would occur. Shortly afterwards Sir Joseph Lister published his address on "Corrosive Sublimate as a Surgical Dressing." (a) I need not enter in detail into that very instructive paper—you ought all to read it for yourselves. I will only now shortly refer to the conclusions at which he then arrived. His experience with corrosive sublimate in watery solutions were much as I have related. It is so irritating that as Sir Joseph Lister states, it made him "at first despair of using corrosive sublimate in anything like a concentrated form as a surgical dressing." He observed however, one interesting fact, that in the immediate vicinity of a wound from which there was much discharge, as in the case of abscess, there was a total absence of all irritation; but towards the periphery of the dressing, evidences of irritation were not wanting. This he concluded was due to the combination of the corrosive sublimate with the

(a) *British Medical Journal*, Oct. 25, 1884.

albumen, and further experiment showed him that this combination was quite unirritating. Now chemists are in the habit of telling us that "albumen forms with corrosive sublimate, an insoluble, or very sparingly soluble, albuminate, and that this albuminate is inert; whence the efficacy of white of egg as an antidote in corrosive sublimate poisoning." "If it were really true," says Sir Joseph, "that the albumen acting in a certain proportion on the corrosive sublimate would form with it an absolutely inactive compound, this would be a very serious consideration for the use of corrosive sublimate in surgical practice. The albuminous (proteid) constituents of the blood are enormously abundant; while the quantity of corrosive sublimate we can use in our dressings cannot be very great. According to the most recent views regarding albumen, its chemical equivalent is about six times that of corrosive sublimate; but the quantity of albuminous material in the serum of the blood is very much more than this in proportion to the sublimate we could think of employing." I cannot now enter into the various and interesting experiments which Sir Joseph Lister has made regarding the action of albumen on corrosive sublimate, but the conclusion he arrived at is too important not to give it to you in his own words: "Thus," he says, "we had evidence that corrosive sublimate forms, with the serum of the blood, a material, whether we call it a chemical compound or not, which retains the properties of the corrosive sublimate, both as to taste and to antiseptic virtue. Now it seems to me highly unlikely that both the characteristic taste of corrosive sublimate, and the antiseptic virtue, would be retained if the corrosive sublimate were decomposed in any way; and, therefore, I venture to think, speaking with all deference to chemists, that we have not here a chemical combination in the ordinary sense, but an association of particles, such as occurs in solution; not an albuminate of mercury, but an albuminate of sublimate, if I may use such an expression; a loose association of particles of chloride of mercury with albumen." We thus see that corrosive sublimate in combination with serum retains its antiseptic properties almost entirely, but it becomes then quite unirritating. Now then let me shortly describe to you how this discovery is applied to our surgical dressings. If serum be mixed in small proportions with corrosive sublimate, in a mortar, a thick, opaque, slimy compound is formed. If, however, you keep on adding fresh serum to it, this material gradually redissolves, and when the proportion of 150 parts of serum to one of sublimate is reached, it yields a clear solution. If we add one part of sublimate to 100 of serum we get a brownish fluid of the consistence of cream; this is the strength which has been found most serviceable, and it is admirably adapted for the preparation of our dressings. If some of this sero-sublimate fluid is allowed to dry, no separation of the crystals of corrosive sublimate takes place, showing how intimately it is combined with the serum. Hence, if gauze be prepared with it, and allowed to dry, the sublimate cannot fall off.

Now, to prepare sero-sublimate in large quantities we require a large supply of serum, and that what Sir Joseph finds the most serviceable and easily attainable is the serum from the blood of a horse. To this serum, one part of corrosive sublimate per cent. is added; we get a thick fluid, such as I have here in this bottle. The gauze then is charged with this fluid, two and a half parts by weight of the fluid being used to saturate one part of gauze. The gauze is then hung up and allowed to dry. It is then ready for use. Now, let me say a few words about the absorbent properties of such gauze. Sir Joseph Lister in his address states that "a gauze will absorb only about three times its weight of liquid." I have, however, found that if you boil the gauze with carbonate of soda to free it from fat, it will absorb five times its own weight. If, therefore, we add to the gauze so prepared,  $2\frac{1}{2}$  parts of the sero-sublimate fluid, we add what will only half saturate it, and, therefore we must knead it well, so as to have the sero-sublimate equally distributed through the

whole. When this sero-sublimate gauze is dried, I find that it will absorb only four times its own weight of fluid, which compared with turf or wood wool, is a very small absorbing power, but is far superior to the carbolic gauze, as it will absorb from three to four times as much.

Now, in order to obtain the greatest amount of absorbing power, combined with the least amount of irritation in a dressing, which, at the same time shall be thoroughly reliable from an antiseptic point of view, I have for some time been adopting the following plan, not merely with satisfactory results, but with results which have often filled me with wonder. After the operation is completed, and all hæmorrhage arrested, and the edges of the wound accurately adapted, I dip a piece of the sero-sublimate gauze in a 1 in 40 solution of carbolic acid. I prefer this to the corrosive sublimate solution on account of the irritation which the latter is likely to cause. Then over this, and covering the skin whereon the dressings shall extend, I place more sero-sublimate gauze. If I anticipate but a small amount of discharge, I place a single pad or cushion of turf-mould, prepared as I have described, but if much discharge is expected, a small one is put on first and a large one over this. The whole is then firmly bandaged on, the elasticity of these pads allowing firm pressure to be applied. The wood-wool is used in the same manner. In most cases these dressings are left undisturbed for eight or ten days, but sometimes they are left on for three weeks. In a few exceptional cases I have taken them off earlier, when, for example I found that the bandages had been applied too tightly. This has occurred chiefly in amputation or excision cases, when I have put on a bandage over the deep dressing and under the turf or wood-wool bags. The question naturally arises, must not the dressings be removed in order to shorten or take out the drainage tubes? I answer, as a rule, no! For I have scarcely ever used drainage tubes, since I have adopted this method of dressing. The manner in which we can dispense with them I shall explain in a few minutes; but it is obvious that if we can dispense with them, a great advantage is gained. We need not then disturb the dressings, and consequently we need not disturb the wound. We are thus able to ensure for the patient the most complete rest. The importance of rest in wound treatment cannot be over estimated. In his work on "Antiseptic Surgery," Mr. Watson Cheyne thus expresses it: "The whole principle of wound treatment may be summed up in the one word, Rest." "The causes of unrest," he further explains, "may be mechanical or chemical." Now, what he means by chemical causes of unrest, is first the irritation caused by the antiseptic, which we have seen is in a great measure obviated by using sero-sublimate; and, secondly, fermentation in a wound. Any method, entitled to be called an aseptic method, provides that fermentation shall not occur in the wound, so that this cause of unrest is practically now abolished. We next come to the mechanical causes of unrest, and chief among these he enumerates the movements of the parts, the presence of foreign bodies, tension due to retained secretions or tight stitches. Now, how far are these causes removed by the typical Listerian method? Let us see what Mr. Watson Cheyne says on this head, and on the carbolic gauze dressing, he is a great authority. In the last chapter of his book, already quoted, he says: "The ideal wound is a subcutaneous one, kept at perfect rest. We have not yet attained this ideal, for even with the aseptic method" (that is the Listerian method) "there is a certain amount of unrest caused by the antiseptic employed, by the stitches, by the apparatus for drainage, and by the dressing itself." This is an excellent summary of the points in which Lister's method fails to reach the ideal. Let us see how much nearer to the ideal the method of dressing, I have just described, brings us. I think you will find that these causes of unrest are almost entirely avoided. Let us examine them in order: *First*, the irritation caused by the antiseptic is, to a great extent, obviated by the use of sero-sublimate in the dress-

ings next the wound. The irritation caused by the antiseptic lotions employed during the course of the operation, we are not concerned with at present, though it is a subject of very great importance. *Secondly*, the irritation caused by the stitches cannot be completely abolished until we can find some means of doing away with them altogether; but the application of sutures in the way I shall immediately describe, to a great extent lessens the chances of any tight stitches being inserted, which might cause disturbance. *Thirdly*, the apparatus for drainage is almost entirely abolished, and with it all possible irritation due to the presence of these foreign bodies in the wound. By substituting for these artificial drains, a natural system of drainage, if I may so style it, we have no foreign bodies left in the wound for this purpose, and therefore it becomes quite unnecessary to take off the dressings in order to remove them. This brings us to the last cause of unrest, the disturbance caused to the patient and to the wound by the dressing itself. I need not now remind you of the dread with which patients usually look forward to the change of dressings, and in young patients especially, the terror which the process not unfrequently excites. Can we suppose that this is not alone a source of great unrest, and therefore one to be avoided as much as possible? But the change of the dressing is equally injurious for the wound. In the first place, it exposes the wound to the risk of becoming infected, although it had escaped during the period of operation, and whilst under the first dressing. We ought not needlessly to run this risk, even though satisfied as to the efficacy of our antiseptic measures. But again, how many cases there are in which absolute immobility of the part is of the utmost importance. Take for example, excision of the knee. You have seen splints devised by the score, the chief object of which is to secure that the limb shall be in a condition of absolute rest. Many of these fail to do so, and yet all of them would probably succeed, if only they were not subject to the disturbance caused by changing the dressings. When our method allows us to apply the dressings and splint at the time of operation, and to leave them absolutely undisturbed for three or even four weeks afterwards, have we not, by this means approached much nearer to our ideal of perfect rest. I am not speaking of possibilities, but of realities. With this method of permanent dressings, I may say I do not frequently take off the first dressing until the wound is firmly healed. Now, with such a method of dressing, what takes place? As the discharge flows from the wound, it meets with a material highly absorbent, and charged with a stable non-volatile antiseptic. This material soaks up the discharge with avidity. The fluid, containing albumen and large quantities, as it passes through the sero-sublimate gauze, dissolves some of the sero-sublimate. That portion of the discharge which enters the turf-mould, forms with the corrosive sublimate which it contains, more sero-sublimate. Should the discharge appear at the outer surface of the dressing, it is itself powerfully antiseptic. Observe, we have no protective next the wound, and no mackintosh or other impermeable material over the dressings, so that the air can pass through and into the dressings. It is rendered harmless by passing through these antiseptic media; but, on the other hand, it plays a most important part in drying the secretions in the dressings. The more the dressings dry, the more powerfully antiseptic they become. Thus, in a few days the dressing has become a *dry dressing*.

Now, when we take off these dressings at the end of ten or fourteen days, what do we find? The dressings are hard and caked, and quite dry. We can raise them all off in one block. The wound beneath is perfectly healed, sometimes only one or two superficial granulating spots are observed, where the discharge had found exit. If the dressings have been left on long enough, say a fortnight or more, we find the outer, unabsorbed portions of the sutures come away sticking to the deepest layer of gauze. I have only occasionally found it necessary to put on a second dressing.

I have already told you, that in order thus to leave the dressings on for a length of time undisturbed, we must get rid of the necessity of taking out or shortening the drainage tubes. This was the problem which Neuber set himself to solve, and his first solution consisted in replacing the rubber tubes, by tubes made of an animal substance, which would gradually become absorbed by the tissues, and which, therefore, need not be removed. The tubes he made out of bone, cut to the proper size and drilled. They were then decalcified, and rendered aseptic. MacEwen endeavoured to improve these by preparing chicken bones, the femur and tibiae most frequently, the articular ends of which were cut off so as to expose the medullary canal. The endosteum and contents of the canal were then cleaned out, the bone decalcified, and holes cut in the side. Now in many cases these decalcified bone tubes acted admirably for drainage, and after they had fulfilled their duty, they disappeared by interstitial absorption. But, unfortunately, this is not always their history. Sometimes when the wound has healed over them, an abscess forms later in the region of the wound, and when it opens, the drainage tube is expelled unabsorbed. This has occurred with sufficient frequency, even in Neuber's own practice, to show that the question had not been correctly solved, and then it was that he gave up the drainage tubes altogether, and endeavoured to procure free exit for the discharges by natural means alone.

Now let me digress for one moment, in order to call your attention to what are called by Neuber, "Buried Sutures." These are sutures employed to bring together the deeper structures in a wound. When, for instance, we remove a tumour from any part of the body, if we bring the skin flaps together at once, we very often leave a cavity underneath, which soon fills with discharge, and which it is very important shall have free egress. The existence of such spaces or cavities in a wound promote secretion from their walls. Sometimes we succeed in preventing these cavities being formed, and so diminish the amount of discharge, by applying pressure in the form of pads on the external skin. But often it is not possible to bring the walls of these cavities together thus. Now this can nearly always be effected by using suture or buried sutures. Before bringing the skin flaps together, in such a manner as to imitate as much as possible the natural condition of the parts, we obliterate the deep cavity by sewing its walls, so that they may lie accurately together. Then, if muscles and fascia have been divided, we sew muscle to muscle, and fascia to fascia, and finally, over all we bring the edges of the wound in the skin together. We thus have no cavities or spaces left in which discharge can accumulate, and as a result we find that the amount of exudation is, as a rule, extremely scanty. The parts thus sutured together unite at once. But we cannot altogether prevent the formation of some discharge, and therefore we must make provision for its easy exit. You will observe in the description I have given, that the parts are adapted by means of a series of sutures arranged in tiers. Now the deepest tier is tied quite tight, the more superficial layer of stitches are still looser, and lastly, the sutures in the skin are the loosest of all. By this means any secretion which may form in the wound naturally makes its way to the surface, where it is eagerly sucked up by the absorbent dressings. If the wound is a superficial one, I do not hesitate to bring the edges of the wound closely together, as in the operation for the radical cure of hernia. In this I never now employ drainage tubes, or make any special arrangements for drainage, and I invariably find them firmly healed on the tenth day, when I usually take off the dressings for the first and last time. Sometimes when we hesitate to absolutely close the wound, the skin suture may be put in obliquely, so as to leave a little pucker at the more dependent end of the wound, through which the discharge may escape, as recommended by Neuber. When we have, however, to deal with a deep wound, it is better to leave gaps between the skin flaps, opposite to the deepest parts of the wound,

through which the discharge can readily escape. In such a case as excision of the knee, Neuber suggested a plan which I have found to give the best results I have seen. The extremities of the incision through the skin, which extends across the front of the knee below the patella are bifurcate, so as to embrace between them a small tongue of skin, the tip of course being above. When the operation is completed, but before the parts are adjusted, these tongues are turned in at each side, and their tips are sutured to the deepest parts of the wound. When the bones are adjusted, these lie behind them, and therefore the discharge, as it forms, flows out over these tongues, and is at once taken up by the dressing. This illustrates the numberless modification which may be adopted, so as, in nearly all cases, to do away with the use of drainage tubes. I cannot now go further into the details of this method. I have said enough to show you how we can, in the first place materially diminish the amount of discharge, and, in the second place, how we can secure free exit for the discharge without the use of artificial drains.

Thus, gentlemen, you see how far we have succeeded in attaining our ideal, the perfect and rapid healing of operation wounds under permanent dressings. Neuber, of Kiel, who has done the greatest amount of work in the promotion of infrequent dressings, states that 80 per cent. of his cases, either heal under a single dressing, or that there only remains some superficial granulating spot which has still to cicatrize. I do not however, desire now to occupy your time with statistics. I have endeavoured to explain to you the lines on which we are working in our endeavours to simplify and improve the antiseptic method. But I have of necessity limited myself to one particular stage, namely, the dressing stage. Time would not permit me to deal with any other stage, but in order to succeed in obtaining the best results from the method of dry dressing, you must supplement what I have already said with two absolutely essential rules. Your antiseptics, both previous to, and during the course of every operation must be faultless, and you must ensure complete hæmostasis. If you will only carry out the most careful antiseptics throughout, the material you dress with is of comparatively minor importance. You can succeed with dressings which have but a small absorbent power, where the antiseptics is perfect; but the best possible dressing will fail, if you neglect the great lessons which Lister has taught. If I have endeavoured to show that Lister's method allows of improvement, I wish you also to remember that to him we owe the great principle of antiseptic surgery, and that were it not for what he has taught, we should still be floundering in the dangers and uncertainties of pre-antiseptic days. Gentlemen, in conclusion, allow me to thank you most sincerely for the patience with which you have listened to an address much longer than I originally intended. I can only plead, by way of apology, the deep interest I feel in the subject, and my anxiety to put before you as clearly as I possibly could the arguments in favour of a method of dressing which I believe will daily gain in favour.

THE

TREATMENT OF PLACENTA PRÆVIA. (a)

By JAMES MURPHY, B.A., M.D.,

Surgeon to the Sunderland Infirmary; Lecturer and Examiner in Botany at the University of Durham College of Medicine, Newcastle-on-Tyne.

(Concluded from page 182.)

THE next treatment which we need consider is the *tampon*. Now, though it is still recommended by several eminent obstetricians, including Luak and Playfair, I would suggest that the day of the *vaginal* plug is gone—it is out of date—it is now as unscientific in principle as it was unsafe in practice; it was unreliable in controlling

hæmorrhage, and was a most fertile source of septicæmia. What is required is a method which will control the bleeding, and at the same time hasten labour, and nothing that I am acquainted with answers these requirements so thoroughly as Barnes's hydrostatic bags, or (as I prefer) Steele's modification of them; and Braun, after many years' experience at Vienna with the colpeurynter maintains the superiority of hydrostatic dilatation, therefore I will not take up your time by discussing the various means which have been adopted for plugging the vagina, but may remind you that should you not have time from the urgency of the case to get Barnes's bags, as once occurred to me, a very efficient cervical plug can be made by the hand, the fingers being joined together in the form of a cone.

The method of Jungbluth, which consists in the *dilatation of the cervix with sponge tents*, I see no advantage in, except that it may be required preparatory to the introduction of a small-size bag; but I have never had occasion to have recourse to it, as in all the cases I have seen the os has been, if not patulous, at least sufficiently dilatable to admit the finger, with a little patience, to be gently introduced, and thus prepare the way for a bag.

The local application of *styptics* I will not stay to discuss—I have no faith in them—but will pass on to the consideration of *version*—(1) external version, both hands being employed on the abdomen; (2) internal version, by means of a hand being introduced into the uterus; and (3) the combined method (the method of Braxton Hicks), when a finger or two are introduced through the os and the other hand is used on the abdomen. Now nearly all the older writers practised version, and this they generally did by forcing the hand through the cervix, seizing a foot, turning the child, and pulling it through the os as rapidly as possible, utterly regardless of the condition of the cervix and os; in fact, the quicker they did it the more they prided themselves on their skill. Well, this was a most disastrous proceeding, and to its continuance may be traced many of the deaths still occurring. The cervix, from its congested and increased vascular condition, is more likely to be torn than in ordinary labour, and a laceration is then more dangerous; not only from the immediate production of hæmorrhage, but from its increased liability to septic absorption. Most writers strongly condemn it, and justly so. External version, as first performed by Wigand, has not been much used; it is in most cases difficult to perform, and having been performed, it would still be useless until the fingers were introduced and a leg brought down. Internal version is often of very great benefit when it is judiciously performed with a fully dilated or easily dilatable os, and has been very extensively employed, and still continues to be so, as the bi-polar method, for some reason or other, has never been taken to kindly in England, the country of its invention. It seems to have been performed by Hamilton in 1822, by Lee in 1843; but was first brought prominently before the profession by Braxton Hicks, in a communication to the *Lancet*, on July 14th and 24th, 1860, in which the treatment of five cases of placenta prævia by this method was described; and the subject was more fully treated in a most able manner in a paper read by him at a meeting of the Obstetrical Society, on the 4th November, 1863. Dr. Barnes (the president, in the chair) spoke in very flattering terms of its advantages, as did also Baker Brown, Hall Davis, Greenhalgh, Graily Hewett, and others.

It has not even up to now taken much hold in America, as King, in the collection of cases occurring in the State of Indiana, found that it was only practised 1 in 240 cases, and the treatment recommended by Luak in his recent text-book differs essentially from the method of Hicks, as he says: "When the cervix has been sufficiently stretched by dilators to admit of delivery, the finger should be introduced, the placenta should be separated, the membranes ruptured, and an extremity seized without passing the entire hand into the uterus. Extraction should follow—the pressure of the fetus prevents any considerable amount of hæmorrhage."

(a) Read before the Northumberland and Durham Medical Society.

DR. MURPHY'S TABLE OF TWENTY-THREE CASES OF PLACENTA PRÆVIA.

Number of Case.	Patient's Age.	Number of Pregnancy.	Name of Medical Attendant.	When first seen.		Month of Pregnancy when Hemorrhage first occurred.	Amount and Duration of Hemorrhage before Treatment.	State of Os when first seen.	Presentation of Placenta.		Treatment.	Result to		Date.
				Month of Pregnancy	Condition.				Placenta.	Fœtus.		Mother.	Child.	
1	27	3rd	Midwife .....	6½	Very faint .....	6½	Very severe for three hours.	Closely contracted	Marginal	Head..	Dilatation of os; separation of placenta; version.	Re-covered	Dead	Dec. 4, 1877.
2	29	4th	Dr. G. Wolford	8½	Extreme collapse; convulsions from loss of blood.	8	Enormous loss after labour commenced; had three floodings previously.	Fully dilated; in labour.	Complete	"	Hand passed by side of placenta; foot immediately seized; version.	"	"	Mar. 12, 1878.
3	35	6th	Dr. Barwick ..	6	Pale, and very faint.	5	Severe flooding for two hours.	Fully dilated; in labour.	"	"	Labour-pains very violent, which rapidly expelled both placenta and fœtus naturally.	"	"	Sept. 14, 1878.
4	32	7th	Midwife .....	Last	Completely blanched, and in an extreme state of collapse.	7½	Great loss on commencement of labour; two previous floodings.	Size of forin; easily dilatible.	"	"	Barnes's bags; separation of placenta; version.	"	"	Mar. 5, 1879.
5	37	11th	Dr. Maling ..	Last	Great faintness ..	7½	Great loss intermittingly for three days while labour was going on; four previous floodings.	Dilated fully; in labour.	"	"	Hand passed by side of placenta; foot seized; version.	"	"	Sept. 28, 1879.
6	42	1st	Dr. Morgan ..	Last	Fairly good .....	8½	Slight hæmorrhage on commencement of labour; two previous floodings.	Size of shilling; very rigid and unyielding; in labour.	"	"	Barnes's bags; dilatation very slow; separation of placenta; Barnes's forceps first, then Barnes's forceps	"	"	Mar. 25, 1881.
7	26	3rd	Dr. Morgan ..	Last	Very good .....	8	Slight hæmorrhage on commencement of labour; two previous floodings.	Size of half-a-crown; dilatible; in labour.	Partial	"	Barnes's bags; dilatation rapid; separation of placenta; pains strong, and labour quickly completed naturally.	"	Alive	Mar. 31, 1881.
8	24	5th	Dr. Murphy ..	Last	Very good .....	Last	A sudden and severe gush of hæmorrhage occurred an hour before I saw her.	Size of shilling, and dilatible.	Complete	"	Barnes's bags; separation of placenta; forceps.	"	Dead	June 21, 1882.
9	33	7th	Dr. Murphy ..	Last	Very good .....	"	Severe on commencement of labour; no previous flooding.	Size of shilling; rather rigid.	Partial.	"	Digital dilatation; separation of placenta; version.	"	Alive	Aug. 1, 1882.
10	37	14th	Dr. Mallis ..	6	Very faint, and blanched.	4½	Hæmorrhage had been going on more or less severely, for previous six weeks.	Would admit tip of finger; rather rigid.	Complete	Breech	Barnes's bags; separation of placenta; all hæmorrhage ceased; foot brought down; fœtus dead and putrid; traction.	"	Dead	Oct. 20, 1882.
11	32	4th	Dr. Bernard ..	8½	Very good .....	8	Once, a fortnight before; no recurrence.	Would admit tip of finger; dilatible.	"	Head	Labour induced by digital dilatation; afterwards Barnes's bags; separation of placenta; version.	"	Alive	Nov. 1, 1882.
12	43	7th	Dr. Bernard ..	7	Blanched .....	6½	More or less continuous for a fortnight.	Would scarcely admit tip of finger; dilatible.	"	"	Same as last case; version.	"	"	Feb. 1883.
13	37	7th	Midwife .....	Last	Fairly good .....	8	Slight; one previous flooding.	Size of shilling; dilatible.	Marginal	Breech	Barnes's bags; separation of placenta; version.	"	"	Mar. 2, 1883.

Date	Dr.	Age	Condition	Duration	Size of shilling; dilatable.	Complete	Shoulder	Separation of placenta; version.	Recovered	Dead	Recovery Date
14	Murphy	5	Very faint	8	Very severe for four hours.	Complete	Head	Digital dilatation; separation of placenta; version.	"	Dead	Mar. 9, 1853.
15	Beattie	8	Very faint	7	Very severe for two hours; one previous flooding.	"	Head	Barnes's bags; separation of placenta; which was pushed to one side; forceps.	"	"	Apr. 26, 1883.
16	Fell	8	Good	8	Slight for two hours.	Lat'l	"	Barnes's bags; rupture of membranes.	"	Alive	Aug. 30, 1883.
17	Beattie	8½	Blanched, and very faint.	8	Three previous floodings.	Complete	"	Barnes's bags; separation of placenta; version.	"	"	Sept. 22, 1881.
18	Bernard	8	Very much blanched.	7	Severe previous floodings.	"	"	Barnes's bags; separation of placenta; version.	"	"	Jan. 30, 1883.
19	Morgan	8½	Very faint	8	One slight previous flooding.	"	"	Barnes's bags; separation of placenta; version.	"	"	Mar. 1, 1884.
20	Bernard	8½	Faint	8	One previous flooding.	"	"	Os dilated with finger; Barnes's bags; separation of placenta; version.	"	Dead	Apr. 11, 1884.
21	Beattie	8	Blanched and almost pulseless.	7½	Several severe floodings.	"	"	Separation of placenta; Barnes's bags; version.	"	Dead and putrid	May 20, 1884.
22	Brady	6	Very good	6	Two slight bleedings.	Partial	"	Placenta expelled naturally.	"	Dead	June 26, 1884.
23	Dixon	7	Very good	7	One slight bleeding.	Lat'l	"	Barnes's bags; rupture of membranes.	"	Alive	Dec. 28, 1854.

\* Phlegmatis alba dotata. † Narrow conjugate diameter; version performed in all labours; only one other child born alive. ‡ Had placenta previa in her last labour. In all the cases, as soon as the placenta was separated sufficiently, the hæmorrhage ceased completely, or became so very trivial as to be of no consequence.

In France, it does not seem to have taken hold even at the present day, thus Wasseiga (1881) only mentions it in remarking that "its application is limited to rare cases, for should it not succeed, we would render ordinary version more difficult—the membranes being ruptured by the attempt," and Charpentier, in his new and extensive text-book, published in 1882, does not even mention it in connection with the treatment of placenta prævia.

It was at first rejected in Germany, more especially by Hecker, Spiegelberg, and Müller; but it slowly made its way, and is now warmly advocated by several, including Hoffmeier, who was the first to give it an extensive trial in hospital practice, then by Behm, Schmidt, Lomer, Kuhn, Fasbender, Martin, and Kaltenbach. And as Lomer has recently gone so fully into the question in the paper before alluded to, I cannot do better than describe in his own words the method as practised in Schröder's Clinic in the University Hospital for Women in Berlin. "Turn by the bi-manual method as soon as possible, pull down the leg and tampon with it, and with the breech of the child the ruptured vessels of the placenta. Do not extract the child then; let it come by itself, or at least only assist its natural expulsion by gentle and rare tractions. Do away with plug as much as possible; it is a dangerous thing, for it favours infection, and valuable time is lost with its application. Do not wait in order to perform turning until the cervix and os are sufficiently dilated to allow the hand to pass. Turn as soon as you can pass one or two fingers through the cervix. It is unnecessary to force your fingers through the cervix for this. Introduce the whole hand into the vagina, pass one or two fingers through the cervix, rupture the membranes, and turn by Braxton Hick's bi-manual method. Use chloroform freely in performing these manipulations. If the placenta is in your way try to rupture the membranes at its margin; but if this is not feasible, do not lose time—perforate the placenta with your finger, get hold of a leg as soon as possible and pull it down. This may cause a very strong hæmorrhage at the moment. Hoffmeier and Behm have already remarked this, and I can fully confirm their observation. This is the only critical moment in the operation. The operator must be prepared for it, and must not lose his presence of mind when his hand is suddenly covered with a stream of blood. He must remember that the most alarming hæmorrhage will cease with positive certainty when he pulls down the leg of the child. Up to this moment the treatment is an energetic, active one. Experience shows that flooding now ceases. The next part of the treatment is of an expectant nature. A quick extraction made now would cause rupture of the cervix, and fatal post-partum hæmorrhage. Wait, therefore; give the patient time to rally her powers; wait until pain sets in, and then assist nature by exerting slow and gentle tractions if the child is in danger during this time. Let it run its risk, let it die if necessary, but do not endanger the mother by quick extraction. Cervical laceration is always a dangerous thing—it is particularly dangerous in placenta prævia, on account of the great vascularity of the tissue of the cervix and its liability to rupture. Atony of the uterus is also a disagreeable complication, especially in cases of placenta prævia, when there generally is not too much blood to lose; but these dangers may be got rid of by an expectant treatment. After turning, pains generally set in quickly, the cervix distends rapidly, and the child is born generally between one and two-and-a-half hours after turning."

He then discusses the method under five heads:—

1. How should we treat cases of flooding occurring during pregnancy? and states that his cases have not proved to him the necessity of bringing on premature labour, but goes on to say, "when strong hæmorrhage occurred in pregnancy, we use the tampon and examine a few hours later, to see whether the cervix was sufficiently dilated to allow one finger to be passed, and to permit of turning to be performed." In this sense, he confesses, his method may be counted perhaps among the



proceedings having the object to induce premature labour in placenta prævia, and further says, "operators who have lately followed this plan have had very good results," paying me the compliment of quoting me as an exponent of it, saying that my cases "show that the adoption of active measures early is the right thing for placenta prævia."

2. Is bi-manual turning an easy operation? To which he answers in the affirmative—in which all who have practised the method frequently will concur—and recommends chloroform to be freely given in all cases.

3. Can we rely on hæmorrhage ceasing after turning? Replying, that notwithstanding all views to the contrary, it is a matter of fact that hæmorrhage does cease.

4. How long must we wait for the child to be born by natural powers? That delivery takes place in from one to two-and-a-half hours. Behm generally allows the children to be born quite spontaneously, and had to wait from half-an-hour to four hours, and in one case for eleven hours.

5. Ought the method of rupturing the membranes in head presentation be abandoned altogether? He says circumstances must decide. When the placenta is only felt marginally, when the head has entered the pelvis, when pains are strong and hæmorrhage not very profuse, then rupture of the membrane seems to be the right thing. It must not, however, he says, be forgotten, that in adopting this method of treatment the chances for effecting an easy version are lost; and as sometimes hæmorrhage does not cease after rupture of the membranes, turning has then to be resorted to under favourable circumstances, and approvingly quotes King, who says "that the evacuation of the liquor amnii, if performed before the os is dilated, is an unreliable agent, and ought not to be classed as a means for controlling the hæmorrhage."

I have thus quoted very fully from Lomer, as he represents one of the greatest midwifery schools in the world; and the treatment he recommends has had such extraordinary success in Germany that I am anxious that it should be placed before the Society in the words of one who has had a large experience of it, more especially as I have never had recourse to it, the results of the methods which I practise having hitherto been so good that I am loth to leave them, and I am strongly inclined to believe they more fully prevent hæmorrhage and give the child a better chance.

The practice which I follow consists, not in a single method for stopping hæmorrhage, but in several, and it is this: In the first place, in every one of my own patients, or in those that I am consulted about, when hæmorrhage occurs after the seventh month, when it is clearly not from the cervix or os, and when there is presumptive evidence that it is from placenta prævia, I advise premature labour to be introduced, or before that period of pregnancy when the hæmorrhage is severe, continuous, or frequently recurring. In cases that permit of a little delay from the symptoms not being very urgent, I appoint a time when I can give a few hours' continuous attendance—two hours is generally sufficient; as once you commence to induce labour, I consider it necessary to remain with the patient until delivery is accomplished; and when the case does not command instant action one can fix his own time and can have what assistance he requires.

I find having an assistant a great advantage, and by thus arranging a definite time practitioners can secure the services of a specialist or fellow-practitioner to help them and share the responsibility. On examination, if the cervix will permit it, I introduce my finger, separate the placenta all round, and then put in a Barnes's bag; and if not I gently and slowly insinuate my finger through the os, which I have always found easy of accomplishment, never having had recourse to the preliminary introduction of a tent, though in inducing premature labour for other causes I have frequently had to introduce tupulo tents. Having thus dilated the cervix

with my finger, I separate the placenta freely around the internal os, and at once introduce a Barnes's bag. I slowly fill it with water—and here let me give a practical hint on the use of hydrostatic bags, which I do not remember to have seen mentioned in any of the text books: When the bag is well through the cervix it is very difficult to say how full it is, and by continuing the injection it may very easily be burst, as once happened to myself, and has, I know, happened to many others; so to avoid this it is desirable to ascertain and remember how many syringefuls each bag requires before being fully dilated, and then to carefully inject only that number. Having thus filled the bag, I wait patiently until the os is well dilated around it, and, before introducing another one, separate the placenta further should the hæmorrhage continue, which it does not provided the placenta has been sufficiently separated at first. After the bag has been introduced for some time the pains come on fairly well, though as a rule they are not very strong.

I thus proceed until the os is fully dilated, when I give ergot freely and decide what is the most suitable course to follow. If the placenta is lateral or marginal, and the pains fairly strong, I rupture the membrane and leave the case to nature; or if the head is well into the pelvis, I may apply the forceps; but in the great majority of cases I perform version, preferably by the combined method, and deliver the child as quickly as is consistent with safety to the mother. Bearing in mind that the os is now fully dilated, this practice is essentially different from the old *accouchement forcé*.

If I may offer a suggestion as to the course to be followed in the discussion, it will be this—

1st. How are cases of flooding from placenta prævia to be treated during pregnancy?

2nd. Is labour to be induced—if so, when and how; if not—what treatment should be followed?

3rd. What is the best method of conducting the labour so as to stop the hæmorrhage and give the best chance to the mother and child?

This latter question is one which is pre-eminently deserving of the attention of the Society, as in all the methods I have discussed the mortality to the children is very great.

In conclusion, Sir, I beg to thank you and the members for the patience and attention in which they have followed my rather lengthened remarks, and I have much pleasure in presenting to the Society a complete list, drawn up in tabular form, giving particulars of all the cases of placenta prævia I have seen, 23 cases without a single maternal death.

## HISTORY OF THE PROGRESS OF LARYNGOLOGY FROM THE EARLIEST TIMES TO THE PRESENT.

By GORDON HOLMES, M.D.,

Physician to the Municipal Throat and Ear Infirmary, London; Consulting Physician to the Sheffield Ear and Throat Hospital.

Il importe beaucoup de connaître l'histoire de la science à laquelle on s'attache.—Boerhaave.

### EPOCH I.—THE PRE-LARYNGOSCOPIC AGE.

(Continued from page 187.)

PREVIOUS to 1790, P. J. Desault, surgeon to the Hotel-Dieu, re-introduced the ancient practice of passing a tube into the larynx for the purpose of providing a sufficient breathway in cases of "laryngeal phthisis" attended with dyspnoea. He supposed that this procedure would often avert the necessity for tracheotomy. His method was to push a flexible tube through the nose and hence down the pharynx into the larynx. A partial success attended the operation, which was tried in many cases and executed with great dexterity, it is said, by Desault, but it never gained a very general acceptance. Petit, (25) however, who gives the first pub-

lished account of some of Desault's devices, thought highly of this "laryngeal sound," as it was called.

To Desault also is due the first suggestion of thyrotomy, then called laryngotomy, but the operation does not seem to have been performed in his own time. He merely proposed it as a last resource when disease of the laryngeal cartilages was present, and he thought a chance of the ulceration healing might be afforded by removing the carious parts after laying open the larynx. The first instance in which the thyroid cartilage was actually divided occurred in 1788 (Pelletan's case). (26) It was performed for the third time in 1833 by Brauers (27) of Louvain, in a man, *set.* 40, for a laryngeal tumour. It turned out to be a case of malignant disease, and the growths resprouted several times after removal and cauterisation. The patient lingered for some weeks or months, his death, though not recorded, being foreseen as proximate. In 1844 for the third time it was undertaken by Ehrmann (28) with complete success, in a female, *set.* 33, for the extraction of a polyp. Two days before he had opened the trachea and introduced a canula.

The greatest credit, however, is due to Horace Green (29) in connection with the treatment of laryngeal growths for being the first who attempted (and with success in two cases) their removal *per vias naturales*. The first case was that of a little girl, *set.* 8, who for long had shown signs of laryngeal obstruction. On strongly depressing the tongue a pedunculated polyp, nearly as large as a cherry, was, after some time, discovered during forcible expiration. It was seized with a double hook and severed by a slender probe-pointed knife passed down towards the glottis. In the second instance, that of a man, *set.* 42, cauterisation with silver nitrate and manipulation of a probang in the larynx brought away piecemeal on several occasions a "cauliflower excrescence," and the patient lived for many years greatly alleviated.

Respecting the rarely practised operations crico-thyroid and thyro-hyoid laryngotomy, it need only be stated that the former was devised by Vicq d'Azyi (30) in 1776, and the latter by Malgaigne (31) about 1850. In 1859 the supra-hyoid operation was performed for the first time by Prat, (32) a French surgeon, and a growth was successfully removed.

Scarification of the larynx for the relief of oedema was first proposed by J. Lisfranc (33), Professor of Medicine at Paris, in 1823. He advised the use both of the finger-nail and of a curved knife, and reported briefly six cases so treated, in five of which recovery ensued without tracheotomy. After his time the operation was frequently tried, and several modifications of the laryngeal lancet were made according to the mechanical preferences of the various operators.

#### EPOCH II.—THE LARYNGOSCOPIC AGE.

THE epoch-making invention of Garcia and Czermak resulted naturally from the recognition of the great physiological and pathological importance of the larynx. The laryngoscope did not create laryngology; on the contrary, that science having attained a wide extension evolved an instrument essential to its practical aims. Without the laryngoscope laryngology was scarcely thought of outside the laboratory; it was a science without the application to the wants of everyday life, a system of pathology cut off from clinical practice. But Czermak, in completing the invention, threw a bridge across the chasm, and laryngology at once lost its recondite character; medicine was enriched by a field of disease newly thrown open for daily observation and treatment; workers in it, continually increasing in numbers, started up in every quarter of the world, and the average practitioner of to-day has a personal knowledge of diseases of the larynx rarely possessed by the medical professor of pre-laryngoscopic years.

As early as 1825 Cagniard de la Tour, eager to solve the difficult problem of voice production, tried to see the larynx by passing a small mirror into the pharynx. In 1832, Babington, impelled by the exigencies of diagnosis, made a similar attempt, and matured a laryngoscope, complete even to the artificial illumination. Independently or following their example the conception of laryngoscopy was put into practice by many others, (34) but not until 1854 with decided results. In that year Manuel Garcia, a teacher of singing, intensely desirous of elucidating the physiology of the voice, made persevering efforts to observe his own larynx. Holding a dentist's mirror in his pharynx, he placed himself before a looking-glass, allowing the full sunlight to enter his throat. Iguerant of previous trials, he

was not guided by the history of former failures, but he succeeded in his object, and published the first description of the action of the larynx in life. So far physiology was illustrated, but pathology remained an unlighted field, Czermak (35) was the sun that rose upon it. He first made himself familiar with the laryngeal mirror by practising on himself, and then facilitated its use on others by re-introducing and simplifying the employment of artificial light. In 1858 he gave demonstrations of laryngoscopy in the principal cities of Europe, and henceforward medicine entered into the practical possession of the laryngoscope.

It may be instructive to inquire why Garcia succeeded when before him so many had failed. The explanation is, doubtless, that practice was necessary in order to be able to use the laryngoscope fruitfully, but either this fact was unrecognised, or the difficulty of fulfilling the condition in observing other persons baffled success. The idea of laryngoscopy was simple, to carry it out seemed equally so, but the first trial disappointing expectation, final insufficiency was concluded. The sick patient was the worst possible subject for experiments, but immediate results were demanded. Garcia, however, in betaking himself to autoscopic observation discovered perhaps the only path leading to the desired end. Here the sensitiveness, awkwardness, or want of interest of another person did not stand in the way of perseverance, and the slightest point being gained the investigator was encouraged, and could proceed without obstacle. The truth of this solution is well illustrated by the progress of the invention after Garcia. Thus, in 1857 Türk, of Vienna, tried to take advantage of the device in examining hospital patients, but after a few months laid aside the instrument as impracticable for the purpose. On the other hand, Czermak, having fortified himself by autoscopic training, soon apprehended the requirements of clinical laryngoscopy, and accordingly perfected the application of artificial light.

The intrinsic advantages derived from the laryngoscope will appear fully when treating our subject in its special divisions, but those who have studied the progress of laryngology in former periods will be prepared to find that few actual discoveries have attended the use of the instrument, and that hence the close of this record will not be long deferred. The almost numberless papers, valuable for minute discussion and speculation as to undecided questions, or for the dissemination of laryngological knowledge, do not, of course, come within the scope of this history, which deals almost exclusively with such salient advances as can be described intelligibly in a few words.

(25) *Op. cit.* The "Ouvrages Chirurgicales, ou exposé de la Doctrine et de la Pratique de P. J. Desault" were posthumous (after 1796, the date of his death), and were written, not merely edited, by Bichat.

(26) See Flanchon, *Faits cliniques de laryngotomie*, Paris (Thèse), 1860. Brauer's and Ehrmann's cases are generally given the credit of being the first.

(27) *Journal de Graef et Walther*, T. xxi., 1834, p. 581. Quoted by Urner and Ehrmann.

(28) *Op. cit.*, pp. 23, 64.

(29) *Op. cit.*

(30) *Mém. de la Soc. Roy. de Méd.*, 1776.

(31) *Médecine Opératoire*, 1871, p. 525. Paris.

(32) *Gazette des Hôpitaux*, 1859, p. 809.

(33) *Journal de Médecine*, Paris, 1823, T. lxxxiii., p. 295.

(34) The history of attempts at laryngoscopy before Garcia having been given very fully by Windsor, Guillaume, Mackenzie, Fauvel, and others, need not be recapitulated here.

(35) Johann Nepomuk Czermak, of Prague, (1822-1878) attained great popularity as a professor of physiology, which subject he taught successively at several German universities, ultimately at Leipzig.

(To be concluded in our next.)

## Clinical Records.

### ST. VINCENT'S HOSPITAL, DUBLIN.

#### *A Case of Removal of Tongue.*

Under the care of B. F. TOBIN, F.R.C.S.I.,

Assistant-Surgeon to St. Vincent's Hospital; late Assistant-Professor of Surgery, Army Medical School.

As unsuccessful surgery is oftentimes more instructive than that which leads to a happy result, it may not be idle to publish the following case:—

The patient, a man, *set.* 65, was admitted into St. Vincent's Hospital on August 5th, suffering from epithelioma of tongue. The disease, stated to be two months in existence,

had had its starting point from the left border of the tongue, and on the day of admission had infiltrated the left side of that organ to near its centre from a point half an inch from the tip to one one inch from the base, and the underlying floor of the mouth to about the same extent. No induration of the glands in the neck could be detected. The patient requested that some operation should be undertaken for his cure, and persisted in his request after the dangers of the operation and the probabilities of the recurrence of the disease had been explained to him. Accordingly on August 11th, the following operation, introduced by Professor Kocher, and described by Mr. Barker, was performed:—

The patient being under the influence of ether, tracheotomy was performed, after which the pharynx was carefully plugged with a sponge, an incision was then carried along the internal border of the left sterno-mastoid from the tip of the ear to the cornu of the hyoid bone, then forward to the body of that bone, and finally upwards along the anterior belly of the diaphragm to the symphysis of the jaw. After fully reflecting the flap so mapped out, the lingual and facial arteries were ligatured close to their origins, and an indurated gland that lay embedded close to the carotid was dissected out. The left sub-maxillary gland was next removed, and then the tongue having been well drawn out of the mouth by means of a previously inserted ligature, it, together with the left sub-lingual gland and the entire mucous floor of the mouth on the left side were removed, the attachments being divided with a scissors from behind forwards. On division of the right lingual artery no hemorrhage occurred, but on drawing forward the tissues in its neighbourhood for inspection it was seen to spout and was secured by a ligature. The sponge in the pharynx was now changed for another, behind which a tube was made to pass into the œsophagus, and into the large gap in the floor of the mouth a sponge well sprinkled with iodoform was pressed. The wound was closed with sutures except at the angle of jaw where a drainage-tube was inserted. The patient bore the operation well, and was put back in bed breathing quietly through the tracheotomy tube. At 6 p.m. and 11 p.m. his condition was most favourable; temperature 99.8; respirations 16; pulse 74; and at each of these hours he was given a nutrient enema, and a few ounces of strong beef tea through the œsophageal tube.

At 2 a.m. it appears that he began to be troubled with cough, and the tracheotomy tube had to be cleared more than once. At 4 a.m. he was seized with violent symptoms of choking, and Dr. R. McArdle, the house-surgeon, who was present at the time, found that the tracheotomy tube had been coughed out. He replaced the tube, used artificial respiration, and sent for me. When I arrived the patient had rallied a little, but his condition might still be described as moribund. As, after waiting a short time, no improvement seemed to take place, I decided to withdraw the sponges that plugged the pharynx. I withdrew one, and an ounce or two of what appeared like fluid from the stomach flowed with it. I then removed the other, that which had been inserted in the wound, and which partially blocked the larynx, and immediately the patient ceased to breathe. After this, further attempts at resuscitation gave no result.

On thinking over the case I am led to believe that what happened immediately before death was this: Vomited fluid partially displaced and saturated the sponges in the pharynx and mouth. Some of it trickled into the trachea and induced the efforts that expelled the tracheotomy tube, and there was a further influx of fluid when I withdrew the sponges.

Lest the painful termination of this case should prejudice the form of operation employed, I wish to make the following remarks. The incision recommended by Prof. Kocher seemed to me, during the performance of the operation, to leave nothing to be desired in the facility it gave for removing the entire tongue, and the glands in its neighbourhood. The view obtained of the parts it was necessary to divide was very good, and the one incision gave free access to the glands at side of neck, the lingual artery, and the attachments of the tongue. The operation, though tedious, is not one difficult of performance, especially if the operator has near him anatomists as able as those who guided me. Of the advisability of putting a plug in the pharynx after the operation, so as to close the larynx and compel the patient to breathe solely by the opening in the trachea, I am

in doubt. It certainly guards against the danger of septic lung inflammation, but on the other hand it seems to block in a dangerous locality anything the patient may happen to vomit. Would keeping the patient in a prone position help us in these after-operation difficulties? That such is the proper position during the removal of dressings the present case illustrates, and I see nothing against such a position being continuously assumed as long as the secretions of the wound remain septic. How far a table that could be raised to a convenient height, and reflected, or electric light, would help one to dispense with tracheotomy in such operations as the present is also a question of great interest.

#### EXAMINATION OF CANDIDATES FOR HER MAJESTY'S ARMY, INDIAN, AND NAVAL MEDICAL SERVICES.

(Continued from page 197.)

##### ANATOMY AND PHYSIOLOGY.—SIR JOSEPH FAYRE.

1. Describe the wrist joint; giving an account of the various structures which enter into its formation, and the parts of importance which are in immediate relation with it.
2. Describe the origin, course, anatomical relations and distribution of the axillary artery, and of its branches.
3. Describe minutely the structures which enter into the formation of a liver lobule, and how they are related anatomically to each other. Enumerate the functions of the liver, and dwell in detail on that which relates to the secretion of bile.
4. Describe the minute structure, the innervation, blood supply, and anatomical relations to other parts, of the iris. Give an account of its functions in respect to vision, its mode of action and the means by which its movements are effected.
5. Describe the dissection (through the perineum) by which you would expose the prostate gland and prostatic portion of the urethra, giving an account of the parts in the order in which they are exposed or divided.

##### CHEMISTRY.—DR. ALLMAN.

1. What is the composition of the atmosphere? In what manner are its constituents combined?
2. Organic food-substances may be divided into two classes—the nitrogenous and the non-nitrogenous. Give some examples of each of these classes.
3. In what does the difference between hard and soft water essentially consist? By what means may certain forms of hard water be softened?
4. Give the chemical formula for the composition of Calomel, and also that for the composition of Corrosive Sublimate. How do these two substances differ from one another in regard to their solubility in water?

##### NATURAL SCIENCES.—DR. ALLMAN.

[N.B.—“Not more than one question in each subject.”]

##### ZOOLOGY.

1. Give one or more examples of the class *Amphibia*. On what grounds have the Amphibia been separated as a distinct class from the *Reptilia* with which they had been previously associated?
2. Describe the respiratory system of the *Insecta*.
3. What are the essential characters of the *vertebrata*? Enumerate the classes of this sub-kingdom.

##### BOTANY.

4. What are *stomata*? Where are they chiefly found?
5. What is meant by *Protoplasm*? What examples would you select for demonstrating its presence and activity in the vegetable kingdom?
6. What is a *bisexual*, and what a *unisexual* flower? Adduce an example of each from the plants contained in the Pharmacopœia.

##### PHYSICS.

7. State the evidence from which we conclude that a charge of electricity imparted to a conducting body resides only on the surface of the body.
8. What is meant by the statement that water has a *maximum density*? What purpose is served by this property of water in the economy of nature?
9. What is a *glacier*? From what evidence are we justified in asserting the former existence of glaciers in regions where they no longer occur?

## Special Article.

## CHOLERA.

WE learn that Dr. Ermengen, of Brussels, has, in company with Dr. Paul Gibier, studied the subject of anti-choleraic inoculation as employed by Dr. Ferran in Spain. He reports as follows: On our arrival in Madrid M. Ferran received us most kindly, and placed at our disposal all the necessary instruments for investigation. We first obtained by means of cultivation, specimens of pure comma-bacilla, and with these inoculated several persons. Although these cultures were twenty-four hours old when I examined them there was very little micro-organism to be seen. I did not notice either *oozones* or *oospheres*, such as M. Ferran said existed in the cycle of evolution of the cholera microbe, the only life to be seen was the thin comma-bacilla of Koch, and it was not mixed with the spiral forms of organism. In an older cultivation we discovered round corpuscles which resembled crystallised salts artificially prepared. They were much larger than the other microbes. These M. Ferran called *muriform* bodies, and they were thought to be the spores developed by the comma-bacilli, and consequently the veritable cholera germ. But after several experiments it has been finally decided that these are *inorganic* germs, and complete strangers to the cycle of evolution of the cholera microbe. They disappear entirely in chlorohydric or acetic acid. M. Ermengen studied carefully the spherical masses or globules found in the filamentary forms of comma-bacilli, and called *oozones* and *oospheres* by Dr. Ferran. The conclusions he arrived at are that these are not *monstrosities* or *forms of involution*, but that their form and other characteristics make them essentially different from the globular masses found at the ends of wave-like filaments. They are frequently found in other cultivated liquids, and he thinks with M. Hueppe that they are organs of reproduction like arthrospores. M. Ferran inoculated his subjects twice over with vaccine of different attenuations. Four or five hours after the first inoculation of one centimetre of liquid under the skin on the upper part of the two arms, tumefaction set in, accompanied by heat, a reddish appearance, and some pain. The inflammation gradually increased, until in twenty-four hours it extended to the elbow, and it lasted two or three days. It was generally accompanied by slight fever, shuddering, &c., and in one or two cases a little diarrhoea was brought on, but that might have been simply a coincidence. There were no cramps or cold in the extremities, and altogether the inconvenience felt was very slight. Of course, to obtain these results, great care must be taken to use properly attenuated liquid. M. Ferran stated that he found in the blood of those inoculated numbers of comma-bacilli; but after careful investigation neither M. Gibier or his colleague could discover these organisms. After the second vaccination the symptoms were similar, but less intensified; in fact, the first inoculation produced a sort of immunity to the infection.

It was stated in the *British Medical Journal* that those vaccinated for cholera suffered from gangrenous abscesses, blood poisoning, &c., M. Ermengen visited the hospitals to investigate this statement, and only found 6 or 7 cases of slight abscesses out of 300 persons vaccinated, and none of blood poisoning.

The following figures will show some of the results of vaccination in the village of Alcira in Spain, which is low-lying and badly supplied with water, and which is kept in a most insanitary condition. Of 16,000 inhabitants, 9,100 were vaccinated once, and 7,500 twice. Of these there were—

	Not vaccinated.	Vaccinated once.	Re-vaccinated.	Total.
Attacked ...	261	32	27	320
Died... ..	120	7	3	130
Recovered ...	99	20	19	138
In treatment	42	5	5	52

From this and the remaining evidence the only conclusion that can be arrived at is that in Alcira, where the half of the population were vaccinated, three times as many died of those who were not vaccinated as of those who were. Owing to a disagreement between the professors and M. Ferran the investigation could not be concluded in Spain, but will be continued separately by each of these gentlemen.

The conclusions arrived at are—

1. That Koch's comma-bacilla exists in the intestines.
2. That the liquid used for vaccination by Dr. Ferran was obtained by cultivation of the cholera microbe.
3. The liquid taken for the second vaccination contained the microbes, very small and not further developed than at first.
4. The corpuscles which Dr. Ferran called *spores* are probably inorganic. In any case, it has not been proved that they have any biological function.
5. The *muriform* bodies described by Dr. Ferran as developed by the spores are crystalline masses, as is proved by their solubility in acids, their characteristic forms, and their dimensions.
6. The subcutaneous injections of the vaccinal liquids produce local irritation and slight fever, unaccompanied by any choleraic symptoms.
7. The results of *re-vaccination* are similar to those of the first inoculation.
8. The blood taken from six vaccinated persons was found to be in a normal condition.
9. It remains to be proved that the local irritation produced is caused by vaccine, and not by the bile used by Dr. Ferran in his cultivation.
10. None of the cases observed by Dr. Ermengen produced harmful results.

All the remaining evidence is incomplete, and must be proved by future investigation.

As a corollary to our notice last week of the conferring of the Albert medal upon Dr. Thompson, of the Tyrone Infirmary, for his self-sacrifice in sucking the diphtheritic material from the throat of a dying child, we notice that the medical officer of the hospital at Nikolaief has just died of diphtheria, which he contracted from a child when painting its throat. The patient coughed some of the diphtheritic material in his face. He was only ill for three days.

THE funds of the City of Dublin Hospital, which had been reduced owing to the failure of the Munster Bank, have been considerably served by a theatrical performance during the whole of last week. Over twenty military officers and other persons of rank took part. This week the performance is to be repeated for the benefit of the Meath Hospital.

At the Dublin Zoological Gardens two animals of great interest have just been acquired. Of one, an orang, the President, the Rev. Dr. Haughton, has been a brilliant showman at a public lecture. The other a capybara, is the animal recently recommended as suitable for domestication by Irish cotters instead of the pig.

REGISTERED FOR TRANSMISSION ABROAD

**The Medical Press and Circular**

Is published every Wednesday morning Price 5d. Post free 5½d

POST FREE TO ANNUAL SUBSCRIBERS . . . £1 2 0  
 " IF PAID IN ADVANCE . . . . . 1 1 0

Post-office Orders and Cheques to be drawn in favour of—  
 A. A. TINDALL, 20 King William Street, Strand, London, W C.  
 A. H. JACOB, 8 Molesworth Street, Dublin.

Agents for Scotland:—

MACLACHLAN & STEWART, South Bridge, Edinburgh.  
 A & W. STENHOUSE, Hillhead, Glasgow.

Sole Agent for the Continent:—

JOHN F. JONES, 31 Bis, Rue du Faubourg Montmartre, Paris.

ADVERTISEMENT SCALE—Whole Page, £5 Os. 0d. Half Page,  
 £2 10s. 0d.; Quarter Page, £1 15s. 0d.; One-eighth Page, 12s. 6d.

Small Announcements of Practices, Assistances, Vacancies, Books, &c.,  
 of Seven lines or under, 4s. per insertion; 6d. per line beyond.

Considerable reductions are made from the foregoing Scale when orders  
 are; even for a series of insertions. Letters in this department  
 should be addressed to the Publishers.

SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIÈRE, Rue  
 Hautefeuille, Paris—post free in advance, £1 3s. 6d. per annum.

SUBSCRIPTIONS FOR RUSSIA are received by Messrs. RAJCHMAN and  
 FRENDELER, 18 Senatoren Street, Warsaw—post free, £1 5s. 0d. per  
 annum.

SUBSCRIPTIONS FOR THE UNITED STATES are received in New York by  
 Messrs. WILLMER & ROGERS; Philadelphia, by Dr. BRINTON:  
 post free in advance, 5½ dollars (£1 3s. 6d.) per annum or direct  
 from the Offices in this country for the same amount, if remitted  
 by International Post-Office Order.

**The Medical Press and Circular.**

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 2, 1885.

**THE VENOUS PULSE.**

It has long been a familiar fact that pulsation in certain of the larger veins of the body may be observed under particular conditions, and students are taught to recognise it in the great veins as they approach the right side of the heart. It is also a generally received opinion that the small veins do not exhibit the phenomenon of pulsation at all under ordinary circumstances, that form of it which is seen in inflammatory conditions being ascribed to the presence of unusual factors aiding its development. The normal pulsation of the small arteries is lost in the capillary plexus, and the absence of an irritable contractile coat in the latter and in the venous radicles has long been held to explain in great part why the propulsive force is wanting in them. If, however, the observations which have been published in the form of a letter to our contemporary, *Nature*, by Mr. J. Hippisley, should receive confirmation, it will be necessary that the views now generally current in this connection should receive modification, this writer having described a method of experimentation tending to prove that pulsation of at any rate moderate sized veins is a normal function of these structures. It is worthy of note that Mr. Hippisley prefaces the account of his observations by quoting from the article on the "Heart" contained in Rees' Encyclopædia (nearly fifty years old), and that his views both as to the forces of circulation and the

"obscurity" surrounding the return of blood to the heart, derived from this antiquated source of information, seems to be unilluminated by the light of modern discoveries and researches in physiology. But notwithstanding this shortcoming, the account he gives is not unworthy of attention, and the experimental proof he adduces in support of the theory of generalised venous pulsation is at once ingenious and simple. The fact itself is, according to the writer, apparent on close and careful inspection of the visible superficial veins—*e.g.*, on the back of the hand; and he finds that the pulsations so observed correspond alternately with the contraction and dilatation of the heart, and when contrasted with the pulse beats are found to be alternate and intermediate in relation to them. For the purpose of objective demonstration of the phenomenon, however, the following method is suggested:—A small piece of silvered glass, three-eighths of an inch by three-quarters, and with its silvered surface protected from damage by a thin paper gummed on it, is made to adhere to the surface of a swollen vein in such a manner that one edge of the glass rests on the central ridge of the vein, while the other is in contact with the surface clear of the visible vein beside it. This applied in the sunshine affords a spot of light, the movement of which reflected from the mirror indicates the slightest tilting of its plane by the undulating action of the vein. The light spot vibrates in accordance with the pulse, and its vibrations correspond in direction with the tilting which should be the result of the position of the mirror in relation to the vein. On applying a second mirror, further, to the *opposite* side of the vein, the vibrations of the light spot take an opposite direction as the result of a tilting anticlinal to the first; but a mirror placed on the knuckle, where veins of sensible importance are wanting, shows no appreciable vibration.

Such is the account given by our contemporary's correspondent, and it opens up a question of sufficient interest to engage serious attention, for if the appearances alleged can be easily made out by others and verified in all cases, there is suggested a possible explanation of a good many morbid conditions of the venous system, of which we know as yet but little more than the immediate results. Given that the veins of the lower extremity, for instance, assist the circulation of blood through them by regularly contracting on their contents, and it is not difficult to see how seriously prejudicial would be a loss of such power of control, with all its tendency to prevent such diseases as arise from sluggish circulation in this region, and the effects of which are so constantly manifested to the surgeon. Of the difficulties which arise to prevent an unconditional acceptance of the theory we need not now speak, they will occur at once to every one familiar with the anatomy and physiology of the structures in question; but these considerations ought not to be any hindrance to further investigations on the lines which Mr. Hippisley has indicated, and aided by the means of observation and by the skilled knowledge which can be brought to bear on the inquiry by practical physiologists.

THE President of the Medical Council has been sojourning at the Viceregal Lodge with the Lord Lieutenant, with whose family he is connected.

## DR. BRADLEY'S CASE.

THE questions raised by Mr. Lawson Tait in our last issue and by our other correspondents to-day as to the responsibility of Lord Coleridge and Sir William Harcourt for the most cruel and unjustifiable incarceration and detention of Dr. Bradley make it necessary for us to repudiate most emphatically all participation in an effort to palliate guilt or to relieve a guilty person of the just punishment of his offence. The impression may have been left on the minds of our readers by Mr. Lawson Tait's letter that the verdict with reference to Dr. Bradley is rather one of "Not proven" than "Not guilty," and that, as substantial evidence of his guilt was produced on his trial, Lord Coleridge and Sir William Harcourt could do no less than they did in the way of conviction, sentence, and punishment.

It is also hinted that it would be better for Dr. Bradley not to seek compensation, lest Parliamentary agitation to obtain it might bring to the front the evidence against him.

We cannot permit any such innuendos to pass in silence. We believe that Dr. Bradley is not partly, but wholly innocent, and that the only scrap of corroboration of the ridiculously improbable evidence of the prosecutrix was strongly coloured by professional rivalry and animosity towards Dr. Bradley, on which subject we wish to say as little as possible, because we believe that the author of the evidence is now heartily ashamed and sorry for it. We hold also that the evidence against Dr. Bradley was—as a whole—so weak that Lord Justice Coleridge would not have hanged a cat upon it, and that if he had, with proper judicial conscientiousness and impartiality, sifted it, he would have at once directed an acquittal instead of sending back—as he did that verdict to the jury to be turned into one of guilty. As to Sir William Harcourt's relation to the matter, it does not bear to be described as we could wish to characterise it. He, we believe, by his own act, or the act of his subordinates in the Home Office, calmly relieved himself of responsibility and trouble by giving the subject no consideration whatever. If he opened at all the memorials addressed to him it was to throw them into the waste-paper basket, and order that the usual hackneyed reply should be sent, and when Sir Richard Cross came into office we believe he found the matter in exactly the same state as on the day when poor Bradley was sent to gaol.

For these reasons we have clamoured for Dr. Bradley's release, and, if we hesitate to urge Parliamentary agitation to obtain compensation, we do so not at all because we doubt that such a demand would be reasonable and proper, but because we think it is a matter to be decided rather by Dr. Bradley than by us. No doubt, however, such an agitation might end, it would involve Dr. Bradley in an unpleasant notoriety; no doubt Sir Richard Cross would resist the necessity for publicly scrubbing Sir William Harcourt and Lord Coleridge by declaring Dr. Bradley to be absolutely innocent; no doubt the Treasury would resist, tooth and nail, the grant of one penny in compensation to any one; no doubt Sir William Harcourt and his supporters in the House would retaliate by trying to prove Dr. Bradley to

be clearly guilty; and no doubt a large section of the public would fall back on the proverb that there is "never smoke without fire," and would retain the suspicion that Dr. Bradley was half guilty.

In fact, it is very questionable whether Dr. Bradley and the profession could successfully fight Sir William Harcourt and Lord Coleridge in Parliament, and it is therefore doubtful whether it would be wise to open the attack.

But, nevertheless, we repeat our emphatic repudiation of all suggestions that Dr. Bradley is less than totally innocent, for if we thought that there was any ground for such insinuation he should have no support from this journal.

## CLOTHES IN THEIR RELATION TO HEALTH.

THE choice of materials for clothing has been dependant hitherto far more on the facilities which they offer for manufacture or self-decoration than on any preconceived idea of their suitability, although here as elsewhere, we find on examination that the consensus of opinion of succeeding generations generally leads in the right direction. The best method therefore of arriving at the truth is to reason backwards, and to endeavour to ascertain why certain materials have invariably been chosen under certain circumstances as clothing material, and this may enable us to understand the laws which underlie this apparent hazard in the matter of choice. The value of clothing consists, as we all know, in promoting the maintenance of our bodies at an equable temperature, and in shielding the surface from the effect of sudden and violent changes in the temperature of the surrounding atmosphere. Now, the value of any particular substance as an article of clothing is in inverse proportion to its capacity as a conductor of heat. But this is not the only quality to be considered in the selection of such materials, for while we wish to protect our bodies from undue loss of heat by radiation, we have to provide or allow for ventilation and the escape of watery vapour and gases, and here the materials vary within wide limits. It should be borne in mind that radiation takes place, not only in proportion to the relatively low temperature of the ambient air, but also, and more markedly, towards bodies which are possessed of a lower temperature than ourselves.

A great factor in protecting our bodies from thermometric changes lies in the different strata of air which intervene between the different layers or garments and permeate the fabrics themselves. It is to this that we owe the extreme warmth of such substances as eider down, or furs, or plumage of any sort, the interstices of each being filled with air, which is in itself a bad conductor of heat. Many experiments have been made since those first conducted by Rumford, in 1786, to determine the delays which occurred in the cooling of a thermometer heated to a certain degree when enveloped in hemp, flax, cotton, silk, and wool, respectively. Since this observer Senbier and Boeckmann have both recorded numerous experiments with a similar object in view. Black flannel was found to allow of the absorption and dispersion of heat more rapidly than lighter shades, but it is difficult to say how much of this is attributable to the difference in



the texture from the chemical changes involved in the dyeing. In any case, the differences found to exist between textures of various hues are only appreciable as regards solar heat, obscure heat not exhibiting the same preferences. In some more recent investigations by Pettenkofer on a cylinder of sheet iron filled with hot water and enveloped successively in different textures, the variations only represented some 1 or 2 per cent., and this irrespective of colour, but when the cylinder was exposed to the rays of the sun, the absorption of heat varied between linen and silk as much as 90 to 108. The effect of colour was even more striking, and was as follows:—White, 100; yellow, 140; green, 160; red, 168; blue (light), 198; black, 208. The figures readily explain why a black garment is unsuitable to wear in the sun. It is worthy of note that on enveloping the cylinder with a *double* layer of satin, cotton or fine linen, the loss of heat was only diminished by some 2 to 6 per cent.; whereas, with chamois leather, flannel or woollen cloths, the diminution amounted to from 20 to 30 per cent. The inference is evident, viz., that the resistance to the passage of heat depends less upon the individual conductivity of the textile fibres than upon the thickness, the volume and the texture of the materials. The conductivity of wadding for instance increases some 40 per cent. when strongly compressed. Although the radiation which goes on, is not notably diminished by doubling the thickness of the investing texture, if it be tightly drawn round the cylinder, it is quite otherwise if an air space is allowed to intervene between the two layers. With such an interspace of only one-third of an inch the radiation is diminished (exclusive of the diminution due to the layers themselves) to the extent of some 35 per cent. This, however, is based on the assumption that the intervening column of air is motionless, but as loose garments tend to favour the circulation of the air, they are, notwithstanding this fact, preferred in hot climates. The essential point indeed, is, that the greatest obstacle to the dissemination of heat, is found in a *discontinuity*, or want of homogeneity, in its elements. Heat, like sound, is but a form of molecular vibration, and is governed by the same laws. Then, again, the permeability of the various textures to air is a point of capital importance, and this varies from 1 in glazed kid to 100 in flannel. It is essential that our garments should allow of such ventilation, but it is also necessary that this should not take place so rapidly as to affect the sensory elements of the skin, hence the more slowly it takes place the more conducive it is to our health and comfort.

Another important property of textile fabrics is their capacity of absorbing and retaining moisture—the nearer the air is to its saturation point, the more moisture do they absorb owing to diminished evaporation. This is accentuated when the temperature, from any cause, falls. The water contained in textures may be divided into two categories, one part not appreciable to the feel and which cannot be squeezed out, the *hygrometric water* properly so-called, and a second part, which blocks the pores and which may be expelled by compression, the *interposed water*. According to the experiments of M. Coulvier, wool is more hygroscopic than hemp, and linen than cotton.

The quantity of water that these textures can absorb is much greater than is generally supposed. A woollen garment weighing 10 to 12 pounds will take up about a quart of water, to evaporate which completely will withdraw from the body from 5 to 600 units of heat. More moisture is absorbed at a low temperature than when it approaches 70 deg., further, since wet garments are better conductors of heat than dry ones, they protect us far less efficiently against the cold, hence the danger to health of damp and cold combined. This effect, however, is less marked in the case of woollen textures than in those of cotton, silk, or linen, and this is probably owing to the fact that, while the fibres of the latter all become softened on contact with water and so allow the pores of the tissue to become blocked, the fibres of wool, in virtue of their native elasticity, tend to keep the pores open and so favour evaporation, while the air contained in the pores checks to some extent undue radiation.

It has been remarked that vegetable fibre is less suited to purposes of clothing than substances which are of their very nature destined for this purpose. Take the fibres of flax or hemp, for example; they form an integral part of the plant, and are not called upon to possess any isolating or protective properties against cold. Now, as to cotton; this indeed serves to envelope the seed of a plant, and is, therefore, to some extent, protective; but silk, wool, eider-down, and fur, are, *par excellence*, the materials furnished by Nature for the express purpose of protection. As to the shape of our garments, they are now probably definitive in all essential particulars. Ladies' dress doubtless calls for reform, reasons of taste and æsthetics dominating too largely in their choice both of texture and of shape. One is apt to call to mind the profound and amusing speculations of Darwin on contemplating the rich plumage and often cumbersome ornamentation by means of which animals seek to place themselves in evidence, and so unconsciously aid in the designs of Nature in the matter of natural selection.

### Notes on Current Topics.

#### Another Fatal Mistake by a Druggist.

OUR American exchanges report another death arising through the mistake made by a chemist in substituting what is supposed to have been the corresponding morphia salt for hydrochlorate of quinine, which had been ordered. The victim, in this case was a little girl, three years old, and the daughter of a physician, who went himself to the store to procure the medicine. The child was suffering from a malarial attack, and her father decided to administer muriate of quinine as a remedy. Soon after the first dose of the mixture had been taken, however, the patient exhibited symptoms of opium poisoning, and notwithstanding every effort was made in her behalf, a fatal termination took place after several hours. At the time when the reports from which we quote were published, the official analysis of the stomach's contents had not been completed, but other evidence of the nature of the mistake made by the dispenser of the medicine was forthcoming. Thus, on examination of the drug store it was found that the place whence the assistant took the

bottle containing the substance he had put up was occupied by a bottle of hydrochlorate of morphia, and none of the quinine salt could be found in the place after diligent search. On these grounds the dispenser was committed for trial by the coroner's jury, pending the examination of the viscera.

#### The Congress Question.

THE controversy in regard to the Washington meeting of the International Medical Congress in 1887, has entered on a new phase by the publication in America of letters from Sir James Paget and Sir W. Maccormac, in both of which the writers expressly declare themselves in favour of the Congress meeting elsewhere than in Washington, unless an early modification of the existing state of things is brought about. Sir James Paget addressed his letter to Dr. Minis Hays, and as the immediate predecessor in the presidency of the Congress of the lamented Professor Panum, his observations are likely to be received. even by the unfamiliar crowd of office bearers at present nominated to posts in the next Congress, with attention, if not with respect. Sir James says decisively, "certainly it was not supposed that the Congress would be regulated, with any degree of exclusiveness, by the members of a Medical Association, however numerous; and I think it quite as certain that, if this had been thought possible, the proposal that the next meeting should be held in the United States would not have been adopted." Sir James further expresses his belief that, without the support of the eminent men who now hold aloof from the Congress the meeting cannot be a success; and though the proposition is too self-evident to need enforcing it is perhaps as well that so high an authority should have thus spoken. A meeting is to be held this month by the innovating section of the American Association, and it is to be hoped it may be sufficiently impressed with the mischief it has already done, to feel satisfied with the notoriety accruing from it, and agree to retire into that obscurity which is eminently becoming to its members, and out of which they have, this time at any rate, most unwisely emerged.

#### The River Lea.

FOR some time past inhabitants of the district watered by the River Lea in the metropolis have been loudly complaining of the filthy condition of the stream, which, being heavily charged with sewage from Tottenham and Enfield is, by the time it reaches Hackney, little better than a huge open sewer. Consequently, not only is it ruined for boating and pleasure purposes, but it is also a constant danger to the health of all who live within sight or smell of its foul condition. As a consequence public indignation has naturally found a voice, and demands have been made to the Lea Conservancy Board to take steps for the cessation of the nuisance. The whole question, however, resolves itself into one of the liability of the polluting towns, and especially of the worst offender, Tottenham, to remedy the ill created by the outflow of its sewage. Warnings to this effect have, it appears, hitherto been unheeded; but now the force of opinion is too strong to be resisted, and promise of increased sewage works is made by the authorities. But little benefit, however, is likely to arise out of this, so long as

the only efficient mode of dealing with large quantities of sewage is neglected for one reason or another. The success of the A B C process has been again and again demonstrated, and yet it seems impossible to persuade towns, or rather, the authorities in towns, to adopt it, notwithstanding the proved incapacity of other modes of treatment. Some time the purification of rivers will become a matter of popular concern, and the people will themselves see it that further trifling with a life and death problem is no longer tolerated in the interests of this, that, or the other advocate of a particular system; but that whatever plan will give the desired results shall be employed to advance the national health. So far the only process of purification which enables the passage of a clear and fairly pure effluent current of water in place of the hideous outflow now poured into our rivers after so-called purification of sewage by filtering and suspension, is the A B C process in use at Aylesbury, and the Lea riversiders will do wisely if they persist in their demand that either this shall be adopted in their interests, or that any other plan chosen in its stead shall produce results as favourable as it has been shown to do.

#### Recovery from Traumatic Tetanus.

A CASE of traumatic tetanus terminating in recovery after two weeks, is reported in the *New York Medical Record* by Dr. J. G. Starr of Monteiro. The patient was a woman who fell against an old corn cultivator and cut her hand near the thumb on the rusty corner of one of the ploughs of the machine. The wound was three fourths of an inch long, and one-eighth of an inch deep, and had nearly healed without suppuration three days after the accident. At this time the patient's left arm and jaw became stiff and painful, and paroxysms of pain and muscular spasm soon became general over the body. They lasted from one to two hours and recurred at intervals of from six to thirty-six hours. The temperature during the first week was 101 deg.; pulse 120 to 130 deg. In the second week the pulse rate was 90 to 100, and temperature varied from 99 deg. to 99½ deg. The treatment consisted in administration of bromide of potassium, chloral hydrate and fluid extract of physostigma, given in succession until their physiological effects were established. Sleep was induced by morphine as required. The wound was thoroughly cauterised with silver nitrate and nitric acid, and covered with a soft poultice; it was freely incised several times, and bled freely. A fly blister was applied along the whole extent of the spine, and ice was placed from time to time over the lower portion of the back. Cascara and calomel were given as occasion required.

#### Curious Cause of Obstruction to Breathing.

AN inquest was held on Friday last before Mr. Carttar, at Greenwich, respecting the death of a child aged fifteen months. The evidence of a woman in whose charge the child was left by its father, a marine engineer went to show that, while seated with her at the tea table deceased secured the head of a shrimp, and putting it into his mouth, succeeded, in spite of the woman's efforts to obtain it, in swallowing it. Soon afterwards symptoms of choking appeared, and the child was taken

to the Seamen's Hospital, where it died the same night. While in the institution evident signs of obstructed respiration were present, and an attempt to find and remove the foreign body was made by cutting down upon, and opening the trachea, but without result. Post-mortem, however, the shrimp's head was found at the bottom of the trachea, at the junction of the bronchi, and to its presence the death was attributed by the jury.

#### Who Owns the Prescription?

THIS question has been asked so many times that it is now in order to set it at rest as far as America is concerned. The Supreme Courts of Massachusetts and of New York have ruled as follows:—"The question before the Court seems to be very simple, indeed. A patient applies to a physician and receives from him certain advice, for which he tenders a fee. The physician hands a piece of paper to the patient, purporting to be a written order for certain goods, called drugs, which order is filled by a merchant or apothecary. The payment of the fee, and the delivery of the goods, or drugs, terminates the verbal contract, and the druggist keeps the prescription as evidence that the contract has been fulfilled as far as he is concerned. The druggist can, if he so please, on his own responsibility, renew the drugs, for he is but a merchant, and has a perfect right to sell drugs to any one and in any shape. He need not keep the prescription, nor is he bound to give a copy, but, should error occur, he has no protection in case of suit." From this it would appear that, according to American law, a prescription is but an order for drugs, and the delivery of the drugs settles the matter. This may be good law, but it looks like bad justice, for it seems to us that a prescription is only the written expression of advice given by the physician, for which the patient pays, and of which he is at liberty to avail himself for all time. This attempt to make money by charging for repetitions of prescriptions or medicine is neither reasonable nor honourable.

#### Iodoformium Absolutum.

THE Chemische Fabrik auf Aktien, Berlin (late E. Schering) has recently taken out a patent for the manufacture of iodoform by electrolysis, and has given the name of Iodoformium absolutum to the product.

The iodoform thus produced is absolutely pure; it is a mild smelling, silky, delicate, and soft scaly powder of a pure citron yellow colour. It can be easily reduced to a fine powder by trituration. It is no higher in price than ordinary iodoform, although iodoform as sent out now is a very different article in its physical properties from what it was a few years ago. There is still room for improvement, and those who are in the habit of using it much will welcome the advent of the new preparation.

DR. RÖEMER reports an ovariectomy upon a child 20 months old.

A GOLD medal has been awarded by the jury of the International Inventions Exhibition to Dr. J. Ward Cousins, of Southsea, for "highly ingenious surgical inventions."

#### Death from Lightning.

AT the last meeting of the Berliner Medizinische Gesellschaft, Dr. Liman gave some interesting particulars relating to the deaths of two men from lightning. In the case of the first the muscular wall of the heart was found to be perforated at the apex, the opening being irregular in shape, and about 2 cm. in diameter, and passing through both ventricles and the septum. In the second case, in which death evidently took place from asphyxia, the hair on the head and beard were found singed on the right side, from the chin downwards ran a line of singed, excoriated patches of cutis. Numerous small extravasations of blood were present on the serous covering of the heart, under the pleura were a number of punctiform hæmorrhages, and the lungs were filled with frothy blood. Herr Leyden, who had devoted much attention to the subject, thought death had not taken place in the first case from the injury to the heart, but from general shock.

#### A Co-Ordination Centre for the Heart.

LAST year Herr Schmey, in conjunction with Professor Kronecker, conducted an investigation that led to the conclusion that a heart centre existed in animals that regulated the rythmical beat of the heart, and which they denominated the "co-ordination centre for the musculature of the cardiac chambers." Since then Herr Schmey has continued his investigations, carrying them into the human subject. He lately brought his conclusions before the Berliner Physiologische Gesellschaft, to the effect that a co-ordination centre is present also in the human heart, and that it is by paralysis of this that sudden death is produced in chloroform narcosis. Along with other observers, as Snow, the Members of the English Chloroform Committee, Ratinoff, and others, he believes that death is caused by the employment of air over-charged with chloroform vapour, and that the remedy consists in the use of an apparatus that permits accurate measurement of the proportions of air and chloroform vapour. He has invented such an apparatus, simple in construction and working, the employment of which he recommends.

#### Extirpation of the Spleen in Rabbits.

PROFESSOR G. TIZZONI reports in the *Archivio per le Scienze Med.*, vol. viii., a large number of experiments on removal of the spleen in rabbits. He arrives at the conclusion that the effect of splenectomy in these animals is absolutely nil; they are as healthy as before the operation, and not a single function appears to be disturbed by the absence of the organ. It is notorious that a little knowledge is a dangerous thing, and we fear that the knowledge, not by any means new, that healthy animals do not necessarily succumb to removal of the healthy spleen has led superficial reasoners to the dangerous conclusion that the enlarged spleen may be removed with safety from leucocythæmic human beings. Some surgeons have put their visionary theories into practice with results disastrous to the individuals experimented on. Before going further in this direction would it not be better to enlarge our knowledge a little by getting at the essential nature of the len-

coxythemia that lies at the bottom of these cases of splenic enlargement? Perhaps a little extension of our knowledge would lead us to leave splenectomy to the experimental physiologist.

#### The New Issue of the British Pharmacopœia.

THE official notice of the publication of the new edition of the *British Pharmacopœia* appeared in the *Gazette* yesterday, September 1, and the issue of the work has commenced from the Medical Council Office (299 Oxford Street,) or from Messrs. Spottiswoode and Co., 54 Gracechurch Street.

#### The Divorce of Medicine and Pharmacy.

A MEDICAL contemporary says that the second edition of the *Belgian Pharmacopœia* has now been published, and a Royal decree promulgated concerning pharmaceutical chemists and medical men. Amongst the various provisions, "it is forbidden to medical practitioners, when they are not authorised to keep a drug-depôt, to interfere in any way, direct or indirect, with the preparation and sending out of medicines, with the single exception of those employed in the treatment of venereal affections, provided always that they have been prepared by a pharmaceutical chemist, and have affixed to them a special ticket, with which it is obligatory to furnish the customer." Practitioners who are authorised to supply medicines to their patients are forbidden to keep an open shop, and their medicines must be bought from a pharmaceutical chemist. On the other hand, chemists are not allowed to treat diseases in any way whatever, nor to prescribe or to administer medicines. They are not permitted to have more than one shop, and they are compelled to keep certain medicines and apparatus always at hand, and in good condition.

#### Campaign Honours.

CONSEQUENT on the present settlement of the Soudan campaign and the withdrawal of British troops therefrom, the official despatches of the Commander-in-Chief were gazetted last week, in which Lord Wolseley highly compliments the administration of the Medical Department of the campaign, under the direction of Deputy Surgeon-General O'Nial. His Lordship says, during his extensive experience "he has never seen the sick and wounded better cared for. The arrangements were good, and the medical officers worked with great zeal and untiring devotion to their duties. At Suakim, Deputy Surgeons-General Barnett and Hinde directed all medical matters with great credit to themselves and to their department." With the publication of these despatches Her Majesty's Government has given effect to the recommendations of the Commander-in-Chief, and has resolved on the following promotions:—To be made Commanders of the Most Honourable Order of the Bath, Military division—Deputy Surgeon-General Lithgow, M.D.; Deputy Surgeon-General Hinde; and Brigade-Surgeon Thornton, M.B. To be an Extra-Member of the Military division, or Knight Commander of the said Order—Director-General Crawford, M.D. Deputy Surgeon O'Nial is promoted to be Surgeon-General; Surgeon-Majors Waters, Will, and Harvey to be Brigade Surgeons; and

Surgeons Gallwey, Pratt, Briggs, and Allin to be Surgeon-Majors. Deputy Surgeon-General Barnett was also named for promotion, but has since deceased.

#### The Overpressure Controversy.

It is not often that an ostensibly respectable journal has to sup humiliation, publicly and copiously, as the *Spectator* had to do on Saturday last, when it was compelled to publish a letter from Dr. Crichton-Browne convicting it of having knowingly said what was directly untrue in a review of a Danish work on Overpressure. The attitude which the *Spectator* has adopted and maintained towards the medical profession throughout the overpressure controversy has not in any degree surprised us, for it might have been expected that a journal that gushes over the twitchings of a decapitated frog would be deaf to the cries of suffering children; but the discreditable position into which its rancour has betrayed it does certainly awaken wonder as well as commiseration. It was scarcely to have been anticipated that a highly superior journal that is for ever congratulating itself that it is not as other journals are should have been caught fibbing flagrantly, and has been ignominiously punished on the spot. Yet such is unhappily the case; and so audacious is the untruth that has been brought home to our contemporary that it is almost impossible to avoid the conclusion that this is not its first offence. Presuming, we suppose, on the indisposition of authors to meddle with their critics, even when they are very far wrong, it repeated the misrepresentation which was put in circulation last year, and was then contradicted, that Dr. Crichton-Browne's report on "Over-pressure in Schools" was an officious and spontaneous production which was violently thrust upon the mild and unsuspecting Mundella, very much against his will. But it miscalculated the endurance of Dr. Crichton-Browne, who has promptly turned upon it and compelled it to eat its leek with what grace it could muster. With an extract from *Hansard* containing Mr. Mundella's intimation to the House of Commons that he had invited Dr. Crichton-Browne to report to him, held up before it, it admits that it was "mistaken." But this is not a question of mistake, but of mendacity, for the accusation is that the reviewer made his untrue statement knowing the real facts, and no one can question that the charge has been fully proved. Our contemporary is abject, but we fear unreformed, for in its note to Dr. Crichton-Browne's scathing letter, it performs a wriggling movement which might be called mendacious. Endeavouring to show that if it was wrong on one point, it was right on another, it argues that the report referred to was really unchecked, because Mr. Fitch's little memorandum was not written until after it was finished, thus ignoring the fact mentioned in Dr. Crichton-Browne's letter that Mr. Fitch accompanied him on some of his visits to schools, and had opportunities of checking his observations while they were being made. "Among the various causes which have conspired," says Dugald Stewart, "to relax our principles of veracity, the facility which the press affords us in modern times in addressing the world by means of anonymous publications is probably one of the most powerful." And an illustration of the correctness of

Dugald Stewart's remark is afforded by the deplorable backsliding of the *Spectator*. Had the review on the Danish work on over-pressure been sanctioned by the name of its author it would not have contained the misrepresentations to which exception has been taken. Tempted by the dangerous facility of anonymity, the author has permitted his principles of veracity to become relaxed, and we can only hope that the fate that has befallen him will be a warning to others of his class.

THE Youghal Board of Guardians have passed a resolution to reduce by 25 per cent. the salaries of the clerk of the union and medical officers and master of the work-houses.

SURGEON MAJOR KEATINGE has been appointed Principal Medical Officer of the Egyptian Army in Upper Egypt, and has left Cairo for Assouan to assume that position.

LAST year the number of medical and pharmaceutical students who completed their curriculum at the Universities of Spain was 703, the total number of students graduating being 3,598.

It is recorded in the Bombay Season Reports that on the 27th of last December, seven shepherds lost their lives at Athni, in the Belgaum district, through being struck by hailstones of the size of a cocoanut (!).

THE Secretary of State for War has sanctioned the payment of a gratuity of six months' pay to Surgeon J. Magill, M.D., Coldstream Guards, in consideration of the wound he received in action at Abu Klea on Jan. 17, when he was in charge of the Guards Division of the Camel Corps.

## Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

EDINBURGH.—HEALTH OF THE CITY.—The mortality in Edinburgh for the week ending with Saturday, the 22nd ult., was 72, and the death-rate 15 per 1,000. There were 15 deaths under one year, and 20 above sixty years, of which 2 were above eighty years. Diseases of the chest accounted for at least 25 deaths, and zymotic causes for 2, of which 1 was due to fever and 1 to diphtheria. The intimations of the week comprised fever 14, diphtheria 4, scarlatina 19, and measles 19.

GLASGOW DEATH-RATE.—The mortality in Glasgow for the week ending with Saturday, the 22nd ult., was at the rate of 21 per 1,000 per annum of the population. The previous week it was 26; and in the corresponding weeks of 1884, 1883, and 1882 the rates were 26, 25, and 20 respectively.

THE REGISTRAR-GENERAL'S RETURNS.—The weekly return of births, deaths, and marriages shows that the death-rate in the eight principal towns of Scotland during the week ending with Saturday, Aug. 22, 1885, was 19.6 per 1,000 of estimated population. This rate is 1.1 below that for the corresponding week of last year, and 0.8 below that for the previous week of the present year. The lowest mortality was recorded in Leith, viz., 11.4 per 1,000, and the

highest in Paisley, viz., 31.7 per 1,000. The mortality from the seven most familiar zymotic disease was at the rate of 9.3 per 1,000, or 1.5 below last week. Acute diseases of the chest caused 51 deaths, the number for the previous week being 43. The mean temperature was 57°·1, being 3°·1 above that for the week immediately preceding, but 5°·2 below that for the corresponding week of 1884.

CHARITABLE BEQUESTS IN GLASGOW.—The late Mr James Stevenson, Sandyford Place, Glasgow, has left the following charitable bequests:—The Royal Infirmary, £500; the Western Infirmary, £500; the Deaf and Dumb Institution, £300; the Asylum for the Blind, £300; and the Old Man's Friend Society and Aged Women's Home, £300.

THE ADMINISTRATION OF NARCOTICS TO CHILDREN OF TENDER AGE.—On the 25th ult., in Hamilton Sheriff Criminal Court, William Cooper was tried, before Sheriff Birnie and a jury, on a charge of culpable homicide, as also reckless and culpable administration of laudanum to a child of tender age. The charges were spoken to by two neighbours, who united in testifying that the child was pained and crying all the Friday night, and that it was found by them in a state of insensibility on Saturday, while they heard the accused state to the doctor that he had at four o'clock on Saturday morning, to soothe the pain, given it four drops of laudanum. It died next morning about four o'clock. The witnesses testified to the distress of mind shown by him after he had discovered his error. The first of the witnesses said she had used laudanum, but never heard of a child of five weeks getting four drops. She understood the scale was a drop for each year. The other thought it was a drop for each week. Dr. Crawford, Uddingston, stated that he visited the child at 10.30 a.m. on Saturday, and was frequently there up till 2 on Sunday morning. He was of opinion that it died from the effects of laudanum or other narcotic poison. In cross-examination, the doctor said the accused manifested great anxiety in the case, and followed out all his directions, and so far as he saw, his error was one of judgment and not of intention. Soothing syrups and other patent medicines of the same class were largely composed of morphia or laudanum, and fatal results often attended their use. The Sheriff—Would you think it a good thing to give soothing syrup or suchlike compositions to a child of this age?—A. As a medical man, I would think it a very bad thing. Q. At what age is it safe to give soothing syrup to a child?—A. I do not think it safe almost at any age under a year old. He should say other homœopathic medicines in bottles were also unsafe for mothers to give to children under a year old. The Sheriff having summed up, the jury, after a minute's absence, returned a verdict of not guilty.

## Correspondence.

### DR. BRADLEY'S CASE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Dr. Bradley's friends are, I am sure, deeply grateful to Mr. Lawson Tait for his exertions on behalf of this much-injured gentleman; but I think, Sir, that you will agree with me that my friend Mr. Tait has not been well advised in coming forward (*Medical Press*, Aug. 19) on behalf of Lord Coleridge and the Home Secretaries just now, when the question of compensation to Dr. Bradley is still *sub judice*.

In my letter which appeared in your number of the 29th July I took care to avoid any allusion to Lord Coleridge; and allow me to ask how it is that Mr. Tait has overlooked the letter of Sir Joseph McKenna and your stern leading article upon it in your number of July 1st. We cannot ask Mr. Tait to make public use of the Judge's notes; but I venture

to challenge him as a medical man and a man of the world to point out a single statement by any one of the witnesses which confirms in any manner whatever the insane story of the prosecutrix, and which it is clear that the jury put no faith in.

Further, why did Sir R. Cross state in the House of Commons that he had referred the matter to the Lord Chancellor? Why was Lord Chief Justice Coleridge not consulted?

Yours, &c.,

EWING WHITTLE, M.D.

Parliament Terrace, Liverpool.

Law does not always mean justice, and Mr. Tait's remarks on this subject are true and to the point.

I trust that the fund being raised will receive generous support, and that whatever amends we can make to Dr. Bradley in a pecuniary sense for all that he has suffered may be worthy of the profession at large. It is truly a case to do as each member would have another act towards himself were the case his own. Mr. Lawson Tait has himself acted most generously in the matter.

Yours, &c.,

JOHN W. MARTIN, M.D.

76 Brunswick Street, Sheffield.

#### TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Any assurance of Mr. Lawson Tait's as to the absence of prejudice or indifference on the part of Lord Coleridge or Sir Wm. Harcourt in connection with Dr. Bradley's case should be received with the greatest respect, and whilst accepting it in the spirit given, I, for my own part, and I am sure others, would be greatly pleased if he can give a fuller explanation of the neglect with which the promptly presented petitions from the inhabitants of Brimington and the neighbourhood of Chesterfield, and from the members of the profession, which was truly remarkable for its representative character, were received. Seven months of torture to Dr. Bradley appear to have been allowed to pass, by both Judge and Home Secretary, without the smallest effort being made to give him relief; whilst within a month of the new Secretary's advent to office our suffering *confrère* is released. Was the Judge satisfied himself as to the justice of the verdict and the sentence? How could he or Sir William Harcourt read, without taking immediate action, the strongly-worded petition from the profession? These are points which require a fuller explanation. The answer received to these petitions was that Sir Wm. Harcourt *sans raison to interfere*. I feel still convinced that, no matter what the medical evidence was upon which Dr. Bradley was convicted, this conduct on the part of Sir Wm. Harcourt was, to say the least of it, insulting to a highly representative body of medical men. Their strong expression of opinion ought to have outweighed the unimportant evidence of one medical man, who himself states that, had he been cross-examined, a very different complexion would have been placed upon his evidence, and whose evidence as a whole was negative rather than positive. I know no case more thoroughly representative of the dangers to which medical men are exposed in the practice of their profession in dealing with female patients, and were such cases and such charges allowed to go unchallenged, it would be perfectly impossible for medical men to do their duty in dealing with hysterical or epileptic women. As a man of the world, as an educated man, and as one trained in the sifting of evidence, I still contend that Lord Coleridge ought to have been alive to the impossibilities and absurdities of the case; and, when the opening was given him to undo the mischief done, by the strongly expressed opinion of representative medical men, any one of whom, had they been called upon as experts to give evidence at the trial, would have made a conviction impossible, he ought eagerly to have grasped at the opportunity, and shown the profession that he was anxious to make amends to a deeply injured man. Does he or Sir William Harcourt realise the full horror of Dr. Bradley's position, or the ruin brought upon him? Were the tables turned, possibly their eyes might have been opened to the cruelty of inaction and indifference, and they might have desired some sign of interest and consideration from those responsible for their continued incarceration. The evidence and the petitions remained the same for the one month as for the seven. What blinded Sir Wm. Harcourt to the insufficiency of the evidence, to put it mildly, which was so clear to Sir Richard Cross? If Mr. Tait can give a fuller explanation on this point as to the cause of delay I shall be only too pleased to retract every word of suspicion I may have spoken or written, and do full justice to Sir Wm. Harcourt and Lord Coleridge's justice and impartiality in what has been certainly one of the most cruel cases of suffering and of a ruined career that has ever come under my notice—a case that arouses feelings of the deepest and bitterest indignation to think that such things are possible.

It was of course a mistake of Dr. Bradley to rely upon his innocence, but, to men with small means it is not always easy to incur the expenses necessary for a proper defence.

#### MEDICAL MEN AS VOTERS.

##### TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your pronouncement as above in the late issue of your journal, though apparently penned to support the claims of Mr. Erichsen to a seat in the Commons, deserves the close attention of the profession at large; for it comes *à propos* with a number of questions of vital importance, which, if ever raised, have certainly been never answered, and never as much as properly ventilated. But, if your present call be responded to, you and the respondents, the despised and ill-used atoms of the element Medicine, ought to attain to a currency and lustre equal to that of those current and useful, social and professional elements, Divinity and Law. The professors of medicine as such have little to thank the members of any party—Whig, Tory, Radical, Nationalist, or Independent—for anything in the shape of right, much less gratuity or favour, which they have obtained heretofore from State or Government. And, if they have not obtained places as honourable and profitable as their outlay and education demanded, it was solely because they lived in an attitude of cringing servility and expectancy towards political parties, and because those parties found it a profitable game to wheedle them into a perpetuation of this prayerful and imploring attitude instead of giving them a box on the ear and ordering them to put their shoulders to the wheel as Hercules did with the pious, supplicating, and lazy waggoner.

Therefore, had you extended the terms of your admonition and call to duty so as to include candidates for the new Parliament as well as voters, I think that the profession at large ought to thank you for the call, and to support vigorously by pen, tongue, and pocket the medical men who would aspire to the dignity and responsibility of members of the new Parliament. For, while every art, industry, trade, profession, or occupation in the country has been fully and oftentimes superabundantly represented in the Imperial Parliament, Medicine alone stood shivering and whining in the cold, appealing in vain to the charity or compassion of its liberal fellow-citizens. And therefore it is that such scandalous miscarriages of justice as the late Sweetmore-Bradley-Coleridge-Harcourt case have been possible of fulfilment.

The Parliament now on its death-bed has been remarkable for its statutes remedial as well as penal and prohibitory; but the work of a Parliament has been most imperfectly performed by it nevertheless. The Criminal Law Amendment Act was no doubt a necessary remedy for a necessary evil, but a Court of Criminal Appeal had its demands too, and they are still unsatisfied, as this case of Dr. Bradley's and others can testify. I am, Sir, yours, &c.,

J. O'FLANAGAN.

Houghton-le-Spring, Aug. 27th, 1885.

##### TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Hitherto, I think wisely, medical journals have abstained from taking any part in the political ventures of medical men. I think this has been a wise position. Medical men are not generally active politicians—at least, those who are in practice. Now, I find, as a member of the British Medical Association, that the *Journal* of that Association is made a means of advancing Mr. Erichsen's claims and of putting that gentleman's views, as a *Liberal*, before those members of the constituency he desires to represent who are readers of the *Journal* in question. No one holds Mr. Erichsen, as a surgeon and surgical writer, in higher repute than I do, but I protest most emphatically against the *Journal* of the British Medical Association being made directly or indirectly, a political medium of expression of



candidates' views, be they Conservative, Liberal, or Radical, or its pages by a sort of side wind being occupied by the political views or addresses of any candidate, no matter how distinguished. In view of the coming General Election I think this rule should be strictly adhered to. It is well known that prominent among the powers that be in the Association are some strong Radical luminaries and expectant recipients of Parliamentary honours. I do not for obvious reasons write this letter to the Association *Journal*. But I trust that it may rouse indirectly the zealous watchfulness of members of the Association in order that its *Journal* may be kept for the purposes of the Association, and in no way be used as a political organ. I write this letter free of all political bias, and would just as freely condemn any efforts to introduce by headings and paragraphs the virtues of Tory candidates into the *Journal* of the Association.

Yours, &c.,

London, Aug. 20.

M. B. M. A.

We cordially acquiesce in our correspondent's opinion that a medical journal should have no general politics, but we altogether dissent from the old-fashioned proposition that medical practitioners should have no political opinions of their own, and we hold that a medical journal ought to urge its readers to support an eligible medical candidate irrespective of his Toryism, Liberalism, or Radicalism.

**The British Dental Association.**—This Association held its fifth annual general meeting at Cambridge on Thursday, Friday, and Saturday last, under the presidency of Mr. Richard White, L.D.S. Eng., of Norwich. The members present, about one hundred and fifty in number, included Sir Edwin Saunders, Mr. John Tomes, F.R.S., Dr. John Smith, President of the Royal College of Surgeons of Edinburgh, and President of the Association during the past year, Mr. C. Spence Bate, F.R.S., of Plymouth, Professor Stack, of Dublin, and representatives from all parts of the United Kingdom. The meetings were held in the large hall of the Union Society, which most liberally placed the whole of its commodious premises at the disposal of the Association. At the business meeting, held on Thursday morning, the Treasurer reported a balance in hand of over £600, and the Hon. Secretary, the election of some fifty new members during the past year. It was decided that the next annual meeting should be held in London on August 19th, 20th, and 21st, 1886, under the presidency of Sir Edwin Saunders. The retiring President (Dr. John Smith, of Edinburgh) then delivered his valedictory address, in which he deprecated interference on the part of the Association, as far as possible, with the horde of irregular practitioners who prey upon the public, since the latter was apt to look upon such prosecutions rather as persecutions, and had usually only itself to blame for what it suffered at the hands of such pretenders. Mr. R. White, the President-elect, afterwards delivered his inaugural address, which was devoted to a consideration of the educational, social, political, and scientific prospects of the dental profession. Thursday and Friday afternoons were devoted to the reading and discussion of papers on subjects of professional interest, whilst Friday morning was occupied with practical demonstrations of various operations in dental surgery and technical processes. Different methods of filling teeth with gold were shown by Messrs. Storer Bennett, of London, Cooke Parsons, of Clifton, J. J. Andrew, of Belfast, Balkwill, of Plymouth, and A. Jones, jun., of Cambridge; whilst other operations in dentistry were exhibited by Messrs. N. Pedley, of London, Verrior, of Weymouth, Bogue, of New York, Cunningham, of Cambridge, &c. There were also on view interesting collections of pathological specimens contributed by members of the profession, and of instruments and appliances sent by well-known makers. The usual social element of such gatherings was not absent, the programme including a *conversazione* at Peterhouse, a garden party at Downing, and a dinner in the hall of Caius College. On Saturday a large party of members and friends took part in an excursion up the Cam to Clayhith, followed by a visit to the cathedral city of Ely. Thanks to the admirable arrangements of the local committee, and especially of the local secretaries, Messrs. Cunningham and Rhodes, the meeting passed off most successfully and pleasantly, notwithstanding the ungenial state of the weather.

## Literary Notes and Gossip.

THE Empress Augusta of Austria has offered a prize of eight hundred dollars for the best portable hospital or sick-room tent for use in time of war and during epidemics. The premium will be awarded in connection with the Antwerp Exhibition.

WE are promised this month the "Life of Sir Robert Christison, Bart., M.D., D.C.L." An autobiography edited by his sons. Such a work will possess interest above the common for the profession, inasmuch as few occupied a more prominent position in it during the last half century of medical education and reform than the illustrious Edinburgh professor.

HIRSCHWALD, of Berlin, announces the publication of a third edition of R. Liebreich's "Atlas of Ophthalmoscopy." "Darstellung des Augengrunds un Gesunden und Kranken Zustande." Price, 32 m. "A Handbook of the Surgical Diseases of the Ear," by H. Schwarze, is announced by Enke, of Stuttgart.

A WRITER in an American contemporary, the *New England Medical Monthly*, deploras the debasement of the literature of circulars by the names and addresses of prominent New York physicians which are now printed on carpenter's and plumber's circulars as advertisements. Since literary enterprise has stooped to tradesmen's handbills, we would suggest as the next step—their tools.

THE death is announced, at the ripe age of 82, of Mr. Thoms, F.S.A., the projector and for many years editor of *Notes and Queries*. Deceased began life in the office of Chelsea Hospital, and became an author of repute almost before he was out of his teens. For years he held the post of Librarian to the House of Lords, which he resigned in consequence of advanced age. Mr. Thoms is succeeded in the editorial chair of *Notes and Queries* by Dr. John Deran.

DR. G. L. AUSTIN, of Boston, U.S.A., has written a book, and having, doubtless, some misgivings as to its success, solicited the services of Mrs. Mary Livermore before casting it on the perfidious waters of public opinion. That lady, whose commendatory epistle prefaces the said book, is good enough to be "especially thankful to Dr. Austin for his disparaging words concerning the unclean army of gynecologists." She "regards these specialists as a pestiferous set, and the bare mention of them is the same in its effect upon her as a red rag to a bull." What have American gynecologists been doing to this estimable lady?

MR. J. BRINDLEY JAMES has arrived at the conclusion that "it has been reserved for modern scientific investigation to demonstrate that in certain persons' mind, sensation and volition can be thoroughly controlled by the suggestive ideas of another individual." Well, perhaps it is so; but if it is, then history is a fable, and Mr. James is a discoverer of the first magnitude. We still think, however, that history does not err, and feel convinced that Shakespeare, not to mention earlier writers, has "demonstrated that," &c. "The Influence of the Mind over the Body" is the title of the paper in which Mr. James develops his theories; it is very entertaining.

TWO papers on cholera have been recently published—one from the pen of Professor Burdon Sanderson, based on the lecture he recently delivered before the Royal Institution; the other by Dr. Cameron, M.P. Professor Sanderson considers cholera, like other epidemic diseases, owes its power of spreading to a living and self-multiplying organism, though he hesitates to admit that Koch's comma bacillus is the specific organism. The liability of a locality to attacks of cholera depends on the physical character of the soil, and certain changes which it undergoes in the course of the seasons; but no combination of soil and season will produce a harvest unless the seed has been sown. Dr. Cameron accepts the bacillary hypothesis, and contends that Dr. Ferran's inoculations have done as much to prevent cholera as vaccination has to prevent small-pox!

THE Spanish inventor of cholera vaccine seems to have successfully qualified himself to occupy a prominent place in that part of the temple of fame reserved for impudent quacks. That his whole system is one magnified imposture is now pretty generally conceded, and his offer to put his services at the disposal of the Marseilles authorities—at what price was not mentioned—has very properly been rejected. One cannot, however, help a certain amount of admiration for the man's unblushing effrontery, nor is it possible to forget his naïve remark to the effect that it paid him better to coin money by so-called vaccination with a secretly-prepared fluid than to give his secret to the world, trusting to national gratitude for his reward. As it is, he must have netted at least fifty thousand pounds by his proceedings.

WHAT discoverers have to expect when they give their secrets to mankind has always been pretty well understood, and Ferran might have had the example of Dr. Warburg in his mind when he refused to give up his mixture without first receiving the promise of a reward. The inventor of Warburg's tincture revealed the formula of his priceless creation, trusting to the generosity of mankind to show a due appreciation of the boon he thus conferred upon suffering humanity, and now in his old age he is barely able to supply himself with the necessaries of life. Can we wonder that men are chary of courting fame at the expense of bread when such examples are ever before their eyes?

AT the time of their delivery in January last, we drew attention to the admirable series of "Cantor" Lectures which Dr. G. V. Poore had undertaken to address to the Society of Arts. The subject of the three discourses was "Climate in its Relation to Health," and they embodied an amount of practical information so eminently useful to medical men that the interest they awoke in the profession was easily understood. We are glad to find that Dr. Poore has now issued the lectures in a collected form, and thus made them more generally available than when they existed only in the buried leaves of a periodical. The wide circulation of the pamphlet would be attended with much benefit in every way, and people on the look-out for another abiding place for health's sake will especially gain by its perusal.

SOME six thousand feet above sea level, situated on a beautiful plateau in the Upper Engadine, there has been recently erected a magnificent hotel—*Kursaal de la Maloja*—for the purposes of amusement and instruction of the numerous visitors who reside or pass through the Maloja. Dr. Wise, the resident physician, has started a newspaper, which, as evidencing the varied capacities of the said hotel and its staff, is a highly creditable production. Few hotels can boast of an editor and printing establishment within its walls, and we hope the enterprise will be rewarded with the success it deserves. Already we hear good accounts of the Maloja district as rivalling even St. Moritz, and more than one member of the profession who has passed thither during the present season speaks very highly of the locality and of the hotel, with which the journal here referred to is connected.

THE authorities of the Chelsea Hospital for Women have resolved to raise a memorial to the late Sir Moses Montefiore by collecting a sum of £1,500 wherewith to name a ward in memory of the deceased philanthropist and endow a bed in his name. Practically the object is to pay off a portion of the debt under which the hospital labours, and the decease of its late centenarian governor offers a fitting opportunity for appealing to the charity of the public. It cannot be denied that the conversion of a ward of the hospital specially to the service of Jewesses will be a great boon to the Hebrew community in London, since there is no hospital specially devoted to the diseases of women in which such wards exist, although the London Hospital freely admits Jewish women so affected into its Hebrew ward. The object of the Montefiore memorial fund is a good one, and we trust it may succeed.

IN the new edition of Mr. Alder Smith's useful little treatise on "Ringworm; its Diagnosis and Treatment" (London: H. K. Lewis), a good deal of fresh matter has been added. The subjects of diagnosis and of treatment have been practically rewritten, while other portions have been enriched. A short sketch of the history of the disease and a reference to the latest researches has been prefixed. A fifth plate of considerable beauty has been added to those

already published, showing the mycelium and conidia on a stump from chronic ringworm. The armamentarium for treatment has been increased by the introduction of the pure oleates of coffee and mercury, as originally recommended by Dr. Shoemaker in the oculus of this journal, and other drugs. We cannot speak too highly of the excellent arrangement of the whole. We anticipate for the work an even greater measure of success than the two former editions have had.

THE appearance of the third edition of Dr. George Oliver's convenient little bedside companion, on "Bedside Urine Testing" (London: Lewis), is the best evidence of its success. The principle of the author is portability. The completest system of urine analysis is, for the ordinary purposes of the clinician, of little value, unless it be adaptable to the cramped space in which he has, of necessity, sometimes to work. The introduction of test-papers was, therefore, a considerable advance on more cumbersome methods, and if the possibilities predicted of them had proved correct, nothing more could have been desired. But, while admitting their value, from clinical experience we are not quite satisfied of their entire accuracy. Still, in ordinary practice, the chances of error are comparatively slight, and the readiness with which the test can be applied will probably ensure their being used, when otherwise full examination of the urine would have been omitted. In this edition several chapters have been added, and the worth of the work much enhanced by the record of results obtained by the author during the past twelve months. The book is pleasantly written and well got up.

A SECOND edition of Lee's "Lectures on Children's Diseases" (Baillière, Tindall, and Cox), is now before us, the first we understand having been exhausted in a couple of months. The lectures comprised in this unpretending little volume, the majority of which originally appeared in these columns, embrace within their limits a not inconsiderable number of children's diseases, and amongst them many of the most important ones. From the practitioner's point of view those diseases may be considered the most frequently met with, or those which are the most difficult to treat successfully. Few will deny that rickets, diseases of the skin, whooping-cough, diarrhæa, syphilis, enlarged glands, and ulcerations of the skin, which are amongst the subjects treated of, may be classed under one or the other category. The lectures reveal an acuteness of perception, extensive reading, and breadth of thought, and thus show themselves the work of an accomplished physician. To the practitioner they are better than systematic, they are eminently practical, and as such will well repay careful study. The writer has had an immense field for observation, and made use of it to good purpose, so that on subjects on which he has arrived at definite conclusions, and he has done so in many, what he says is worthy of thoughtful consideration. We can heartily recommend the lectures to all interested in children's diseases, whether students, or junior or older practitioners.

NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our last list, July 29:—Contributions to Pathology and the Practice of Medicine, by J. R. Wardell, M.D. Ed. The Saline Waters of Leamington, by F. W. Smith, M.D. (2nd edit.) Cholera Curable, by John Chapman, M.D. Unbelief, by Maurice C. Hime, LL.D. Sanitary Suggestions, by Sampson Low, B.A. The Climate of Llandudno, by Jas. Nichol, M.D. Diseases of the Kidneys and Urinary Derangements, by C. H. Ralfe, M.D. Cantab. Proceedings of the Liverpool Medical Institution, Vol. IX.

SURGEON-GENERAL T. W. FOX, principal medical officer on the staff of General Stephenson, commanding the army of occupation in Egypt, has been selected for staff service in India.

THE Deputy Coroner for Westminster refused, at an inquest held on Monday, to receive a rider of censure on the medical authorities of St. George's Hospital, because it was against the weight of evidence. The coroner is not a medical man, and we the more cordially thank him for his defence of the profession.

## Notices to Correspondents.

**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.

**READING CASES.**—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, may now be had a either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

**LOCAL REPORTS AND NEWS.**—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

**FLUOR (Manchester).**—Not at all; the discrepancy in analyses has been discovered and adjusted in the last edition.

**MR. THOMAS (Neath).**—We would not advocate the claims of Mr. Erichsen or any other candidate for his politics, but on principle, because he is a medical man. As medical journalists, we have nothing to do with the politics of any candidate except if his avowed principles are opposed to the interests of our common profession, in which case we should use every influence in our power to destroy his chances.

**A THIRD YEAR'S MAN.**—A new edition is, we hear, in active preparation. The announcement of a definite time for publication is not yet made.

**DR. GRIGG (Mayfair).**—Having given space to both sides of the controversy in our issue for August 19th, and, moreover, as the correspondent concerned is abroad (travelling), we do not think it desirable to re-open the question.

**DR. BARBER.**—No one of the scientific experts who have been in communication with Dr. Ferran respecting the latter's pretended discovery has expressed himself in any way satisfied with the results of the inquiry. Two of the most eminent—Dr. Brouardel, of Paris, and Dr. Von Ermengem, of Brussels—are both disgusted with the palpable pretensions of the Spanish physician, and show that they are so very plainly by their expressed ridicule of the methods and knowledge peculiar to Ferran. There can no longer be any doubt that the man is a mere impostor.

### THE BRADLEY FUND.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I enclose a further list of subscriptions, which I shall be glad if you will kindly publish in the next issue of your journal.

I remain, Sir, yours faithfully,

RICHARD JEFFREYS.

Eastwood House, Chesterfield, Aug. 26th, 1885.

Sir Prescott Hewett, Bt. .. £10 10 0	Mr. G. B. Morgan .. £1 1 0
Sir James Paret, Bt. .. 5 5 0	Mr. J. W. Bramwell .. 1 1 0
Dr. Wilson Fox .. 5 0 0	Dr. W. Stewart .. 1 1 0
Mr. J. W. Hulke .. 3 3 0	Mr. J. Wright Baker .. 1 1 0
Dr. Hughlings Jackson .. 3 3 0	Dr. H. Radcliffe Crocker .. 1 1 0
A Friend .. 3 3 0	Mr. Thos. Collier .. 1 1 0
Sir J. Fayer, K.C.S.I. .. 2 2 0	Dr. J.rysdale .. 1 1 0
Dr. Lionel R. Beale .. 2 2 0	Mr. Francis Mason .. 1 1 0
Mr. Chas. Higgins .. 2 2 0	Dr. J. Shearwood Roberts .. 1 1 0
Dr. Ogle .. 2 2 0	Mr. Henry Power .. 1 1 0
Mr. Henry F. Butlin .. 2 2 0	Mr. Bruce Clarke .. 1 1 0
Dr. Jackson .. 2 2 0	Dr. F. De Havilland Hall .. 1 1 0
Mr. E. Nettleship .. 2 2 0	Dr. John Harvey .. 0 10 6
Dr. Thos. Barlow .. 2 2 0	Dr. Samuel Morton .. 0 10 6
Dr. Macnaughton Jones .. 2 2 0	Dr. K. Gaylor .. 0 10 6
Mr. J. Leuder Branton .. 2 2 0	Dr. Alfred Harvey .. 0 10 6
Dr. Felix Semon .. 2 2 0	Dr. Chas. Vokes .. 0 10 6
Dr. James F. Goodhart .. 1 1 0	Dr. W. J. Irvine .. 0 10 6
Dr. W. Murray .. 1 1 0	Dr. Kaye .. 0 10 0
Dr. J. Lungdon Down .. 1 1 0	Dr. J. A. Malcomson .. 0 10 0
Mr. Chas. J. Bracey .. 1 1 0	Dr. Gibb .. 0 10 0
Mr. E. B. Whitcomb .. 1 1 0	Mr. R. N. Hobson .. 0 10 0
Dr. T. Cargill Nesham .. 1 1 0	Mr. E. S. Hob-on .. 0 10 0
Dr. Elliott .. 1 1 0	Mr. W. J. Lancaster .. 0 10 0
Mr. J. Vose Solomon .. 1 1 0	Mr. Thos. F. Hopgood .. 0 10 0
Dr. Heywood Smith .. 1 1 0	Dr. Philip F. Fentem .. 0 10 0
Mr. Jas. E. Lownds .. 1 1 0	Mr. John P. Bradley .. 0 10 0
Mr. Edward Skinner .. 1 1 0	Mr. G. Everitt Norton .. 0 10 0
Dr. W. J. Cleaver .. 1 1 0	Mr. B. T. Woodd .. 0 10 0
Dr. Edward Jackson .. 1 1 0	Mr. Chas. Evans .. 0 5 0
Dr. W. E. Parkes .. 1 1 0	Mr. F. J. Burman .. 0 2 6

**MR. DENTON.**—Any information likely to be of general service to our readers will be welcomed. Judging from the outline there seems a probability that it will be extremely useful. You had better write.

**DR. FEARNLEY.**—Not as regards the knee-joint. Amputation gives infinitely more encouraging results.

**DR. W. C. (West Kensington).**—1. It is against our rule, except in a matter of urgency, to insert letters which have already appeared in a contemporary. 2. The gentleman personally addressed is abroad; he will see your letter on his return.

**DR. PEARSE (Plymouth).**—Letter crowded out at press; will appear in our next.

**SURGEON AND AGENT.**—Legally there is no such allowance. Anything of the kind is in the nature of a gratuity, and, as such, optional.

**MR. BAILEY (Ramsgate).**—The history of the case decidedly suggests that the growth is malignant. It would, however, be advisable to puncture it as a preliminary diagnostic measure. The usual duration is two years, but this time may, of course, be exceeded or shortened considerably.

## Vacancies.

**Birmingham General Dispensary.**—Resident Surgeon. Salary, £150 per annum, with furnished rooms, &c. Applications, with testimonials, to the Secretary, on or before September 22.

**Bristol General Hospital.**—Physician's Assistant. Salary, £50 per annum, with board, &c. Applications to the Secretary, on or before September 9.

**Coventry and Warwickshire Hospital.**—House Surgeon. Salary, £100 per annum, with board, lodging, &c. Applications to the Secretary on or before September 10.

**Ebbw Vale, Monmouthshire.**—Surgeon (married) to take charge of an Ironworks and Colliery District. Salary, £550 per annum. Applications, with testimonials, to W. Dayson, Secretary, Doctors' Fund Committee, Ebbw Vale, Mon., on or before September 30.

**Granard Union, Finnea Dispensary.**—Medical Officer. Salary, £116 and fees. Election September 9.

**Kent County Lunatic Asylum.**—Assistant Medical Officer. Salary, £120 per annum, with furnished apartments, &c. Application, with testimonials, to the Clerk to the Committee of Visitors, on or before September 10.

**Leeds.**—General Infirmary.—Resident Obstetric Officer. Salary, £100 per annum, with board and residence. Applications to Mr. Blair, General Manager, before September 10.

**Manchester Royal Infirmary.**—Resident Surgical Officer. Salary, £150 per annum, with board and residence. Applications, with testimonials, to the Chairman of the Board, on or before Sept. 12.

**Newport Infirmary and Dispensary.**—House Surgeon. Salary £100 per annum, with board, &c. Applications, with testimonials, to the Secretary not later than September 12.

**Pontefract General Dispensary, Yorkshire.**—Resident Medical Officer. Salary, £180 per annum, with furnished rooms, &c. Applications, with testimonials, to G. St. J. Oldham, Esq., The Dispensary, Pontefract, on or before September 8.

**Preston and County of Lancaster Royal Infirmary.**—Senior House Surgeon. Salary, £100 per annum, with board, &c. Applications, with testimonials, to the Secretary, on or before September 11.

## Appointments.

**DOW, W. O., M.B., C.M.Ed.,** House Surgeon to the Ayr County Hospital, EVANS, R., L.R.C.P. Ed., M.R.C.S., Assistant Medical Officer to the Workhouse and Infirmary, Hackney Union.

**GORDON, W. S., M.B., B.Ch. Dub.,** Resident Medical Officer for the District Lunatic Asylum, Mullingar.

**KING, J. C., L.R.C.P. Ed., L.R.C.S. Ed.,** Medical Officer to the Castlepollard Dispensary, co. Westmeath.

**MCCLURE, H., M.D., M.Ch. Q.U.I.,** Medical Officer for the Cromer District of the Erpingham Union.

**MAJOR, H. C., M.D., C.M.Ed.,** Honorary Medical Officer to the Bradford Fever Hospital.

**MEARS, R., L.R.C.P. Ed., M.R.C.S.,** Medical Officer for the Atherstone District and Workhouse, Atherstone Union.

**OWEN, D. C. L., F.R.C.S.I.,** Consulting Ophthalmic Surgeon to the Children's Hospital, Birmingham.

**RODWAY, E. A., L.S.A. Lond.,** Medical Officer for the Hamsterley District, Auckland Union.

## Births.

**GALLOWAY.**—August 22, at Epping, the wife of Arthur Wilton Galloway, M.R.C.S., L.R.C.P. Lond., of a son.

**BALL.**—August 23, at 46 Queen Anne Street, London, W., the wife of F. de Havilland Hall, M.D., F.R.C.P., of a son.

**TEEVAN.**—August 24, at St. Kevin's Park, Rathmines, the wife of Deputy Surgeon-General Teevan, J.P., of a son.

## Marriages.

**CASTOR—JOHNSTON.**—August 24, at St. Saviour's, Haverstock Hill, Christian Francis Castor, M.B., to May, second daughter of William Johnston, London.

**COX—HARCK.**—August 25, at Didsbury Parish Church, Richard Percy Cox, M.D., of Iowdon, Cheshire, eldest son of the late W. H. Cox, M.R.C.S., of Manchester, to Louisa Leonides Johanna, eldest daughter of Charles Haugk, Esq., of Didsbury.

**GERMAN—SWAN.**—August 27, at Holy Trinity Church, Hartshill, Frederick Francis German, L.R.C.P., L.R.C.S., of Peasforth, Liverpool, to Evelyn Margaret, younger daughter of the late Thomas Carey Swan, of Eccles, Manchester.

**GILBERT—FIELD.**—August 26, at the Parish Church of St. Stephen's, Hammersmith, Robert Gilbert, M.B., C.M., late of West Ham, Essex, to Eleanor Sarah, eldest daughter of the late Edward Field.

**MANSSELL—MOULLIN—THOMAS.**—August 30, at All Saints' Church, Highgate, Charles Wm. Mansell-Moullin, M.D., F.R.C.S., Fellow of Pembroke College, Oxford, to Edith Ruth, eldest daughter of David Collet Thomas, of Woodlands, Highgate.

## Deaths.

**BURKE.**—August 21, at Loughrea, John Burke, J.P., M.D., B.A., &c., aged 43.

**CHALMERS.**—August 21, David Chalmers, M.D., of Slades, Bramley, Surrey, and formerly of Everton, Liverpool, aged 74.

**DAYMAN.**—August 19, at his residence, Brooklands, Millbrook, Southampton, Henry Dayman, F.R.C.S., aged 76.

**ISEBELL.**—August 27, at 2 Wyebank, Broomy Hill, Hereford, Edwin James Isbell, M.R.C.S., aged 68.

**JONES.**—August 25, at Lichfield House, Weston-super-Mare, William Jones, F.R.C.S.E., aged 73.

**KALI—CH.**—August 23, suddenly, Dr. M. Kalisch, of 35 Longridge Road, South Kensington.

**TEEVAN.**—August 26, at St. Kevin's Park, Rathmines, the wife of Deputy Surgeon-General Teevan, J.P., aged 51.

**WARDLE.**—August 21, at Brighton, John Richard Wardle, M.D., F.R.C.P., of Calverley Park, Tunbridge Wells, aged 65.

# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 9, 1885.

CONTENTS.		PAGE	PAGE
<b>ORIGINAL COMMUNICATIONS.</b>		<b>TRANSLATIONS.</b>	
The Treatment of Placenta Prævia. By J. Braxton Hicks, M.D., F.R.C.P. Lond., F.R.S. Consulting Physician-Accoucheur to Guy's Hospital; Examiner in Midwifery, Royal College of Physicians, London. ....	223	<b>BIOLOGICAL EXCERPTS—</b>	Microbe of Yellow Fever .....
The Nature and Treatment of Gout. By Dr. W. Ebstein, Professor of Medicine and Director of the Medical Clinic at the University of Göttingen. ....	224	Inhibition in Epilepsy .....	Skeleton Tracheotomy Tube .....
The Latest Teachings of the Hôpital du Midi, Paris. By C. R. Drysdale, M.D., Senior Physician to the Metropolitan Free Hospital, and to the Rescue Society; President of the Willan Society. ....	226	Experimental Arthropathy .....	Surgeons and Anatomy .....
History of the Progress of Laryngology from the Earliest Times to the Present. By Gordon Holmes, M.D., Physician to the Municipal Throat and Ear Infirmary, London; Consulting Physician to the Sheffield Ear and Throat Hospital .....	228	The Resistance of the Arterial and Venous Walls .....	The Action of Lightning in Paralysis .....
<b>CLINICAL RECORDS.</b>		Salicylate of Methyl .....	Multifetal Pregnancy .....
North-Eastern Hospital for Children—Case of Obstinate Pemphigus Under the care of Dr. Armand Sempé .....	231	Cocaine .....	
<b>FRANCE.</b>		The Excitability of Motor and Sensitive Nerves .....	<b>SCOTLAND.</b>
Conservative Surgery .....	232	Chemical Composition of Teeth .....	Cholera Scare at Leth .....
		Experimental Therapeutics .....	Outbreak of Small-Pox in Edinburgh .....
			Edinburgh—Health Statistics .....
			Edinburgh Cottage Hospital for Women and Children .....
		<b>LEADING ARTICLES.</b>	<b>LITERATURE.</b>
		MEDICAL VOTES AND VOTERS .....	Selected Monographs .....
		THE POSITION OF THE C.D. ACTS .....	Cheyne's Antiseptic Treatment of Wounds .....
		FRENCH VIEWS OF ENGLISH MEDICAL CHARITIES .....	Louis Pasteur: His Life and Labours .....
		<b>NOTES ON CURRENT TOPICS.</b>	<b>CORRESPONDENCE.</b>
		"Spinning" in Asylums .....	Dr. Bradley's Case .....
		Poisoning from Domestic Medication .....	The International Medical Congress of 1886 .....
		Quinine from Coal-Tar .....	Inoculation against Cholera .....
		Poisonous Honey .....	"The London Gazette" .....
		Typhoid Outbreak at Ashford Schools .....	Administration of Narcotics to Infants .....
		A New Microbe .....	Cocaine in Asthma, Hay Fever, &c. ....
		A Centenari in Scientist .....	Medical News .....
		Curved Bacilli in Air and Water .....	
		Rapid Passage of a Needle through the Body .....	NOTICES TO CORRESPONDENTS .....

## Original Communications.

### THE TREATMENT OF PLACENTA PRÆVIA.

By J. BRAXTON HICKS, M.D., F.R.C.P. Lond., F.R.S.,

Consulting Physician-Accoucheur to Guy's Hospital; Examiner in Midwifery, Royal College of Physicians, London.

THE treatment of placenta prævia is always a subject that it is well from time to time to discuss, in order to review the various plans suggested for its treatment under the light of increasing experience. It is very gratifying to me to find Dr. James Murphy in his very practical paper on the subject in your issue of Sept. 2nd so fully alluding to the plan I have suggested, and bringing such a list of powerful advocates in its favour; it is also very gratifying to find that the author he so fully quotes—Lomer—is repeating almost word for word the remarks I have made in my little work on "Combined External and Internal Version," 1864, p. 26, on the adaptability of this method to the treatment of placenta prævia. But I am not intending now to discuss the whole question; my chief object in now writing is to note the following remark by Dr. Jas. Murphy:—"As the bipolar method, for some reason or other, has never been taken to kindly in England, the country of its invention. It seems to have been performed by Hamilton in 1822, by Lee in 1843, but was first brought prominently before the profession by Braxton Hicks."

In justice to myself I am anxious to point out that neither Robert Lee nor Dr. Hamilton, nor anyone in England ever employed both the external and internal hands together in either partial or complete version. What Robert Lee did was in cases of arm presentation in premature delivery, work on the foetus by the axilla till the leg presented. What Hamilton says he had done was to bring the head down in arm presentation, but the external hand was not used by either gentlemen as an active agent in turning. The only operator I have heard of, who used both hands—one outside and the other inside, both concerned actively in the manipulation

—was Dr. Wright, of Cincinatti, but only in arm presentations, where he, by raising up the breech of the foetus by the outer hand, thus assisted the inner hand to bring the head to present, or to produce cephalic version. This he did some few years before I published my cases, though I was not aware of it till many years after I published the work above quoted. I may, in passing, remark that the method I suggest is different from Dr. Wright's, using the external hand also to the head. But no one before myself had described the plan of complete podalic version, so that without entering the uterus, save by one or two fingers, we could almost always bring the foot to present instead of the head. Others in Germany had manipulated the uterus by both hands outside before labour to correct supposed mal-presentation, but this is very different from the very practical security, that in the presence of labour, induced or natural, we can rely with almost complete certainty on making the opposite pole of the child to present. There are many reasons why it has not been quite so much used in England as abroad, but it is much more so than Dr. Murphy thinks. The old proverb about a prophet in his own country fairly explains in part; the conservative habit of mind another part. Then in Germany obstetrics are taught, in England learnt. The exhibition of the operations done before a class is much more impressive, than read in the study, or not vigorously enforced in the lecture room. Again, I have not "stumped" the country with repetitions of cases, not because I had no confidence in the usefulness of the plan, but in the assurance that without such aid it would work its way, and thus its proper position would be better assured. But I may mention that my little work was very early translated into German by Professor Gusserow. It was very early employed in Russia, and is extensively used there. I am sorry to find that though Dr. Murphy has used the "combined external and internal version" later in the case, he has not employed it in placenta prævia at the first, for I think he will find it more sure in restraining hæmorrhage than other measures, less disturbing to the patient, and more independent of machinery. Some day he may be called to a case where

the os is small and rigid; the hæmorrhage continuing, or, as in some cases after separating the placenta, urgent; when he may have no Barnes' bags, no professional help, no forceps near. It may be then that he may try, and I feel sure will be pleased with the adoption of the plan I have suggested.

I cannot end without congratulating Dr. Murphy on his successful treatment of these troublesome and dangerous cases; nor without expressing my adhesion to much which he has said in his paper. His excellent results I think are largely owing to his adoption of the resolution to terminate pregnancy as soon as might be possible when it is known to be complicated with placenta prævia; this cannot be too strongly urged, and this I have for the past twenty years, both in class and private, insisted on, namely, that where the fœtus is viable and placenta prævia known to exist, arrangements should be made to induce premature labour, beginning dilatation with Barnes' bags. It may be necessary to induce labour *before* viability; but *after* the risk of fatal bleeding is too great to give away the perfect command of the situation we hold in hand.

## THE NATURE AND TREATMENT OF GOUT.

By Dr. W. EBSTEIN,

Professor of Medicine and Director of the Medical Clinic at the University of Göttingen.

Non fingendum, aut excogitandum, sed invenendum quid Natura faciat aut ferat.—Bacon

(Continued from page 26.)

### CHAPTER IV.—(Continued).

*The Action of Uric Acid and its Compounds, as well as of some Allied Chemical Substances on Animal Tissues and Organs.*

THE following experiments were instituted for this purpose:—The uric acid was in part put into water and shaken up, and partly dissolved by the aid of heat up to the saturation point in a five per cent. solution of phosphate of soda, and, after cooling, filtered. The latter solutions were neutral or very slightly acid. The reaction had no influence on the results. All the experiments were made with sterilised solutions under antiseptic precautions. Injections were now made into rabbits with such fluids, principally with the last-named uric acid phosphate of soda solution, into the peritoneal cavity, the anterior chamber of the eye, parenchymatous injection into the kidneys, the cartilage of the ear, and finally into the cornea. As regards the last-mentioned attempt, it made as little noticeable appearance of irritation as *magnesia usta*, which was made use of in the other eye for a control experiment. Just as little was any morbid condition demonstrable in the peritoneal cavity of a rabbit killed three months after injection of uric acid into it. Uric acid in suspension injected into the anterior chamber of the eye disappeared slowly within two weeks, but without leaving any inflammatory appearances visible to the eye. In the place where the uric acid lay, however, a clouding had remained in the lower part of the cornea. Parenchymatous injections into the cartilage of the ear gave rise to circumscribed hyperæmic spots, which remained for some days and then disappeared, leaving no trace. Parenchymatous injections into the kidney, made in such a way that the fluid injected made its way into the kidney, partly by percutaneous injection and partly by laying bare the kidney, resulted, when the animal was killed forty-five days afterwards, in small-celled infiltration of the kidney, extending far beyond the canal track of the puncture. These experiments were only performed in a few cases, as injection into the parenchyma of the cornea afforded a field for experiment in which the action of uric acid could be easily and unambiguously determined. If some of the uric acid phosphate of soda solution mentioned above be injected

by means of a fine needle into the cornea, a greyish-white cloudiness first arises, which, after some hours, so far clears up that it can only be recognised as a slight clouding by an accurately-focused light. This initial effect is also obtained by injections of sterilised solutions of five-per cent. solution of phosphate of soda. In the meantime, the clouding that thus arises disappears in from one to two hours, and none of those changes takes place afterwards that are constantly observed to take place when uric acid phosphate of soda is injected into the cornea. With the latter the initial cloudiness that arises does not quite disappear. One hour after the injections still no histological changes are recognisable in the tissue of the cornea. If the development of the process is observed later, the slight cloudiness that remains after the retreat of the initial grey-white opacity increases in intensity in the course of the next few days. In the part corresponding to the initial opacity—i.e., in that to which the fluid has penetrated—milk-white cloudings are developed. A breath-like cloudiness of the corneal tissue that appears in the circumference of these, again, disappears in the course of a week, but the milky cloudings remain. If the milky cloudings of the cornea are now examined microscopically, it will be seen that they are infiltrations of it. Such an investigation made two days after the injection of the uric acid phosphate of soda shows with fine sections of the cornea, of which Fig. 25 is a representation with a low power, patchy accumulation of round cells in the substance of the cornea.

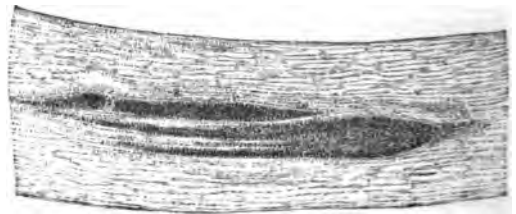


Fig. 25.

In the further circumference of these patches, also, disseminated round cells were found, and in large quantities in the tissue of the cornea. Neither crystalline deposits of urates nor necrosed patches were observed in these spots. If the infiltration of the cornea was now followed in its further course, in the spot where this had established itself a change was seen to take place in the course of the next few weeks which had the characteristics of a leucoma in an ophthalmological sense, and which, on microscopical examination, showed accordingly that it was composed of cicatricial tissue.

If a suspension mixture of uric acid was injected into the corneal tissue, the effect was almost exactly similar to that described. Only in one case did there take place about one week afterwards a crater-like loss of substance of a pure white appearance, which later on became covered again with epithelium, whilst a depression remained at the spot implicated. That in this case the effect was not due to the particles of uric acid suspended in the water was shown by the control experiments made with *magnesia usta*. Already after a few hours a considerable clearing showed in the place where the *magnesia* was deposited, and scarcely twenty-four hours afterwards, generally speaking, there was neither any trace of it to be discovered, nor any inflammatory changes to be verified.

These experiments prove that *chemically pure uric acid and its solution in phosphate of soda have an influence on certain tissues in a high degree injurious to their nutrition*, which can be most easily and conveniently followed in the cornea. The course of the keratitic process leaves no room for doubt that it could not have been due to the influence of septic matter; this is also shown without the slightest ambiguity by the simultaneous control injection on the other eye with the same syringe of the solution of phosphate of soda or of the mixture with *magnesia* in

suspension. If I now add to this that parenchymatous injections with two-per cent. solution of urea into the cornea of rabbit were absolutely without irritation, the conclusion does not admit of doubt that *uric acid has an especial irritant action on the tissue of the cornea of rabbits.*

I have now made similar experiments on the cornea of rabbits with a series of other products of metamorphosis, xanthine, guanine, kreatine, and hippuric acid. The two first, as is known, are very closely allied in their chemical constitution to uric acid. But the experiments were all negative. The hippuric acid only caused a cloudiness that remained some days in the neighbourhood of the puncture. This was not present, however, when the acid two-per cent. solution of hippuric acid, which was warmed previous to injection, was first neutralised by soda. All these solutions, after injection into the corneal tissue, cause no other changes than take place after the injection of a five-per cent. solution of phosphate of soda, the effect of which has been described above. The solution of kreatine was neutral, whilst in the case of the kreatinine, xanthine, guanine, the solution made use of was alkaline. Hypoxanthine was, unfortunately, not at my command.

#### CHAPTER V.

##### *Gout of the Human Subject from a Clinical Point of View.*

1. Various divisions of the group of gouty symptoms. Own division into *primary articular* and *primary renal gout*. *Local and general uric acid stasis.* Primary articular gout by far the most frequent form. With this, even when it reaches a high degree, the kidneys may remain sound to the end of life. In any case, the kidneys become affected much later than the joints. Attempt to explain the genesis of articular gout by the formation of uric acid in the muscles and marrow of bones. *The typical attack of primary articular gout.* An aseptic inflammation. Localisation of it; what assists its development. Why the urates only crystallise out in the necrosed parts. Gouty inflammations and changes in organs in consequence of primary articular gout. Significance of the secondary kidney affection for the occurrence of a generalised uric acid stasis. Relations of calculus and of rheumatic and other articular inflammation to gout. *Ætiology of primary articular gout.* The recognised perverse formation of uric acid in the muscles and marrow of bones is in the majority of cases a congenital and lifelong anomaly of tissue change. Predisposing factors. Inheritance of the gouty disposition. Relations of gout to diabetes mellitus. Course, prognosis, diagnosis, and treatment of primary articular gout.

2. Primary renal gout—*i.e.*, those cases of gout in which the kidneys are primarily affected, and in which the other organs are only secondarily affected, and usually to a lesser extent or not at all. Arthritis urtica as a condition consequent on nephritis. Relation of lead disease to primary renal gout. Primary renal gout is much rarer and much more dangerous than primary articular gout. Diagnosis and treatment of primary renal gout.

As I now enter upon the clinical questions affecting gout on the basis of the discussions contained in the foregoing chapters, we shall have the opportunity of proving in how far the views advanced clear up the numerous dark points in the question of gout of the human subject. I hope that these investigations will contribute to illuminate much that is problematical in the complicated symptomatology of gout.

Especially since Musgrave drew attention to the multiplicity of, and the Protean changes in, the forms of gout and established various kinds of anomalous gout, many classifications of the symptoms of gout have been attempted. It would be of no value to discuss them all in this place.

Garrod mentions the newer divisions of Cullen, Mason Good, and Hamilton. He himself, however, not contented with these, made a new classification of the gouty symptoms, which the majority of writers at present follow.

He arranges these under two principal forms—1. Regular Gout; and 2. Irregular Gout.

Regular gout, which may be acute or chronic, consists principally in a specific inflammation in or around one or more joints.

Garrod designates those forms as irregular in which serious disturbances of function or inflammations of tissue are observed which are not associated with the joints. They should, therefore, embrace those forms which have been designated as atonic, anomalously localised, recedent, insidious gout, or as extra-articular gout, &c. Whilst on the basis of my observations, I do not accept the dictum of Garrod that gouty inflammation is always accompanied by deposition of urate of soda in the inflamed parts, I accept Garrod's conception of irregular gout. The deposition of crystalline urates only takes place after the uric acid has destroyed the tissues; if it injures them to a lesser extent, if, for example, it only sets up inflammation of them, then the uric acid combinations, for reasons to be discussed later on, do not crystallise out in the tissues and organs. But these processes are also gouty, *i.e.*, they are caused by uric acid. Both are perfectly regular processes in the course of gout. They find their explanation in the above-explained mode of action of the gouty poison—*uric acid.*

Garrod's classification into regular and irregular gout acts far more confusingly than explainingly for the understanding of the subject; neither has it any significance practically after it has once become clear that the various organs may be damaged in varying extent and intensity by uric acid. On the contrary, I believe that we shall most easily understand the clinical history of gout, its ætiological and pathological relations, the varying course, the things relating to the grouping and sequence of symptoms, and the termination of the disease when we accept *two principal types* in gout—*viz.*, 1. *Primary articular gout*, and 2. *Primary renal gout*. It is common to both that they may be complicated with gouty diseases of various other organs. The first is by far the most frequent form. It affects by preference, but not exclusively, the well-to-do classes of the population. The second form, primary renal gout, is much less frequent. It threatens life much earlier than the first by the disturbances of the renal functions, which are present from the outset, and by the unavoidable conditions consequent upon these. Here belongs that first gouty symptom in serious kidney disease, especially in inflammations of the kidneys—*nephritis urtica*. The first category of patients, those who suffer from primary articular gout may die without the kidneys being found diseased, the second category often succumb to the gouty process, without the cartilage or any other organ than the kidney being affected.

This classification of gouty diseases has never been distinctly drawn, although, after what Dr. W. H. Dickinson has sketched out in short sharp lines on the basis of his own observation, it lies open to the view. In respect to this Dickinson speaks as follows:—

"The gouty affection of the kidneys may run its course without any other signs of gout.

"The gouty affections of the joints and those of the kidneys are associated as both arising from a common cause.

"When the disease attacks the joints we have the usual symptoms of gout; when the kidneys, the characteristic granular degeneration.

"It appears that in those cases in which the gouty affection is caused by alcoholic drink it attacks the joints by preference, but in those in which it can be traced to lead poisoning, it specially attacks the kidneys.

"The rich man rejoices in a long life with the gout in his extremities; the handicraftsman succumbs to the like disease of the kidneys before his joints are affected."



## THE LATEST TEACHINGS OF THE HOPITAL DU MIDI, PARIS.

*Being the Presidential Address at the Opening of the  
Second Session of the Willan Society of London  
in 1885.*

By C. R. DRYSDALE, M.D.,

Senior Physician to the Metropolitan Free Hospital, and to the Rescuer  
Society; President of the Willan Society.

GENTLEMEN,—For many centuries the diseases of the skin were ill-studied and misunderstood, physicians thought them beneath their notice, and abandoned their treatment to empirics. At the end of last century Plenck, of Vienna, and Willan, of London, commenced to throw some light upon this dark region of pathology. Willan and his pupil Bateman regularly defined the lesions observed in skin diseases, and gave a precision to the nomenclature of these affections. In France, Bielt, followed by Gibert, Cazenave, and Devergie, took up this subject, so that by their labours a skin disease was named as easily as a plant by a botanist.

When we study these diseases we begin to find out that the form is only a secondary consideration, and recognise that the same disease may at one time be vesicular, at another pustular, at another squamous. For instance, in scabies and eczema we may see simultaneously both vesicles, pustules, and squamæ. The nature of the disease has, therefore, become of late the more important point in classification; and now that we possess a knowledge of the graphic characters of skin affections, our business is to elucidate the question as to their nature, and to endeavour to discover to what natural group each belongs, just as in the human race we are not certain of the personality of any one individual unless we know what is his surname. Eruptions have also a family name which gives us an idea as to their cause, progress, relapses, and treatment. In scrofulous affections of the skin, for instance, and in syphilitic skin diseases, the eruptive form evidently holds the second place in the disease, whilst the question of their nature ought to be placed in the foremost rank. Willan divided the elementary lesions of skin disease into eight groups. Maculæ, exanthems, vesicles, bullæ, pustules, papules, squamæ, and tubercles. Since his time Hardy has added three others, viz., blood stains (purpura), sebaceous alterations, and parasitic productions. Turner, in 1774, classed cutaneous diseases into those of the hairy scalp (tinea), and those of the skin (dartrous). In the classification of Willan and Bateman, measles, varicella, and variola, diseases so analogous that no one nowadays hesitates to group them as one class, figured—(1) among the exanthems, (2) among the vesicles, and (3) among the pustules, thus placing small-pox in the same category with impetigo and ecthyma. No therapeutic practice could be based on such a classification as this; and it was, therefore, gradually abandoned. In 1776 Plenck, a Vienna physician, divided diseases of the skin into fourteen groups, but he made some groups which were useless, such as crusts and ulcerations, which were only the products of inflammation at a certain point. The next division was that of Lorry, in France, who divided skin diseases into those which arose from an internal, and those from an external, cause. Alibert, of the Hôpital St. Louis, of Paris, an eloquent professor, was a great opponent of Willan's classification. He proposed another, and sought to do what Jussieu undertook for botany, i.e., he tried to establish a natural dermatological classification. He was, however, unlucky in the choice of his names, and hence his system was not carried out.

During this century we have had quite a host of celebrated names in this department of medicine, Erasmus Wilson, Hutchinson, Startin, Tilbury Fox, Milton, Squire, and many others yet living in this country and in Scotland, and Hebra and Kaposi, in Vienna, and other able names which I have not space to mention.

Gradually a true and scientific knowledge of this part of medicine is being laid down, although there is quite enough left, we may be sure, to stimulate to further exertion, and I trust that the Willan Society may prove one of the most useful fields for the study of these very common and disagreeable affections.

Classification of skin diseases are all rather imperfect, but the one proposed by Dr. Hardy, of Paris, has always seemed to me very useful in practice.

The first class of skin diseases embraces deformities and maculæ, the affections named ephelis, vitiligo, and lentigo. Warts, molluscum, ichthyosis, and keloid are to be found in this class. Local and surgical treatment alone are of service.

The second class, that of local inflammations, comprehends erythema, urticaria, herpes, ecthyma, and pemphigus. Local and general antiphlogistic remedies are indicated here.

Parasitic diseases of the skin, the third class, contains itch, sycosis, herpes circinatus, and favus. The destruction of the parasite is here of prime importance.

The fourth class embraces the eruptive fevers such as scarlatina, measles, and variola, and I think syphilis may be placed in it. Vaccination is the preventive of variola, expectation the present treatment of scarlatina and measles, and specific treatment is necessary in syphilis.

The fifth class, that of symptomatic eruptions, comprehends the rose spots of typhoid, sudamina, purpura, and herpes labialis.

The sixth class is that of constitutional eruptions, including eczema, psoriasis, lichen, and pityriasis. These require constitutional treatment and also local applications.

The seventh class is that of scrofula, and this requires constitutional treatment.

The eighth class, cancer, is treated by excision.

Finally, there is a ninth class, which refers to the exotic diseases, such as tubercular leprosy, the treatment of which is not well understood in this country, as cases of them are so rarely met with.

I place syphilis among the exanthems, because it has now been discovered that that disease, just like the fevers, has a lengthened period of incubation, occasionally a time of high pyrexia, and after this a long period of eruptions, during which it is communicable. All this points to the view that syphilis, like the exanthems, is a germ-produced disease, and although it is not like variola or measles in the rapidity of their evolution, it resembles these diseases in the extreme rarity of second attacks of the disease. This shows that it is a zymotic or fermentative disease like them. I will take syphilis for the subject of my remarks this evening.

The Hôpital du Midi of Paris has long been noted for the careful attention paid by its staff to the complicated diseases classed as venereal. Those who are familiar with the literature of syphilis before the era of Ricord, Bassereau, Rollet, and Fournier, the latter gentlemen being pupils of M. Ricord, cannot fail to acknowledge that the gratitude of mankind is due to those most accurate observers for making that which was once shrouded in mystery plain and comprehensible to all.

Of all viruses, syphilis is one of the most interesting and instructive, since it is so varied in the symptoms it gives rise to, and so comparatively amenable to treatment. In passing, too, I may call to mind that it was in this disease that the idea of curing a malady by the inoculation of mitigated virus was largely experimented upon some years ago by my friends the late Dr. Boeck, of Christiania, and Dr. Auzias Turenne, of Paris, who in this matter were the forerunners of Pasteur and that modern school which promises us the cure of disease as well as its hygienic prevention by means of the introduction of such cultivated viruses into the system.

Having visited Paris in July last, I was anxious to compare the theories of London, as held by Mr. Hutchinson and other most distinguished writers, whose opinions are here held in such esteem, with those of the present

École du Midi, and to this purpose I paid a visit to my good friend M. Charles Mauriac, who is the worthy successor of M. Ricord as lecturer at that hospital. That gentleman gave me most categorical replies to my queries, and, at the same time, favoured me by handing me his work published last year, of 1,072 pages, entitled "Lectures on the Venereal Diseases delivered at the Hôpital du Midi," so that I was in a position to control the oral communications I had from M. Mauriac by an appeal to his written opinions.

In London at this moment there is a good deal of confusion concerning the division of these diseases. Mr. Jonathan Hutchinson, for instance, says that so-called *Dualism*, or the doctrine that there are two viruses of distinct nature, one of which produces the chancre of syphilis and the other the soft chancre, is dead. He asserts that the soft sore is a product of syphilis, and that it bears the same relation to syphilis as the abortive vaccine vesicle does to the true or successful vesicle. Mr. Cooper, too, in a most admirable work on syphilis, published this year, disclaims all belief in dualism, and holds that the soft chancre is no peculiar sore, but that it is possible to create such a sore afresh by means of some kinds of pus, such as that of ethyma or of acne. He bases this opinion upon certain experiments; and we may also remember that a late distinguished surgeon, Dr. Morgan, of Dublin, related in the Medical Society of London some years ago how that he had succeeded in producing soft sores upon syphilitic women by inoculating them with the secretions from their vaginas.

M. Mauriac is—and I share his views on this point—very sceptical as to the power we possess of producing afresh a sore so well-marked in its properties as the soft chancre is. He is indeed a pronounced dualist, and believes that the virus which produces the syphilitic sore never produces the soft sore, and again that the virus of the soft sore only produces that ulceration. There are three viruses—the gonorrhoeal, the soft chancre virus, and syphilis. The first of these three has always existed, is capable of being produced by ordinary irritation of the urethra, and will last as long as the human race lasts. On the other hand, the virus of soft sore is always derived from some person who has an ulcer of the same kind, and thus this form of venereal disease, as also true syphilis might be stamped out by hygienic care, and doubtless will in the long run disappear.

However well ascertained, says Mauriac, these facts are at the present day, to all non-prejudiced minds, many efforts have been required to make them triumphant. The confusion which commenced in the description of the venereal diseases in 1520 was universal in 1850. First of all the soft chancre was added to syphilis, and the chancreous bubo. Then came the turn of gonorrhoea, which Brasseavola made a symptom of syphilis. Until the year 1700 confusion reigned supreme. Benjamin Bell, Hernandez, and Ricord removed gonorrhoea from the category of syphilitic symptoms, but the virus of simple chancre and syphilitic sore remained confounded until the middle of our century.

Thirty-four years ago men still believed, and M. Ricord professed, that the two chancres are due to the same virulent principle, and that, if their consequences are in the one case local and in the other constitutional, this capital pathological circumstance only depends on conditions foreign to the virus itself and inherent in the soil in which it is implanted. After long struggles, which re-echoed afar off, and the memory of which is not effaced even now, a new doctrine, that of *dualism*, carried the day in Paris. It was to a French physician, Dr. Basereau, that the honour is due of having enforced this truth on the minds of all unprejudiced persons. In 1852 he assembled his proofs ascertained at the Hôpital du Midi. This is the real year from which all modern doctrines with regard to syphilis should be dated. Such are Mauriac's views: they are also mine. There is no doubt that gonorrhoea has always existed in the history of the

race; and soft sore has existed according to Mauriac in antiquity among the Greeks and Romans.

*Origin of Syphilis.*—Many writers of ability maintain that syphilis was common among the Greeks and Romans; but among the ancients one is struck with the absence of all documents on the subject. It has always seemed to me to be a kind of injustice to the physicians of antiquity to suppose that they should have been so blind as not to recognise a disease so evident as syphilis often is. Can we suppose that they were less observant than the practitioners of the Middle Ages? What happened when syphilis broke out at the end of the fifteenth century? It was not confounded with any other disease. Common sense, then, would make us believe that syphilis had a modern origin in Europe at least. As to the query whether the disease came to us from America or was spontaneously generated in Europe by a kind of Darwinian origin of species, this is still a very obscure point. But after examining all the evidence, the American origin of the disease and its first appearance in Europe in modern times seem to unite the greatest amount of probability in their favour. Authors who are persuaded as to the American origin say that it was on May 13, 1493, that the sailors under Columbus, on their return from the West Indies to Barcelona, imported the disease with them, a year before the appearance of the malady in Italy. Objectors point to an edict of Paris in March 25, 1793, which leaves no doubt as to the existence of syphilis in that city, and Battista Fulgoso, who was Doge in Genoa from 1478 to 1493, mentions that there was a new disease then which none of the physicians had seen before, and which they named *mal napolitain* in France, and *mal français* in Italy. Some years ago, too, a French writer, Captain Dabry, wrote a work on "Medicine among the Chinese," and alleged that the disease had been completely studied and described as far back as 2,637 years before Christ. Critical works have not failed to point out numerous unfounded assertions in this work of Dabry's, and the story has, I believe, been discredited.

Whether syphilis came, then, into Europe from America, or by more hidden routes from the East, or from Africa, it found everywhere in the Old World a virgin soil of remarkable fecundity, which communicated to it a vigour it had never before attained to, or since exhibited, although it is still extremely prevalent. Speaking historically, at any rate, we may say that the description of syphilis dates from the end of the fifteenth century.

Professor Joseph Jones has lately written a learned article upon syphilis among the aborigines of America. Bones dug up from the tombs of Georgia, Tennessee, and Kentucky present, according to that author, lesions which were indubitably caused by syphilis. There were symmetrical thickenings of the tibiae, of the cranial bones, and of the sternum, clavicle, and radius. "The diseased bones which I have collected (said Dr. Jones) in the stone tombs of Tennessee and Kentucky, are probably the most ancient existing on the globe. This discovery (he adds) appears to me to have a great importance in the history of specific and contagious diseases; it corroborates this opinion sustained by some pathologists that syphilis has originated in western countries."

The *virus of gonorrhoea* is not distinguishable by the microscope; but it probably resides in the solid parts of the pus, since the violence of the disease and its contagion are proportionate to the number of the pus globules. In the midst of these elements, there have, from time to time, been shown the existence of animal and vegetable parasites, such as the vibrio lineola, and the trichomonas; but said parasites do not by any means constantly exist in the fluids of gonorrhoea. Gonorrhoeal pus when inoculated produces scarcely any effect, unless it is inoculated on a mucous surface such as the urethra or the eyes, when, after an incubation of two or seven days, a purulent catarrh supervenes.

The *virus of soft chancre* is constituted by pus and sometimes by blood, and the organic *débris* which result from the melting down or gangrene of the tissues. It is

remarkable for its contagiousness, and for the extreme facility with which it is reproduced. The contagious principle in this case, as in gonorrhoea, probably adheres to the pus globules, and is constituted by them. M. Chauveau demonstrated this fact recently in the case of variola, vaccinia, and malignant pustule. M. Mauriac some years ago collected a sufficient quantity of virulent pus from soft chancres or virulent bubos, and separated it into two parts by filtration, the one serous, the other solid. He always had negative results when he inoculated the serous portion; but this also took place when the solid portion was used, so that the experiments were not of much use.

When such inoculations succeed what occurs? There is first of all a very short incubation, or rather no incubation, and there appears a small inflammatory papule. On the third day there forms at the top of the papule an elevation of the epidermis by a liquid, which is at first serous, than whitish, and then purulent. This becomes a pustule which is not slow to burst. This chancre is inoculable and re-inoculable every where on the same patient indefinitely. If the pus of simple chancres were to disappear for some years, it could not be created again like that of gonorrhoea; but Mauriac hazards the opinion that it would ere long be born again by the action of the unknown causes which have presided over its first formation. It is always circumscribed, and localised in a region or in an organ, and has no effect at all on the general organism.

The professor of the Midi at present teaches, as Ricord taught, that the virus of syphilis is not inoculable on the person who has syphilis. After the virus has been introduced under the skin, at the end of a variable time, twenty-five days on an average, and often much longer than that, a papule is seen at first dry, leaving in a short time an erosion by the falling of the epithelium. Shortly after this the base becomes indurated and the glands nearest begin to enlarge. Bidenkap and Morgan did not, says Lee, produce a soft sore, but another or inflammatory sore by these inoculations.

(To be concluded in our next.)

## HISTORY OF THE PROGRESS OF LARYNGOLOGY FROM THE EARLIEST TIMES TO THE PRESENT.

By GORDON HOLMES, M.D.,

Physician to the Municipal Throat and Ear Infirmary, London; Consulting Physician to the Sheffield Ear and Throat Hospital.

Il importe beaucoup de connaître l'histoire de la science à laquelle on s'attache.—Boerhaave.

### EPOCH II.—THE LARYNGOSCOPIC AGE.

(Concluded from page 200.)

*Anatomy.*—Anatomical researches, it must be allowed at once, owe little or nothing directly to the laryngoscope, although the educational study of the anatomy of the larynx has unquestionably become more general and been pursued with more attention owing to the extension in practice of laryngology.

Some facts of more or less importance in the minute anatomy of the larynx have been brought to light within the last quarter of a century. In 1859 Hubert von Luschka, (3) professor of anatomy at Tübingen, discovered a pair of small cartilages, about the size of a pin's head, in the tissues external to and below the apices of the arytenoid cartilages. He named them the "posterior sesamoid cartilages;" they are inconstant, occurring only in about 40 per cent. of cases. In 1873 he noted also that an "interarytenoid cartilage," a small fragment suspended almost centrally in the space between the arytenoid cartilages posteriorly, is exceptionally present in man. Such a cartilage is found, well developed, in the *gulo borealis* (glutton). Luschka published in 1873 the finest and most exhaustive work (4) hitherto seen on the anatomy of the human larynx.

It is illustrated by ten lithographic plates executed to perfection, depicting in sixty-nine figures the relations and parts of the organ, including microscopic sections, &c.

In 1874 P. Coyne, (5) in his graduation thesis at Paris, set forth some valuable researches on the normal anatomy of the mucous membrane of the larynx. The points revealed by this observer are:—1. The bed adjacent to the epithelium consists of a reticulated lymphoid tissue, like that found in similar relationship in the small intestine. 2. Closed follicles, similar to those of the small intestine, exist in the superficial part of the mucous derma, estimated at 30 to 40 in number. 3. On the free edge of the vocal band papillæ are found, "certainly vascular and probably nervous;" (6) they are best developed anteriorly.

*Physiology.*—Garcia's (7) observations with the laryngoscope at once made it objectively certain that all laryngeal tones, grave and acute, emanated solely from the vibrations of the vocal bands, and that the ventricular folds (false cords) had no obvious part in sonorous voice production. Czermak (8) further noticed that during the hermetic closure of the larynx which takes place in holding the breath for various efforts, &c., the ventricular folds were closely approximated, the outlet of the larynx being simultaneously much narrowed by the near approach of the arytenoid cartilages and the epiglottis. He also investigated with the laryngoscope the formation of the laryngeal consonants (*gutturales veræ*) from the faintest aspirates (*spiritus asper*, or "rough breathing," of the Greeks) to the intense *ââ* of the Arabs, &c. He observed that the production of these letters depended on various degrees of the same action as that required for hermetic closure, thus demonstrating the actual vocal functions of the ventricular folds. He thus afforded practical confirmation of the theories put forward in 1856 by the philologist, E. W. Brücke, (9) of Vienna.

In 1866 J. Wyllie (10), of Edinburgh, made some experiments on the detached larynx, with the object of ascertaining, amongst other questions, the mechanism of hermetic closure. He concluded that the chief factor in this action is a valvular disposition of the ventricular folds brought about by lateral pressure of the air which from below passes into and distends the ventricles. This experimental result appears to agree exactly with the theory of Galen.

*Pathology.*—To provide an easy method of studying visually conditions of an organ which previously could only be seen in the post-mortem room, must effect a revolution in the clinical practice of any department of medicine. The conception of such an occurrence is fully exemplified by the laryngoscope: in its invention the before almost impracticable science of laryngology at once became a busy and cosmopolitan specialty; whilst even the routine practitioner felt it a duty to make an accurate diagnosis in cases where vague, perhaps entirely wrong, inferences had before seemed all that could be fairly required from the physician.

The subject of laryngeal phthisis (a name which since the essay of Trousseau and Belloc had gradually been restricted to tubercular manifestations in the organ) has been studied diligently with the laryngoscope, and the objective phenomena of its progress, from the earliest to the final stages, have been noted with great accuracy by many observers. Notwithstanding the lucid description of Rokitansky, some incredulity prevailed for long afterwards as to the existence of laryngeal tubercle, but this has been gradually dispelled by the researches of Virchow, Förster, and others, but especially by those of Heinze, of Leipzig, who in 1873 published an extensive monograph on the disease. Heinze's work (11) is mainly founded on the microscopical examination of forty-seven cases (autopsies), in thirty-eight of which he found tubercle in every stage of development and decay. The book is fully illustrated by chromo-lithographs of the microscopic views. The obvious conclusion respecting laryngeal tubercle is that in consumptive patients the clinical features of phthisis of the larynx are in most cases, if not in all, accompanied by an actual deposit in the organ of the morbid product. (12)

The discovery of the tubercle bacillus in 1882 by Koch, of Berlin, has, of course, an important bearing on every form of phthisis and Fränkel (13), of the same city, has shown how, in doubtful ulcerations of the larynx, a diagnosis may be arrived at by removing with a brush some of the discharge from the surface of ulcers, and examining microscopically for the bacillus.

No more signal evidence of the value of laryngoscopy

could be adduced than that afforded by the history of growths in the larynx. Some centuries of pathological investigations under ordinary conditions brought to light scarcely forty cases, but under laryngoscopic inspection in less than two decades nearly a thousand instances have been published, whilst a far greater number have probably been observed and treated of which there is no printed record. The first case of a laryngeal polyp is appropriately due to Czermak (14); by 1871 the number published had reached to 189, and in that year Mackenzie (15) issued the details of 100 cases of his own, accompanied by full lucubrations based on these and all previous cases. But even this remarkable achievement was to be outdone, for, five years later Fauvel (16), of Paris, presented in print the history of 300 instances treated by himself. Thus, it may be seen that for many years the laryngoscopist treasured up all cases of laryngeal polyps, like gems which it was necessary to preserve and exhibit in suitable settings, but latterly the rather monotonous recapitulations of nearly similar instances have been almost crowded out of medical literature.

The general conclusions arrived at respecting benign growths in the larynx are that (a) they constitute about one per cent. of cases of laryngeal disease; (b) they are most frequent between 30 and 40 years of age; (c) three-fourths of them are situated on the free edge of the vocal bands; (d) as to histological nature, papillary growth greatly predominates (nearly 75 per cent.), and most of the remaining cases consist of mucous polypus like those of the nose (myxomata), or of fibrous tumours (fibromata), whilst a small number of glandular and vascular formations (adenomata and angiomata) complete the pathological series.

The curious occurrence of a tumour formed by eversion or prolapse of the ventricles has been observed first by Moxon, (17) in 1868, at an autopsy. The third case published was diagnosed by Leferts, (18) of New York, with the laryngoscope in 1876, and here both ventricles were everted.

Cancer of the larynx has been also extensively observed with the laryngoscopic mirror. The best account is that of Fauvel (19) who furnishes a minute description of 37 cases primitive in the organ. Of these 19 were encephaloid, 16 epithelioma, 2 doubtful, 16 certainly, and 10 probably began in the left ventricular fold. Secondary cases in which the larynx becomes involved by extension from the neighbouring parts have also been frequently met with. Here the observations of Butlin (19) on the modifications of cancerous structure, proper to various organs, which he has extended to the larynx, must not be overlooked.

Syphilis has also been well studied in the larynx, and besides the usual ulcerative phenomena the laryngoscopist has made practitioners clinically acquainted with the often consequent cicatrices which produce stenosis of the glottis by rendering the vocal bands adherent, or contract the channel of the windpipe in other situations; also with condylomata and gummata as very unfrequent manifestations in this part. The first descriptions of laryngeal condylomata are due to Gerhardt and Roth (20) in 1861, of gummata to Türk (21) in 1866.

On no division of laryngology has the laryngoscope thrown so much light as on that of laryngeal paralysis. In 1861 L. Mandl, of Paris, called attention to the fact that hoarseness and aphonia were markedly more common in pulmonary phthisis when the apex of the right lung is consolidated. He attributed this circumstance to pressure on the right recurrent nerve on account of its being contiguous to the pleura, but he erred in setting down many cases due to structural alterations as proceeding from this cause. In 1863 Gerhardt, (23) of Jena, published an elaborate article on eighteen instances of laryngeal paralysis observed laryngoscopically by himself, in which he advances the science of the subject almost to the furthest point yet attained. Entering on his theme with a conception of its fullest extent he remarks:—"The needful task in this inquiry is to recognise more fully the results of paralysis of each laryngeal muscle, of each pair of muscles, and of whole groups of muscles, both as to voice and respiration; further, to explain the consequences of paralysis of one or both recurrents, of one or both superior laryngeal nerves, and lastly of paralysis arising in the fibres proper of the vagus or of the spinal accessory." In accordance with this definition Gerhardt proceeds to describe in detail the various phenomena referred to, but the clinical and experimental evidence was, as it still remains, too impure to admit of this work being

executed in all its parts with precision. Finally, he recounts his cases, which exemplify hysterical or functional aphonia, myopathic paralysis of a rheumatic nature, and nervous disease of cranial origin or arising near the lungs from pressure of tubercle. Amongst them occurs the first instance practically observed of paralysis of the posterior crico-arytenoid muscles (laryngo-plegia of Albers). The symptoms of this affection are given with exactitude by Gerhardt:—"Should the posterior crico-arytenoid muscles on both sides be alone affected, then does the strong contraction of the antagonists produce a glottis-narrowing continually progressive, with each inspiration, almost to closure. The inspiration breath-stream urges the vocal bands so near together that against the edges of the extremely narrow glottis-chink which remains a loud friction sound arises (audible inspiration), the voice is unaltered, whilst in recurrent paralysis it is essentially changed." All examples of this paralysis, like those of growths, were for many years published most scrupulously, but, owing to their scarcity and sameness, the record has not attained forty cases. They appear to occur not oftener than twice per thousand among laryngeal patients (24). In this connection Semon's (26) researches, especially as to the proneness of the fibres of the vagus ruling the respiratory motions of the larynx to succumb first in organic disease of that nerve, are of great value.

In 1867 Mackenzie applied to the larynx the mode of classifying paralyzes according to their interference with adduction, tension, &c. This division is of more clinical significance than an anatomical one, as it facilitates the recognition of the various affections by fixing the mind of the observer on the laryngoscopic semeiology of each. Having recently emended and extended his system, he now reckons (1) unilateral and bilateral paralysis of the lateral adductors (lateral crico-arytenoids), of the abductors (posterior crico-arytenoids), of the internal tensors (thyro-arytenoids), (2) and of the external tensors (crico-thyroids); and lastly, paralysis of the central adductor (arytenoid muscle).

In 1877 Von Ziemssen, of Munich, published a very complete account (3) of diseases of the larynx, including the neuroses. In the latter department his observations have much enlightened us as to lesions of the superior laryngeal nerve, which produce anaesthesia of the mucous membrane, with relaxation of the epiglottis and vocal bands. He is also the first to describe isolated paralysis of the arytenoid muscle, evidenced by inability to close the cartilaginous glottis, and to represent correctly the laryngoscopic appearance following paralysis of the thyro-arytenoids, viz., an elliptic gaping of the vocal bands during phonation.

The pathology of croup or laryngeal diphtheria, as most practitioners now acquiesce in naming it, has only been advanced in the laryngoscopic period by a better microscopical study of the false membrane. The impressive discovery in connection with this production is that, although it has many of the physical and chemical qualities of fibrin, it has in reality no affinity with that substance. This point was brought out by Rindfleisch in 1866. "If small pieces," says he, (4) "are soaked in a weak ammoniacal solution of carmine, then washed and teased out with needles, we can easily convince ourselves that they consist of cells and nothing but cells, which on account of a peculiar degeneration of their protoplasm and an equally peculiar junction with one another cause a macroscopic appearance of coagulated fibrin. But for the carmine-red spots indicating the nuclei we might fairly err as to the cell-nature of their irregular, angular, glistening, and agglutinated flakes." The false membrane, as Rindfleisch remarks, occupies the position of the normal epithelium, and the researches of E. Wagner in 1866 (5) go to prove that it actually originates in a peculiar action of the epithelium accompanied by a metamorphosis of its elements.

The remarkable form of chronic laryngitis, seemingly connected with scrofula, in which there is hypertrophy of the mucous membrane of the oblique under-surface of the vocal bands, often demanding tracheotomy, was first observed laryngoscopically by Czermak, (6) and many other practitioners have since reported cases. Whether, however, it is an affection *per se* or merely differs from ordinary chronic laryngitis by its site is yet undecided.

In 1874 Coyne (7) investigated the state of the larynx in scarlet fever more minutely than any previous observer. He found lesions varying from ordinary catarrh to severe ulceration from necrosis of the mucous membrane, and even a diphtheritic inflammation of the organ. He confirms the

pathological conclusions of Wagner as to the production of the false membrane, and hence proposes the name of "epithelial laryngitis."

Those rare affections of the larynx, some of them common enough, however, in certain districts, lupus, lepra, elephantiasis, glanders, erysipelas, have been frequently described from laryngoscopic inspection. Virchow (8) is the chief investigator of their pathology.

*Treatment.*—The local treatment of diseases of the larynx dates practically from the introduction of the laryngoscope, for, notwithstanding the ingenuity of Trousseau and Belloc and Green, the pre-laryngoscopic difficulties of diagnosis caused their devices to be esteemed as uncertain—almost absurd, by practitioners in general who had not cultivated a special expertness in this department.

In this section we have to notice the development attained in treating the larynx topically by application of solutions, inhalations, insufflations, and galvanism, and by intra-laryngeal and extra-laryngeal operations.

To see the larynx inflamed or ulcerated was to resort to local applications for the relief of such conditions, and thus the use of drugs in solution, or even solid, to be applied with brushes, sponges, &c., mounted on suitably curved handles, was almost simultaneous with diagnostic laryngoscopy. Hence local medication of the larynx almost immediately attained the same magnitude as in the pre-existent treatment of external parts; in other words, the larynx virtually became to the practitioner as an external organ, and in disease was treated as such.

The therapeutic inhalation of steam or fumes rising from liquids, &c., impregnated with various drugs is, as we have seen, of prehistoric date, but the immense extension in the use of remedies in this form is due to laryngoscopy.

About 1868 Mackenzie published a pharmacopœia of throat remedies in which this kind of inhalation held a prominent place, and an array of formulæ was first presented with a scientific method. The principle of medicating the steam adopted was the addition of various essential oils, previously suspended in water by trituration with light carbonate of magnesia, to the hot water. From considerable experience, however, I am inclined to doubt as a rule the therapeutic activity, beyond the effect of the steam, of such inhalations. As a substitute for the essential oils in this form I can strongly advise that an extensive trisal should be given to tinctures, particularly such as are miscible with water, likely to have a beneficial local action in each case.

The employment of spray or atomised fluids for inhalation is, however, scarcely older than twenty-five years. About 1850 attention was first paid to the fact that in steam inhalation little or none of the medicament in solution is in many cases given off in a volatile form so as to be carried into the air passages. The idea of inspiring the liquid bodily in an atomised state then arose, and in 1855 Sales Giron (9) invented the first efficient spray inhaler. This instrument was simply a small force-pump, which, by causing a fine stream of the liquid to impinge against a resisting surface, dashes it to atoms. Modifications of it have frequently been made, and are still in use. No sooner had the system of spray-inhalation been practically adopted than doubts were entertained of its efficacy, it being said that almost all the particles were arrested and condensed in the mouth and pharynx. Various experiments were then undertaken in order to prove the penetration of the medicaments into the windpipe and bronchi. Of these the most conclusive was that of Demarquay, (10) who, about 1861, in a patient on whom tracheotomy had been performed, demonstrated the presence of tannic acid in the trachea after a spray solution of that substance had been inhaled. In 1864, Bergson of Berlin, introduced a spray inhaler on the principle of causing a vacuum in a vertical tube dipping into the solution by blowing across the top of it through a horizontal tube, (11) the method used in the well-known ether spray apparatus, &c. In this device the spray is too cold to be always of appropriate applicability, and to obviate this objection Siegle, (12) of Stuttgart, in 1865, invented the modification of it, in which steam plays the part of the current of air, thus gaining also the advantage of its being self-acting. In 1863 Lewin, (13) of Berlin, published a work containing an enormous amount of literary and practical information as to inhalation, especially in relation to laryngeal disease.

Medication of the larynx by insufflation of powders has

also been extensively practised. The powder is placed in a tube curved at one end, so that it may be passed down close to the larynx, and a current of air is furnished from the mouth or by compression of an india-rubber ball joined to the outer edge of the tube, the invention of Raachfuss, of St. Petersburg.

The ancient hypoglottides have also come prominently to the front, in the form of numerous kinds of throat lozenges, but this kind of local medication has the great disadvantage that the stomach and intestines must subsequently receive the drug, often in large quantities, and may be injuriously affected thereby. So gravely has this objection been felt by some practitioners that it is understood that in America throat lozenges have already been almost abandoned in favour of a more extended use of spray solution.

Galvanism in laryngeal paralysis was first extensively resorted to by Gerhardt. (14) According to this authority Grapengiesser, of Berlin, in 1800, first tried to cure a case of aphonia in a girl, *æt.* 17, by electricity. Subsequently Sedillot, Althaus, and others used the remedy occasionally. At first the continuous current was employed, but after the discoveries of Faraday, about 1835, relating to induction, the interrupted current was preferred as the most effective. Gerhardt and his predecessors, however, only applied the galvanism to the neck, and the larynx was only fully subjected to the influence of this remedy in 1863, when Mackenzie invented the well-known laryngeal electrode, intended for bringing one pole in direct contact with the mucous membrane of the organ, whilst the other acted through the skin externally. This instrument was soon modified by Fauvel and Ziemssen, who constructed it with a bifid extremity, so that both poles could be applied to the larynx internally, and the current directed in the course of the muscles with exactitude.

With respect to tracheotomy we have to record its adoption as a means of cure in severe chronic diseases of the larynx, when, by relieving the organ of its functions, a state of quiescence most favourable to every reparative process may be obtained. This extension of the operation was made by Bryant, (15) of London, in 1868, and appears to be gaining considerably in the confidence of the practitioner on the Continent and in America. The improvements in tracheotomy instruments are the substitution of right angled for quadrant cannulae by Durham, in 1868; the invention of the "lobster-tail" trochar or pilot for guiding the tube firmly into the trachea, especially at the first insertion; the devising of the india-rubber cannulae by Marrant Baker; and lastly, the construction of the tampon cannula by Trendelenburg. The latter instrument is intended for operations in or about the larynx when there is danger of suffocation from blood passing down the windpipe. A narrow belt of caoutchouc surrounds the internal end of the cannula, after the introduction of which it can be inflated from the outside by means of a small communicating pipe, thus completely blocking the trachea.

Extirpation of the larynx in cases of carcinoma or other incurable disease localised in the part was first undertaken by P. H. Watson, (17) of Edinburgh, in 1866, and again by Billroth, (16) of Vienna, in 1873. Since then about sixty-five further instances have been published, but it is still doubtful whether the operation has ever prolonged life. (18) An artificial vocal apparatus (often since modified) was devised by Gussenbauer for Billroth's case, which enables the patient to speak intelligibly in a monotone.

Intra-laryngeal operations have attained the greatest possible magnitude, and, by the aid of the laryngoscope, scarification, dilatation, and division of strictures and excision of growths and foreign bodies have been practised in almost innumerable cases by most of the authors named in this period, and by a still greater number of laryngologists who have not published their proceedings. In this way hundreds, or, to speak more truly, thousands of persons have been relieved of some obstacle in the windpipe with little or no suffering, who would formerly have had to encounter the severity and danger of tracheotomy. To meet the requirements of intra-laryngeal surgery the various operators have invented in large numbers suitable forceps, snares or écraseurs, guillotines on the principle of the tonsillotomy, dilators, lancets, &c., all of such size and form as to enter the larynx with facility. Of these no further notice is here needed, but we may refer to the special ingenuity



in this field of the Vienna practitioners, Schrötter, Störk, and Schnitzler. The application of the galvanic cauterly to the removal of growths from the larynx also deserves mention. By this means a wire loop can be instantly raised to a white heat after its introduction. The first suggestion for using this agent dates from Middledorpf, (19) of Breslau, in 1854, and it has since been extensively employed by Bruno, Voltolini, and others. Nor can this record be closed without allusion to the remarkable device of Carlo Labus, of Milan, viz., the electric laryngo-phantom. This is a model of the larynx, intended to educate the manual dexterity of the student in the intra-laryngeal operations. Should he, whilst introducing his forceps, &c., touch any part improperly before attaining the desired point, his object is instantly balked by a spontaneous closure of the apparatus, consequent on the completion of an electric circuit.

- (3) *Zeitschrift für rationelle Medizin*, 1869. Bd VII., S. 269.  
 (4) *Der Kehlkopf des Menschen*. Tübingen, 1878.  
 (5) *Recherches sur l'anatomie normale de la muqueuse de larynx*, Thèse de Paris, 1874.  
 (6) In 1863 Rheiner had said:—"The laryngeal mucous membrane possesses, as is sufficiently proved, nowhere a trace of a papillary body."—Virchow's *Archiv*, Bd. V., p. 661. In 1878, however, Luachka (*op. cit.*, p. 171) asserted the presence of papillae, though few in number, in some parts of the larynx. These, according to Coyne, were merely folds of the mucous membrane.  
 (7) *Proceedings of the Royal Society*, Vol. VII., p. 399. 1855.  
 (8) *Der Kehlkopfspiegel &c.* Leipzig, 1-60.  
 (9) *Grundzüge der Physiologie und Systematik der Sprachlaute &c.* Wien, 1856. (1st ed.) Parallel der Kehlkopf und Lippenlaute.  
 (10) *Edinburgh Medical Journal*, 1866.  
 (11) *Die Kehlkopfswindstucht*, Leipzig, 1878.  
 (12) Virchow who is a strong advocate for tuberculosis of the larynx has attempted to explain away the conflict of testimony by asserting that the laryngeal tubercle is so perishable that it "becomes caseous and forms a tumour." (*Die Krankheiten Geschwülste*, 1861, Bd. II., p. 644.) Whatever may occur in certain cases that it does "become caseous and form a tumour" is conclusively proved by Bokitsansky, Heinze, and others. Binfleisch, on the other hand, only believes in laryngeal tubercle through respect for Virchow, and that by a full development of the catarrhal process in the mucous glands (glandular laryngitis of Green) all the phenomena of laryngeal phthisis may be presented. Hence in climax he exclaims, "What further remains for tubercle to do?" (*Pathologische Gewebelehre*, 3te Aufl., Leipzig, 1873, p. 583.) Nevertheless he testifies to the usual presence of "round clusters of cells, about the size of a glandular acinus," which he accounts as a "pledge" for the connection of the disease with the tuberculosis.  
 (13) *Berliner Klinische Wochenschrift*,  
 (14) *Op. cit.*  
 (15) *Essay on Growth in the Larynx*, London, 1871.  
 (16) *Traité Pratique des Maladies du Larynx*, Paris, 1876. The work is put forward as the first instalment of a complete treatise on laryngology.  
 (17) *Trans. Pathol. Soc.*, vol. xix., p. 65.  
 (18) *New York Medical Record*, June 8, 1876.  
 (19) *Malignant Disease of the Larynx*, &c., London, 1883.  
 (20) *Op. cit.*  
 (21) *Ueber breite Condylome im Kehlkopf* Virchow's *Archiv*, Bd. xx., 1761, p. 402.  
 (22) *Klinik der Krankheiten des Kehlkopfes*, Wien, 1866, pp. 280, 289.  
 (23) *Gazette des Hôpitaux*, 1861, No. 4. In 52 cases with tubercle in the apex of the right lung, 50 were hoarse; out of 32 affected only on the left side but one. Amongst such instances of hoarseness about 1 in 12, Gerhardt says, depend on paralysis.  
 (24) Virchow's *Archiv*, Berlin, 1863, Bd. xxiii., pp. 68, 296; *Studien und Beobachtungen über Stimmbandlähmung*.  
 (25) This malady has been called "Riegel's paralysis" because he devoted to it a rather lengthy pamphlet (Volkmann's "Sammlung," No. 96, 1876. *Ueber Respiratorische Paralysis*) to its consideration. The monograph, though valuable, must be considered as chiefly an expansion of the paragraph transcribed from Gerhardt.  
 (26) Summarised in the *Lancet*, 1884.  
 (27) *Diseases of the Throat*, London, 1890, p. 415, *et seq.*  
 (28) It need scarcely be said the precise use of this muscle is still uncertain, it being most likely that it can take the part of an adductor, tensor, or laxor, according to the state of the other muscles.  
 (29) *Ziemssen's Cyclopaedia of the Practice of Medicine*, Vol. vii., 1877, p. 903, *et seq.*  
 (30) *Op. cit.*, p. 312.  
 (31) *Archiv für Heilkunde*, Bd. vii., p. 491, 1866.  
 (32) *Op. cit.*  
 (33) *Op. cit.*  
 (34) *Op. cit.*, Bd. ii., pp. 490, 519, 552.  
 (35) *Thérapeutique respiratoire*, Paris, 1863.  
 (36) *Bulletin de l'Académie de Médecine*, 1861, t. xxvii., p. 26.  
 (37) Bergson did not discover this principle, which is vaguely ascribed to Giffard or Natanson.  
 (38) *Die Behandlung der Halsund Lungenliden Einathmugen*. Stuttgart, 1866.  
 (39) *Inhalations-therapie—Kehlkopfkrankheiten*, &c.  
 (40) Volkmann's "Sammlung," 1872, No. 88. Leipzig. Also, *op. cit.*  
 (41) *Transactions of the Clinical Society*. Vol. i. 1863.  
 (42) *Archiv für Klinische Chirurgie*. Bd. xvii., Hft. ii., p. 343.  
 (43) *Trans. Internat. Med. Cong.* Vol. iii. P. 255. London, 1881.  
 (44) See an excellent résumé of the results, by Cohen, of Philadelphia, *Trans. Coll. of Phys. Philad.*, 1883. Vol. vi.  
 (45) *Die Galvano-Cautik*, &c., Breslau, 1864, p. 212.

## Clinical Records.

### NORTH-EASTERN HOSPITAL FOR CHILDREN, HACKNEY.

#### Case of Obstinate Pemphigus.

Under the care of DR. ARMAND SEMPLE.

A BOY, *æt.* 7, came under care on May 22, 1884, with the following history: For the last two months he had suffered from an eruption over the trunk. The "breaking out" is on the increase and not diminishing. It caused him considerable irritation, burning, and smart.

*On admission.*—The boy is well nourished and of healthy appearance. The whole of the trunk, including the buttocks, both ankles, and right elbow are covered by a vesicular—and in some places—bullous eruption; the greater part of this surface is covered with an eczematous eruption. The bullæ are not situated upon inflamed bases, but they give the idea of a scald being the cause. The eruption causes considerable irritation. The scalp is also in a condition of pustular eczema. There is no sign of scabies. There are no physical signs in the lungs, and the heart sounds are normal. The bowels are clear and the tongue is clean.

He was ordered the following:—

R Misturæ arsenicalis, ʒss. Ter die.  
 R Unguentum bituminis compositum.  
 Lotionem bituminis compositum.

May 29th.—There is a general improvement this morning. No fresh bullæ have appeared. The old scabs are clearing off. The back is almost clean. There are a few recent bullæ about the ankles.

R Liquoris arsenicalis, ℥vi. Ter die.

June 5th.—There is a great improvement to-day. No fresh bullæ have appeared. The trunk is absolutely clear from all eruption. There are a few scabs still about the ankles and the calf of the legs.

8th.—The body is quite clean, and there is no evidence of any fresh sores.

The temperature on admission was 99°, and did not ascend any higher up to June 8th. Upon this day he was discharged cured.

On July 17th he was re-admitted with a fresh crop of the pemphigoid eruption.

*State on Admission.*—The trunk is covered, especially over the abdomen, with pemphigoid scabs, which vary in size from a sixpence to a shilling. There are numerous bullæ. Both lower extremities are similarly covered. There are one or two bullæ over the abdomen, now purulent. There is marked pustular eczema of the head. Ordered—

R Ferri tartarati, gr. v.  
 Misturæ arsenicalis, ʒss. Ter die.

R Ung. hydrargyri ammoniati dilutum.

July 19th.—The boy on this day developed symptoms of arsenical poisoning, such as running at the eyes and nausea. The arsenical mixture was therefore omitted.

R Mist. salinæ, ʒij. Ter die.

22nd.—There are a few fresh purulent bullæ over the belly, the right knee, and right elbow. Ordered—

R Vaselininum.  
 Ung. hydrargyri oxidi dilutum.

The following mixture was now ordered—

R Mist. arsenicalis, ʒij.;  
 Mist. rubræ, ʒij. Ter die.

Aug. 7th.—There is a fresh sore over the sacrum, and another over the left instep. Ordered—

R Mist. sodæ oxidi, ʒss., t.d.s.  
 R Lot. acidi boracici.  
 Ung. hyd. ox. dil.

29th.—To-day the treatment was altered to—

R Mist. arsenicalis, ʒss., t.d.s.  
 Adde liq. arsenicalis ℥ij.

and  
 Lotio plumbi.

The eruption is gradually dying away, but now and then a fresh vesicle appears.

The temperature from the 17th July until September 11th, on which day he was discharged well, presented no peculiar features, with the exception that only once in July it ran up to 101°.

On the 18th day he returned to the out-patient department, with a new crop of vesicles on the face.



On the 25th they were more numerous.

On the 9th of October there were bullæ scattered over face, trunk, and lower extremities.

*On admission.*—The boy is not in the same healthy condition as when discharged. There are numerous bullæ about the size of a sixpence over the chin and forehead. Over the lower abdomen they are more numerous and larger, three or four of them are quite purulent. There are several bullæ over the legs and around the ankles, these contain a clear fluid, and are not purulent. The bases are red, and surrounded by an areola of slight inflammation. The pulmonary and cardiac signs are quite normal. Ordered—

R Liq. arsenicalis, ℥ij.;

Mist. arsenicalis, ℥ss. Ter die.

R Ung. hyd. oxid. flavi, and fish diet.

Oct. 16.—The spots have nearly all healed. No fresh bullæ or vesicles.

20th.—The sores have quite healed. The boy is now quite well.

On the 22nd he was discharged cured.

From October 9th until the 19th the temperature never exceeded 99°, except upon the 22nd, when it suddenly shot up to 100°.

On March 18th, 1885, he was admitted again.

*Present illness.*—The boy has been ill for about three months, previous to which time he was comparatively well, and had no signs of any skin disease, but since this time he has been very much out of health generally, his appetite has been bad, and there has been a good deal of wasting, he has been irritable, and indisposed to any exertion. The eruption has been coming on during the last three months. On admission the boy seemed very ill, and could not bear being moved about on account of the soreness of the skin. The temperature is 102°. Tongue is furred and dry. On all parts of the body there are numerous bullæ of various sizes, some as large as half-an-inch in diameter, others much smaller, and they are in all stages of development. Some are merely reddish raised spots with slight vesiculation, and the larger ones have large semi-transparent blisters a good deal raised above the cutis, and containing a quantity of serous fluid; others are covered with thick greenish crusts, from the bullæ having burst and the secretion dried up. Besides, being on various parts of the skin, there is one bulla about the size of a currant on the tip of the tongue.

March 18th.—Being very restless, and unable to sleep, he was ordered—

R Tr. opii, ℥iij.;

To be repeated in two hours if necessary.

Full diet. Wine, ℥iv.;

R Mist. arsenicalis, ℥ss., t.d.s.

Eruption dressed with—

Acid carbol, ℥xxx.;

Lin. calcis, ad. Oj.

Covered with cotton-wool.

April 15th.—The eruption has greatly improved, but occasionally there are some fresh bullæ. The arsenic has been gradually increased to ℥vij. of Fowler's solution.

20th.—The boy has greatly improved. The face is now almost clear, and the eruption is much less on the body and limbs. There are no signs of arsenical irritation.

24th.—The arsenic is reduced to ℥iij. of Fowler's solution, as it has begun to produce symptoms of irritation in the eyelids and stomach.

28th.—The eruption is on the whole a good deal better, but there is one fresh bulla to-day on the right cheek. Ordered—

R Ferri tart., gr. v., added to the mixture.

May 6th.—Arsenic omitted to-day, and he was given—

R Mist. quinine.

Vin ferri, aa ℥ij., t.d.s.

12th.—Full diet.

Wine, ℥iv.;

Ferri tart., gr. v.;

Liq. arsen., ℥iv.;

Aq. menth. pip., ad. ℥ss., t.d.s.

One fresh bulla to-day.

20th.—Mist. quinine, ℥ss., t.d.

27th.—There is a fresh crop of bullæ on all parts of the body; they are very numerous. Arsenical mixture (May 12) repeated.

29th.—Still fresh crops of bullæ. Medicine every six hours. Tr. opii, ℥iv. nocte sum.

June 6th.—Acid carbol, ℥j. ; }  
Lin. calcis, Oj. } Pro. app.

23rd.—He is still taking the arsenical mixture. There are no fresh spots during the last few days.

July 2nd.—He was discharged perfectly well, and has continued so up to the present time.

The temperature from March 18th until June 9th was as follows:—On March 18th it was 101.8°; ran down on March 24th to 97°, up again to 101° on 27th, and gradually fell to normal on April 8th. On April 21st it suddenly ran up to 103°, and fell again to normal on the 28th. On the 20th of May the arsenical treatment was again omitted, but as numerous fresh bullæ appeared on the 27th May, it was resumed. On May 28th the temperature again rose to 103°, but gradually sank to normal on June 9th.

## France.

[FROM OUR OWN CORRESPONDENT.]

THE SCIENCE CONGRESS held its session this year in the picturesque town of Grenoble, in the department of L'Isère. The city was decorated for the occasion, and the affluence of visitors was very large. At the opening of the Congress M. Verneuil, the president, made a remarkable speech on conservative surgery, which he advocated in the strongest terms, and criticised severely the *prurigo secandi* of certain surgeons. "Since we are about to make some confessions," said he, "let us avow that certain men at certain periods, and in certain countries, have operated a great deal too much, and in our days even the *prurigo secandi* is a sporadic disease, endemic and epidemic, of which the vaccine has not yet been found. Proof is not difficult to find to establish my case. In the seventeenth century transfusion was commenced, and became so much the rage that an edict of Parliament in 1668 was obliged to be passed to stop it. In the eighteenth century every man that fell on his head was trepanned on the slightest suspicion of having his skull cracked. During the wars which terminated the century, and at the commencement of the present, every limb broken by a shot was amputated. When I commenced my medical career tenotomy was all the fashion, tendons, ligaments, muscles, were cut in every possible part of every body. The subcutaneous method was the saddle for the horse; it was the operative panacea. Later on resection, or what I would call *resocomania*, began to be practised on a great scale, especially in England and Germany, it was by hundreds that some surgeons could count their resections. When one specialist operates all the specialists follow suit. When he cuts anything all his colleagues cut also, with a little variation perhaps in the section and in the instruments employed. If, by-and-bye, a museum of operative medicine should be established, immense show windows should be made to expose all the lithotomes, urethrotomes, hysterotomes, and other machines ending in *tomes*, comprising all the little nameless instruments destined to cut the strictures of the nasal canal, strictures which in all probability never existed, and if they did do not want to be cut. Gynæcology and ophthalmology vie with each other for the place of honour on this new kind of turf, but I believe in the triumph of the first named. In these last years has been created, independently of cauterisation, often useless, an operation of Emmet, an operation of Battey, one of Alexander, &c. Reviews and journals speak of them, and praise them so that if a gynæcologist be not able to produce one or two cases he risks to pass for a man of little merit. The facility with which certain methods of practising is spread is astonishing. I may cite amongst others the scraping (*raclage*) or rugination of cold abscesses. The

theory may be sustainable, but on reflection certain reserves might be made, especially if experience were called in testimony. But for that it would be necessary to wait a while, and that is just what the present generation cannot bring itself to do. And thus surgeons scrape, scrape, and scrape again, and if any do not scrape are declared behind the times, and often in scraping they penetrate into the rachidian canal, and although the operation may have given encouraging results (it is the usual expression) the patient goes to join his ancestors in a better world. My design not being to give you a night-mare to-night, or to set you trembling all over by cold shivers, I will note, in concluding, a mania of the present time which would in itself be innocent if it were not ridiculous. I speak of the application of the actual cautery. This practice replacing the fly blister, painting with iodine, or the mustard (means much more simple), is certainly a revulsive of some value. But there was a method which was very complicated, and which struck terror into the hearts of children, giving at the same time very little pleasure to the parents (thermo-cautery). He felt assured that if in the audience before him there was a hundred persons attacked with external affections, fifty of them at least were treated by the actual cautery. If it were said, and not without reason, perhaps that the operations already cited, were good and deserved to be continued, I would add that they were entirely too much abused, that is to say, surgeons have too much transfused, too much tenotomised, too much resected, worked too much in the small pelvis of the female, scraped too many cold abscesses, and passed too often the thermo-cautere on the skin. If proof were wanting I would simply remind you that in a great country like ours with 37,000,000 of inhabitants, not more than half a dozen transfusions and a dozen trepanations are practised in a year. In England, where resection was so much in vogue, that operation is now rarely practised; before now, oculists believed that iridectomy was essential to the success of operation for cataract, and to-day they are agreed to respect the iris, and the famous scraping now in fashion will certainly in three or four years be classed amongst the operations of the past. Every surgeon of good faith and good sense who will read, with attention, facts relative to operations recently introduced, will not fail to be struck with the large number which were useless and sterile. Great noise was made over extirpations of the larynx, pharynx, stomach, uterus, kidney, &c. How many patients were cured? How many were benefited? Hardly 10 per cent! I invite your attention to this simple manner of reasoning. Take 100 cases of a given disease at a certain period, the half have been subjected to an operation, twenty years later only the fourth part have been operated on, and thus twenty-five of the first series must have been superfluous. In conclusion, the professor advised that the title of specialist should not be tolerated any longer, and that every surgeon should modestly keep himself within the common whole (*giron*) of general practice.

### Translations.

#### BIOLOGICAL EXCERPTS.

TRANSLATED FOR THE *Medical Press and Circular*.

**INHIBITION IN EPILEPSY.**—It is well known, as Prof. Brown-Séquard has shown, that certain parts of the nervous system can, under particular conditions suspend the physiological properties of other organs or parts of the system. The abolition of the reflex movements

which occur after an attack of epilepsy seems to be the result of an inhibition of spinal reflectivity by the encephalus. On the other hand, the reflex activity is exaggerated in epileptic attacks which are symptomatic of cerebral lesion, and follow encephalic lesions. These exist in the body-zones where the irritation gives place, either to the production of convulsive attacks, or to their exaggeration where they exist already. It is the same in choreic movements. It is important from a practical point of view, to determine the points where the irritation provokes the production or exaggeration of convulsion in the patient, because in applying at these places a therapeutic counter-irritation there is more chance of improving the condition of the nervous centre.

**EXPERIMENTAL ARTHROPATHY.**—M. Bochefontaine and M. Lombroso having severed in a dog the posterior right root of the second pair of dorsal nerves of the hind limb, caused a crural paralysis of the right side and, at the end of a few days, an oedematous swelling of the articulation of the left elbow. The lesion being cured, the animal was killed, when an atrophy of the posterior cords, and a degeneration of the anterior lateral cords were discovered. The experimenters consider this analogous to the arthropathy of ataxic patients. M. Brown-Séquard in 1855 discovered that the section of several pairs of nerves in the dorsal region causes paralysis of motion in the *corresponding* posterior member, and loss of feeling in the *opposite* one. M. Laborde disputes the circumstances as regards the arthropathy of ataxic patients, and says that up to the present medullary lesion after dividing the posterior portion of the root nerves, has never been noticed, and the dog in question did not become ataxic.

**THE RESISTANCE OF THE ARTERIAL AND VEINOUS WALLS** has been tested by M. Grehant with the aid of Regnaud's free air manometre, twelve metres high. The carotid artery of a dog can support the weight of eleven atmospheres without breaking, veins are a little weaker, and the jugular can only bear five or six atmospheres. The healthy arteries of an old man can resist six atmospheres, but when irritated, the pressure borne is only that of three, the resistance is slightly greater on the vessels at the right side.

**SALICYLATE OF METHYL** has been proposed as a therapeutic agent to supersede salicylate of soda. It colours salts of iron violet, is insoluble in water, of a light yellow shade, and has an agreeable smell. It has been proved to have no effect on cold-blooded animals (the frog, &c.), except when it is applied in subcutaneous injections in large quantities at the same time as the animal is breathing air, charged with salicylate of methyl. The silver absorbed is partly distributed in the system, and partly discharged by respiration and the other forces of nature.

**COCAINE** only produces local analgesia by inhibition, it acts by the peripheric nerves on the nervous centres, which react on the local sensibility. In fact, two minutes after the injection of a certain quantity of cocaine on the larynx as after the projection of carbonic acid at this point, there is a cutaneous anæsthesia (generalised) which remains for several minutes, and an analgesia of different wounds on the body of the animal which remains until the next day. These wounds newly formed are on the contrary hyperalgesic.

**THE EXCITABILITY OF MOTOR AND SENSITIVE NERVES** is completely independent of their nutrition, motor nerves deprived of circulation for a greater part of their length keep up their action on the muscles. Excitability of nerves exists after death from 5 minutes to 4 hours, available according to a number of conditions yet unknown. The muscular contractions which exist almost always after death and are

quite distinct from the following rigidity of the corpse, depend also on dynamogenic or inhibitory actions.

**CHEMICAL COMPOSITION OF TEETH.**—In the teeth of adults there is 25 per cent. of organic matter, and 75 per cent. of mineral substances. In those of very young children 30 per cent. at least of organic matter, and 69 per cent. only of mineral, besides carbonate of chalk and magnesia, which greatly increase the vulnerability. The more iron there is in the permanent teeth the weaker they are. The resistance of the teeth ought to be greater in proportion to the silicate in their composition when it does not exceed 50 per cent. There is very little fluorine in teeth at present, although it is found in large quantities in fossil teeth.

**EXPERIMENTAL THERAPEUTICS.**—The vascular modifications produced by certain medicines on the system are not the only ones to be considered in therapeutics. The direct action of those substances on the muscular and nervous elements ought to be taken into consideration, because the influence of the irritant agents on the nervous system is not always proportional to the pain felt. Experience shows us that covering the skin with nitrate of silver, although inactive, has been able to cure neuralgia, and rapid cauterisations with a white-hot instrument, which is less painful than when only red-hot, can produce the resorption of any liquid discharge. Neuralgia can be cured, says M. Dumontpallier, by the irritation of similar parts on the opposite side of the person.

REGISTERED FOR TRANSMISSION ABROAD

## The Medical Press and Circular

Is published every Wednesday morning Price 5d. Post free 5½d

POST FREE TO ANNUAL SUBSCRIBERS . . . £1 2 0

„ IF PAID IN ADVANCE . . . 1 1 0

Post-office Orders and Cheques to be drawn in favour of—

A. A. TINDALL, 20 King William Street, Strand, London, W C.

A. H. JACOB, 8 Molesworth Street, Dublin.

Agents for Scotland:—

MACLAUGHLAN & STEWART, South Bridge, Edinburgh.

A. & W. STENHOUSE, Hillhead, Glasgow.

Sole Agent for the Continent:—

JOHN F. JONES, 31 Bis, Rue du Faubourg Montmartre, Paris.

**ADVERTISEMENT SCALE**—Whole Page, 25 Os. 0d. Half Page, 12 10s. 0d.; Quarter Page, 6 15s. 0d.; One-eighth Page, 3s. 6d.

Small Announcements of Practices, Assistancies, Vacancies, Books, &c., of Seven lines or under, 4s. per insertion; 6d. per line beyond.

Considerable reductions are made from the foregoing Scale when orders are given for a series of insertions. Letters in this department should be addressed to the Publishers.

**SUBSCRIPTIONS FOR FRANCE** are received by Messrs. BAILLIÈRE, Rue Hautefeuille, Paris—post free in advance, £1 3s. 6d. per annum.

**SUBSCRIPTIONS FOR RUSSIA** are received by Messrs. RAJCHMAN and FRENDELB, 13 Senatoren Street, Warsaw—post free, £1 5s. 0d. per annum.

## The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, SEPTEMBER 9, 1885.

### MEDICAL VOTES AND VOTERS.

WRITING recently anent the coming General Election, we asserted our opinion that every medical voter in the Kingdom should act firmly on the principle that he is a doctor first and a politician afterwards, and we recur to

this subject for the purpose of repeating our entreaties that our *confrères* will, as far as they can, exercise their suffrages in the coming struggle independently and thoughtfully, and will not be induced to follow blindly the whistle of party leaders who value them only as so many insignificant units in the grand total which is to raise themselves to power.

We think it necessary to repeat our urging on this point, because the work of political organisation has commenced, and the fussy nonentities who delight to make themselves conspicuous on such occasions are already engaged in airing their political enthusiasm and their insignificance by importuning voters for promises of support.

We ask our readers to turn a deaf ear to such bores, and not to forget that if they throw their votes into the political chasm they simply throw them away and divest themselves of any political power whatever, and that they may even do worse than this if they thoughtlessly give their countenance and support to candidates who may be—for aught they know—bitter enemies of the medical profession, or under political pledges to oppose medical interests in Parliament.

We do not for a moment assume to dictate a vote to any man, for we look upon the exercise of the suffrage as a matter of personal discretion and choice as much as religion or dress may be. But we have as much right to advise a principle as the political bluebottles of any party, and we ask the profession to grasp the influence which they rightly possess, and to use that influence for their own objects, making their allegiance to party subservient to their allegiance to themselves. In any one of the electoral divisions of London there may be, say, 150 medical voters out of a constituency of, say, 30,000, and the influence of these 150 voters, if split up amongst two or three candidates would be absolutely inappreciable; they would be, of course, civilly accepted as a sort of makeweight, but not regarded as entitling their gives to any consideration either on the hustings or afterwards. But if even 100 of the medical voters in such constituency were to cast their lot in with some one candidate whom they knew to be sound on medical questions they would at once create for themselves, in that constituency, an influence which sooner or later would make itself felt in the House—they would secure a representative who would think it worth his while to join hands with other representatives similarly elected to advise on medical questions, to attend in his place when amendments were to be moved or spoken to, and, in short, to do something in return for his medical votes and something to keep his medical constituents in good humour with him.

There may be some of our readers perhaps who doubt that there are any medical interests which need a representative voice in Parliament, or which at all compare in importance with the political controversies of the day. These are the sort of men who act on the principle that the whole first cause and purpose of a doctor is the getting of fees, and that it is hardly *comme il faut* for a doctor to be coloured by any opinions on any subject except those directly correlative with the earning of money by treating disease. While we feel that we need

not attempt to create in such minds any feeling of what we may call medical patriotism, we would suggest that such matters as the educational selection of the men who are to be our *confères* in the future—the protection of the public and ourselves from the inroads of quacks—the organisation of securities for the health of the people of our country—and the maintenance of the efficiency of our medical forces in time of war and peace are, even as matters of business and money, at least as well deserving of consideration as are such matters as the government of the Soudan or the disestablishment of the Scotch Church, and we think such voters will agree that the medical interests to which we have referred afford them as good a reason for giving an independent medical vote as can be afforded by the consideration that their fathers before them voted for party, that their club *confères* are of a given political colour, or that they are bored for their vote by some casual acquaintance.

We are, however, very sensible that our advice can be acted upon by individual voters only subject to their personal interests, and we know well that many medical men are so situated that they can only exercise a very limited discretion. In the greatest degree does this reservation apply to the provincial medical men, especially those holding public offices in Ireland, for these live under the rule of politicians who would crush without mercy the doctor who dared to publicly dissent from them or whom they knew to have failed to follow their call. To voters so situated we must only counsel discretion, and remind them that the ballot is secret, but we may suggest to them that when the pressure upon them of opposed political parties is so nearly equal as to embarrass them they will find no better way out of their difficulty than to avow their determination to vote for medical interests clear of all political influence whatever.

In University constituencies and amongst metropolitan practitioners, and generally throughout England, Wales, and Scotland, these reservations against independent voting do not apply, for in these constituencies the medical voter, as a rule, has nothing much either to gain or lose by currying favour with any party. Some of his *quondam* political club friends may tell him that he is a political outcast, while they secretly esteem him as a man of independence and courage, and think his future support all the better worth seeking, but, *en revanche*, he will at once acquire a political importance which, as one of the herd, he could never possess; and he will find himself free to act as his conscience bids him.

We trust that the time is coming when the 23,000 medical voters of Great Britain and Ireland will come to be a concrete power bound together in general principles, and acting, as far as possible, independently of the shibboleths of party.

We would rather leave the application of the principle which we have above advocated to our readers than advocate the claims of individual medical candidates, however strongly we may feel about their claims. In a constituency as in that of the Edinburgh and St. Andrews Universities, where Mr. Erichsen, the medical candidate, is equal in all personal qualifications, and infinitely the superior on medical grounds, there ought to be no

second thought in the mind of the medical voter. He should vote for the medical candidate, be he Whig, Tory, or Radical.

The same rule should apply in Dublin City if Dr. Lyons is a candidate, and in those constituencies for which Dr. Foster, of Birmingham, Dr. Farquharson, or any other sound medical candidate offers himself. There are other probable candidates, including Mr. Meldon, who, though not medical by profession, have earned the gratitude and support of the doctors, and should have it with unanimity. There may be other competitors, who, though nominally representatives of Medicine, are valueless as such, or who have sacrificed medical principles and interests to catch the votes of a party, and such claimants deserve no consideration at our hands. We only wish we could put into the hands of our readers a long list of honest, intelligent medical competitors, whether Tory, Whig, or Radical, and we would gladly use every influence to aid the return of every one of them.

#### THE POSITION OF THE C.D. ACTS.

THE near approach of the rhetorical period preliminary to a General Election suggests the propriety of reviewing the bases of future legislation in relation to questions which are of general interest to the medical profession; and prominent among these is the Contagious Diseases Act. It will be remembered that the House of Commons was some time ago surprised one night into affirming the theory that the time had arrived for suspending the operation of this measure, an opportunity of broaching the question in a thin house having been cleverly seized by the friends of infection. Subsequently to this manoeuvre, directions were issued from the Home Office to the various centres where the Acts were in force, to the effect that compulsory examination of suspected women should cease; and the result of this terribly mischievous proceeding has been to increase immeasurably the amount of infective venereal disease amidst the forces, and at the same time to multiply the number of prostitutes plying their trade where soldiers and sailors form their chief *clientèle*. One result, indeed, of the Commission of 1882 was to prove to demonstration that the Act operated most powerfully in reducing the number of women on the streets, one authority of unimpeachable integrity giving the reduction (Devonport) as from 2,000 to 600. But more important than the mere numerical decrease is the fact that, wherever the Act has been imposed it has had a most remarkable effect in limiting the number of young or child prostitutes at such centres, for whereas as many as eight or ten per cent. of the whole number of these unfortunates were, before the enforcement of the Act, under fifteen years of age, there were scarcely any girls of tender age to be found in these centres, at the time when the good that was being accomplished was suddenly put a stop to, on Mr. Stansfeld's motion. The testimony to this effect is overwhelming, and includes that of a great number of witnesses enjoying very exceptional opportunities for arriving at the conclusions they have formed. Dispassionately viewed the history of legislation directed to prevent widespread disease offers the most absolute proof of the beneficent nature of the measures formerly adopted to such

end; and the melancholy increase, not only in the ranks of affected men, but also in the number of women following prostitution as a means of existence, which has followed on the short-sighted policy of the syphilis protectionists, ought of itself to be a sufficiently awakening force to the wilfully blind.

The people, unfortunately, cannot judge for themselves the evil that is in their midst. They are led away by noisy demagogues and paid agents of the societies that thrive upon the proceeds of their propagandas; a few earnest men there doubtless are whose own spotless lives have little fitted them to grasp the vital consequences of their vehement support of principles advocated by greedy agitators for their own base ends. It should be the endeavour of the profession now, and as occasion offers, to correct the limited and erroneous views that are current on this subject, and, as far as possible, influence candidates for parliamentary honours in the direction of light respecting one of the most important questions capable of occupying public and senatorial attention.

#### FRENCH VIEWS OF ENGLISH MEDICAL CHARITIES.

LONDON has lately been visited by a commission delegated by the Paris Town Council and Assistance Publique to inspect and report on the metropolitan hospitals, with a view to ascertaining in what manner the principles of management adopted in the English institutions can be imitated with advantage in France. The delegates paid visits to all our larger hospitals, and as well to the workhouses and infirmaries. With the former they express themselves as immeasurably delighted, and have nothing but admiration for all that they saw in this connection; but they speak only in terms of condemnation of our workhouses, and declare that the treatment received by casual paupers would not be for a moment tolerated by our neighbours across the Channel.

What specially concerns us, however, is the criticism of our visitors respecting English hospitals, and arrangements for dealing with disease; and in this connection nothing is more striking than the unfeigned amazement with which the delegates witnessed the rapid transmission of persons stricken with infectious disease from their homes to the special fever hospitals allotted to such patients. In Paris, no special institution for this class of diseases exists; no ambulance service for immediate conveyance of persons seized with fever or small-pox; no central agency for carrying out the regulations relating to this particular branch of public police. Consequently the ease, speed, and efficiency of the English system fairly astonished the French Commission; and the result of their experience here will, it may be hoped, prove of use by urging on improvement of the Parisian deficiencies.

The evident anxiety shown in English hospitals to promote not only the cure, but also the comfort, of patients, created a marked impression, the delegates comparing the bare whitewashed and unfurnished wards of their own hospitals with the warm-looking, decorated and pleasant abodes for the sick to which they were introduced in London, much to the disadvantage of the former. In their opinion also the food supplied to English patients is superior to that enjoyed by inmates

of Parisian charities, not merely in quality and quantity, but, strange to say, in the matter of cooking as well. They contend, however, that French hospitals ought not to be compared with richly endowed and lavishly supported London institutions, to which they have no resemblance save in name, but rather to our workhouse infirmaries, both being municipal burdens, and both being designed for sick paupers. The comparison goes no further than this, for our visitors urge that it is thenceforth much in favour of the French institutions, which though vastly inferior to English hospitals, are far in advance of workhouses in this country.

It is agreeable to us to have our true hospital charities so flatteringly spoken of; and should the reflections engendered by the inspection our welcome visitors have made of them, result in assimilation to them of French institutions, it will be a subject of congratulation to us as well as to the French nation.

#### Notes on Current Topics.

##### "Spinning" in Asylums.

DERIVING no doubt his suggestion from Ruskin, Dr. Richardson, Medical Superintendent of the Isle of Man Asylum, has introduced into that institution the old and picturesque art of spinning. Two wheels which were obtained with some difficulty, are now in daily use there, and seem to give much pleasure to the old people by recalling early recollections of the cottage fireside. All the yarn needed for the asylum use is now furnished by home manufacture. The example set by Dr. Richardson will be speedily followed in other asylums, as spinning seems to be a kind of occupation well suited for asylum wards, being interesting without being laborious, and free from danger and eminently useful.

##### Poisoning from Domestic Medication.

THE dangers that attend the administration of medicine to children without medical advice are constantly being illustrated in the proceeding of coroners' courts; and there is only too much reason to conclude that a good deal of the evil result ensuing in this connection is attributable to the circulation among the masses of so-called popular guides to domestic medicine the number of which now in course of publication is considerable. A case in point occurred but a few days ago at a village called Rishton. Two children, daughters of an operative, twins, and but four weeks old, were suffering from an attack of diarrhoea, and the mother took upon herself to treat them under the circumstances. To this end she procured a quantity of poppy seeds, stewed them for some time, and then gave each child three spoonfuls of the decoction. The unfortunate infants naturally died within twenty-four hours, and at the inquests which followed a verdict was returned to the effect that the mother had, in ignorance of the consequences, administered poison to her offspring. The parents were greatly distressed at the mischance, and it is to be hoped that they will henceforth see the advantage of seeking medical aid when the condition of their offspring seems to demand the employment of medicine.

### Quinoline from Coal-Tar.

MR. PERKINS in an interesting paper on the history of Coal-Tar Colour Industry, tells us, "That there is a very remarkable new manufacture growing out of the coal-tar colour investigations, and this is the preparation of derivatives of quinoline as substitutes for quinine. Although much of his time has been devoted to the study of quinine itself, he has not succeeded in producing it artificially, neither has he discovered any new bodies which are thought to possess valuable medicinal properties. Nevertheless, the formation of quinoline must be regarded as a rather remarkable development from this industry, seeing that it is owing to experiments made for the artificial formation of quinine that it owes its foundation. So far as the colour-producing industry itself has gone it has now furnished not only all the colours of the rainbow, but also produced the more sombre colours, not the less useful, and colours possessing different properties which fit them for special uses.

### Poisonous Honey.

TREBIBOND has long been known to produce honey of a very doubtful and even poisonous nature, and it has been lately reported that a number of persons were poisoned and three have died from eating wild honey found to be contaminated with or giving evidence of containing gelsemium. It appears that shortly after having partaken of the honey they complained of giddiness and dimness of sight, and but for the prompt assistance they received the deaths might have been more numerous.

### Typhoid Outbreak at Ashford Schools.

A SERIOUS epidemic of typhoid fever has occurred at the West London district schools situate at Ashford, and the circumstances attending it are of the most instructive nature. At the first the children were the ones attacked, and no fewer than 263 cases of the disease have been under treatment since July 11, the mortality being a little over six per cent., or a total of 15. What is specially noteworthy, however, is that owing to the sudden strain thrown on the nursing staff by the occurrence, this was reinforced by the regular school and establishment officials, the majority of whom, it must be concluded, were necessarily ignorant of sick room routine duties, of these temporary assistants no less than seventeen contracted the disease, and in three cases with a fatal result; and this notwithstanding that every precaution is said to have been observed to prevent such a catastrophe. This remarkable experience suggests either that the nursing has been conducted under circumstances favourable to the continuance of the causes which first provoked the outbreak, or that those who are unaccustomed to attending the sick are unable to observe the precautions necessary to their own protection against infection. We anticipate, however, that this matter will be fully investigated in the official inquiry which will naturally ensue as to the origin of the epidemic. All the cases remaining under treatment are said to be doing well, and anxiety is no longer felt as to the spread of the fever.

### A New Microbe.

ACCORDING to the American papers the researches which Professor S. A. Forbes, of the Illinois State College, has instituted into the cause of the terrible mortality recently prevailing among fresh-water fish in some parts of the American continent, have been rewarded with complete success. The report that he has just submitted on the subject shows that the disease is due to a minute spherical microbe or germ whose diameter is only about the 1-25,000 part of an inch. This germ he discovered in the liver and kidneys of the diseased fish; there it forms abscesses, which ultimately destroy the cells of these organs, and therewith the life of the fish. Professor Forbes says that there are various species of this germ, the different varieties of which cause specific diseases, such as fevers, and especially small-pox, chicken-pox, hog-cholera, and so forth. The case which more particularly prompted him to undertake the investigation was the extraordinary mortality among the perch and other fish of Lake Mandatta, Wisconsin, where the fish have, for some time past, been dying in enormous quantities.

### A Centenarian Scientist.

M. M. E. CHEVREUL, the veteran French chemist, is probably the first eminent scientist who has attained the ripe age of one hundred years without having had to intermit the labours which have gained for him a universal reputation in the world of learning. This patriarch of science attained his hundredth birthday a few days since, and the Royal Society of London has in him one of its most honoured and aged members, he having been elected a foreign associate of the society so long ago as 1826. Chevreul was born August 31, 1786, and his active work as a chemist was begun when he was seventeen years old, since which time, it may be said, that his life has been constantly passed in accumulating and imparting knowledge, and in making discoveries which have been largely influential in forwarding the progress of scientific chemistry, and in promoting its application to the arts. The recognitions showered upon him have been deservedly numerous and valuable, and have emanated from all quarters where respect for learning is exhibited. Chevreul was appointed Professor of Chemistry at the celebrated Gobelins' manufactory in 1824.

### Curved Bacilli in Air and Water.

In the present state of confusion which exists as to the exact rôle which Koch's comma bacillus plays in cholera, any information on the subject of curved bacilli is of interest. M. J. Hericourt finds that curved bacilli, of the same type as the cholera bacillus, are present in all waters, no matter what their source. The constant presence of these organisms can only be explained by supposing the existence of their germs in the air, in which they are present in the spore condition. Neutral bouillon and potatoes were sterilised and inoculated with dust from various places, and many curved bacilli developed in all the cultivations. They showed all the described forms—commas, curves, omega, S, spirals, &c. Intestinal dejecta in simple diarrhoea, dysentery, and typhoid fever, broncho-pulmonary secretions in all diseases of the lungs, pus ex-



posed to the air, the saliva of healthy and sick persons, were all found to contain curved bacteria, often in much greater number than other forms of bacteria. Collected first on bouillon or cooked potato, and then cultivated on nutrient jelly, these curved bacilli form rounded colonies with separated edges, composed of highly refractive granules. These colonies, kept at 20°—22° C., grow in the jelly and liquefy it, producing colonies of the shape of a gloved finger.

#### Rapid Passage of a Needle through the Body.

DR. J. P. DUGAN reports an interesting case in the *Cincinnati Lancet and Clinic*, in which a needle swallowed by a child, twenty-two months old, was passed *per anum* thirty-five hours afterwards. The infant was seated in its mother's lap while the latter was sewing, and managed to secure and place in its mouth unnoticed a threaded needle one and three-eighths of an inch long. The mother's attention being attracted to her child by its "gagging," she perceived the end of a piece of cotton hanging from its mouth, and drawing it forth, unsuspecting that it was threaded in a needle, the instrument remained behind and passed down the infant's throat. Dr. Dugan ordered that as much solid food as possible should be given, in order to keep the needle from contact with the intestinal walls; and the result was as stated above. The child did not suffer any inconvenience, and has been unaffected since by the occurrence.

#### Microbe of Yellow Fever.

MESSEURS. FREIRE and REBOURGEON having cultivated in bouillon of 38° C. micrococci obtained from the blood of a patient who had died of yellow fever, minute hyaline micrococci were found about one-quarter the size of the blood-corpuscles; larger cells resembling epithelial cells out of which micrococci were produced were also found. Under cultivation the micrococci went through all these stages: the lowermost layers were black, and exhibited, like the black cells found in the dejections, the reaction of ptomain. The dead black remains of these organisms were seen to act pathogenetically by the formation of ptomain.

#### Skeleton Tracheotomy Tube.

It has been often a subject of reflection to surgeons performing tracheotomy that the tube in ordinary use is a clumsy and cumbersome instrument, and that it occupies an amount of space that is altogether out of proportion to the necessities of the cases in which it is employed. Dr. E. T. Williams proposes to remedy the disadvantages connected with it by substituting for it a skeleton instrument, a description of which appears in the *Boston Medical and Surgical Journal*. It consists of two parallel blades or branches bent to the curve of a medium-sized tracheotomy tube, for insertion into the trachea. These branches are grooved on the inside like a tube, and convex on the outside. The upper rectangular portion lies flat upon the neck, and is secured by tapes in the same manner as an ordinary tube. The tracheal branches can be adjusted to any width, and so adapted to any size of trachea, by means of a screw arrangement

in the rectangular or external portion of the appliance; and when inserted in the trachea the apparatus is at once accurately and firmly fixed in position. This tube is a great improvement on the ordinary so-called "split" instruments at present in use, and is capable of being made by any mechanical instrument-maker.

#### Surgeons and Anatomy.

IN Pirogoff's Memoirs, now appearing in the *Wiener Med. Zeitung*, instances of the disregard or forgetfulness of anatomical details by leading German surgeons are given which sound somewhat strange to English ears. Neither Rust, nor Graefe, nor Dieffenbach knew anatomy. Rust once said very naively, in a lecture on Chopart's operation: "I have forgotten what the two bones there are called—the one convex, like a fist, the other concave in the joint; from these two bones the anterior part of the foot is separated." Graefe was in the habit of inviting Schlemm, the professor of anatomy, to great operations, and to inquire during the course of it, "Does not an arterial stem or branch run through there?" Dieffenbach simply ignored anatomy, and made merry over the situations of arteries. He considered the fear of wounding the epigastric artery in herniotomy to be a useless sensation. He used to say to his pupils of the same artery, "That is a phantom of the imagination." Dieffenbach was such a stranger to even the most superficial anatomical conceptions that he sent a piece cut out from the tongue of a stammerer to Johanne Müller, with the request that he, Professor Müller, would determine what muscle it was.

#### The Action of Lightning in Paralysis.

THE following singular clinical record is communicated by Dr. Kunze, of Halle, to the *Deutsche Med. Zeitung*, No. 69, 1885:—Frau Gutsbesitzer Winter, of Zaasch, aged 48, strong, powerful, of quick temperament, has had twelve children. Otherwise quite healthy, in the beginning of May she was attacked with phlebitis of the right leg. On May 20th she had so far recovered that she was able to perform her household duties with an india-rubber bandage round the part affected. On May 24th, after dinner, she had a stroke; speech was lost, the facial muscles on the right side were paralysed, also the right arm and foot. On the physician visiting her she complained of much pain in the head, the face was much reddened, complete right-sided paralysis was present. The only words she could pronounce, so as to be understood, were "ja," "nein," and "die, die." By June 8th there was no improvement in the speech; she could only raise the right arm by the aid of the left. The right foot showed improvement so far that she could walk with the help of her son, so that she was able to pass a few hours out of bed on the sofa. On June 8th, at 6 p.m., as the patient was sitting on the sofa in the sitting-room, a heavy thunderstorm passed over, the lightning struck the house, and also Frau Winter as she sat on the sofa, striking her on the paralysed side. The skin was reddened on the right shoulder and down the right side, and a burning, puckering sensation was complained of. After the depression caused by the fear had passed away and the patient was refreshed by rest she could raise the

right arm to the head without assistance. She could pronounce "ja" and "nein" distinctly, and also the name of her son Edmond, and the words Papa, Rheumatismus, Fuss, and several other words. During the first week after the lightning stroke, her condition manifestly improved, and on June 18th she could walk and raise the arm completely without assistance. A fortnight after, however, no further improvement was noted, and at the time of writing electricity was being applied daily.

#### Multifetal Pregnancy.

THE note from which the following is extracted was communicated by Dr. F. Poljakow to the *Medizinskoje Obozrenije*.—The Bauern M. Konakow, 27 years of age, has been married nine years, and has menstruated regularly every three weeks and six days since her fifteenth year. Pregnant six times, labour normal. The last menses were October 14th, 1884. In February this year she applied to a medical man, as the abdomen was increasing so much in size that respiration was impeded. It was ascertained that the uterus was considerably enlarged, of a rounded-oval form, with the fundus at the level of the scrobiculus cordis. To the right of the linea alba feeble cardiac sounds were heard; on the left small portions of a foetus could be felt. The birth of a dead child took place on February 28th, at 8 p.m.; a few minutes afterwards a second appeared, both breech presentations; and some minutes later, three more children, with their heads presenting. They were all born enveloped in amniotic sacs. The last four lived a short time. There was one placenta, weighing 585 grm., to the periphery of which the umbilical cords were attached. All the children were females, and corresponded in size to their period of growth, each weighing about 590 grm.] with the exception of the first, which weighed 934 grm., and was 41 cm. in length. Several fingers and toes were missing from the hands and feet.

DR. ALLEN E. DOUGLAS, of Warrenpoint, has been appointed a Justice of the Peace for County Down.

DR. RUBNER, of Munich, has been called to the Extraordinary Professorship of Hygiene in the University of Marburg.

It is rumoured that Professor Fuchs, of Luttich, will probably be appointed to succeed the late Prof. Jaeger in the Chair of Ophthalmic Surgery at Vienna.

STAFF SURGEON GAFFKY, the companion of Professor Koch in Egypt and India, has retired from active service in the Prussian Army, and been appointed a member of the Imperial Health Office.

As far as is known, the largest apothecary's establishment in Europe is that of Woldemar Ferrain, of Moscow, in which from 70 to 80 assistants are employed, and 700 to 800 prescriptions are daily dispensed.

DEPUTY SURGEON-GENERAL EDMUND GRESWOLD M'DOWELL, who was created a Companion of the Bath for his services as Principal Medical Officer in the

Soudan Campaign of 1884, has been appointed Principal Medical Officer on the Staff at Woolwich.

M. PASTEUR has lately been devoting himself to the perfection of the details of his scheme for protecting animals against the virus of hydrophobia. He is now satisfied that the measures to be taken are sufficiently settled for application to human beings, and on his return to Paris from his country seat in the Jura, the Professor will be prepared to put his theory to the test of practice.

### Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

CHOLERA SCARE AT LEITH.—Considerable excitement was occasioned in Leith last week by the arrival within port of a vessel from Spain with some suspicious cases on board; and as others had occurred during the voyage, the Customs authorities communicated with Dr. Williamson, medical officer of health, and Mr. Gilbert Archer, sanitary inspector, who at once proceeded on board the vessel, with the view of preventing the landing of either crew or cargo until both had been thoroughly overhauled. It was found that several of the crew were unwell, and though no cases of cholera had occurred, the symptoms were such as to lead the Customs officials to have the vessel detained in the Roads for prolonged medical inspection, and for instructions from the Government authorities in London. The crew consists of twenty men, and the pilot who brought the vessel up the Firth has not been permitted to land. As a precaution against any vessel from a cholera-infected port not having a clean bill of health, a boat and crew has been stationed by the Customs authorities at the end of the west pier. The Town Council have also written to the Dock Commission stating that, in view of the prevalence of cholera on the Continent, it is desirable that the Local Authority should be allowed to take possession of the hospital at the end of the west pier, in order that it may be put in a state of readiness for any emergency.

OUTBREAK OF SMALL-POX IN EDINBURGH.—At a meeting of the Public Health Committee of the Edinburgh Town Council, held on the 3rd inst., Dr. Littlejohn reported that a severe case of small-pox had occurred in the city, and the patient, a married woman, had been removed to the City Hospital. She had, it is believed, caught the infection while on a visit to some friends at Hartlepool. The apartment in which she is being treated has been completely isolated, and care is being taken to watch the health of the neighbours with whom the patient had been in contact since her return from England.

EDINBURGH.—HEALTH STATISTICS.—The mortality in Edinburgh for the week ending with Saturday, the 29th ult., was 72, and the death-rate 15 per 1,000. There were 13 deaths under one year, and 16 above sixty years. Diseases of the chest accounted for at least 25 deaths, and zymotic causes for 8, of which 5 were due to fever, 2 to diphtheria, and 1 to whooping-cough. The intimations for the week comprised—Fever, 21; diphtheria, 2; scarlatina, 16; and measles, 26.

EDINBURGH COTTAGE HOSPITAL FOR WOMEN AND CHILDREN.—A small portion of the premises in Grouse Street, Fountainbridge, used as the Edinburgh Provident Dispensary for Women and Children, is in course of being converted into a Cottage Hospital in connection with the

institution, and will soon be in readiness to receive patients. It is now about seven years since the dispensary was opened. From time to time a considerable number of cases have arisen which required the aid of careful nursing, good food, and quietude of order to bring them to a successful termination, and in such instances it has been necessary to draft off the patients in one or other of the public hospitals in the city. With a view of overcoming this difficulty, efforts were made sometime ago to add a few beds to the dispensary with a view of completing the treatment in connection with the institution of such patients as required surgical operations or continuous daily care. These efforts have been successful, and the hospital, containing half-a-dozen beds, will be opened in the course of a very short time.

## Literature.

### SELECTED MONOGRAPHS. (a)

THIS Society has in the present volume made a new departure by giving us, in one volume, three monographs on different medical subjects. It may be assumed that these papers are much above the average in merit, else they would not have been published as we now find them. The first, on Albuminuria, we would call a very elaborate essay. It gives the various forms in which albumen is excreted—albumen as a constituent of normal urine—the dependence of albuminuria upon alterations in the blood pressure, &c., and then in an appendix two contributions—1st, to the Theory of Urinary Secretion, and 2nd, the Hygienic Treatment of Albuminuria.

Whoever has had to deal with cases of albumen in the urine cannot fail to have been struck with the fact that this substance exists in the urine under a great variety of circumstances, which the reader will find detailed in the essay before us. For ourselves, we have long divided these cases into two great classes, those in which there is no evidence whatever of organic disease of the kidney, and those in which there are such evidences. The former of these afford a variety of circumstances, into which, however, we cannot enter here, but in which there is no organic disease. The state of the digestive powers, and as a corollary from this the state of the blood, seems to us to go a long way in explaining the occurrence of albumen. We know that a very slight attack of indigestion may lead to the appearance of albumen in the urine. Hence the treatment which causes the dyspepsia will also cause the albumen to disappear. Hence also an explanation of the fact that certain medicines cure albuminuria, such as iron, hydriodate of potash, gallic acid, &c., and they do so by curing the dyspepsia. But there is another aspect of this question which to us appears most important; nor are we sure that we have seen it noticed in any work, even the one before us. We mean where a certain amount of organic disease of the kidney exists, leading to the presence of albumen in the urine. In this state there is nothing more common than for dyspepsia causing albuminuria to be superadded, and then the state is one of functional combined with organic disease, the albumen being much increased. Here, again, treatment frequently removes the albumen due to functional derangement; whilst that due to organic disease will of course remain. We believe this view of the subject worthy of especial attention, though we cannot enter into it further here. To this paper is appended a lecture by the author on the Hygienic Treatment of Albuminuria, in which a strict regulation of the diet is enforced. The use of egg albumen is strictly prohibited, whilst a moderate amount of animal food is enjoined, and also vegetables. The functions of the skin are to be specially attended to, and a suitable climate for the patient to dwell in. Even supposing, however, that these several points are all carried out, the author cautions his readers from expecting much from the plan.

The second essay, on the Nature of Typhus and Typhoid Fevers, need not detain us long. At the time it was written

(a) "Selected Monographs: comprising Albuminuria in Health and Disease, by Dr. H. Senator; Some Considerations on the Nature and Pathology of Typhus and Typhoid Fever, by the late Alexander F. Stewart, M.D.; Movable Kidney in Women, by Dr. Leopold Landau." London: The New Sydenham Society. 1884. Pp. 870.

(1840) it was a valuable addition to the knowledge of the day, and certainly helped to clear up the difficulties which then surrounded the question of the identity or non-identity of the two fevers. But since then additional papers and works have appeared which have eclipsed, as it were, Stewart's paper, which, it may be mentioned, was read before the Parisian Medical Society, and at the time attracted much notice. In considering the early history of the subject the paper before us cannot be overlooked.

The third and last essay in the volume is on Movable Kidney in Women, and is to us a very interesting one. It is not so long since some eminent men denied the possibility of such an occurrence. But accumulated facts, and more particularly those derived from post-mortem examinations, have proved beyond question that the state does occasionally exist, and in obscure cases of abdominal tumour ought not to be forgotten. The essay before us is very elaborate. At the same time some of the points discussed seem to us to be too much strained. Thus the reasons why the kidney should ever be displaced are very far-fetched. No one in the habit of opening the abdomen can fail to have been struck with the great—we were going to say endless—variety presented by the several organs contained within. Their relative position to each other varies much, whilst their attachments and the surroundings of the folds of the peritoneum, may be said to be never similar in any two subjects. Keeping these facts in mind, there is surely nothing strange in the fact that the kidney has sometimes longer attachments than ordinary, and hence the organ becomes a "floating kidney," which seems to us a very happy expression to give this state; and when in addition we recollect that the human frame, and more particularly in females, is liable to become relaxed, and all the tissues flabby, we can understand why the position of the kidney becomes "movable," and why the expression "in women" is used, for this sex is much more liable to it than the other. One point in the essay strikes us as strange; we mean the question being discussed whether the right or the left kidney is the lowest in the abdomen. When we read this we began to question ourselves, and ask, had our memory failed, or was it not certain that the right is nearly always the lowest down? And this has been attributed to the position of the liver. We believe there is no doubt whatever on the point, and our wonder is it was ever discussed.

A question of more interest, as it appears to us, is why the right kidney is so much more frequently displaced, or rather movable, than the left. Our author gives several causes; amongst these are the absorption of fat from round the kidney, leaving the organ as it were loose in its capsule. But this cause, it is obvious, should apply to both organs, which it assuredly does not. Again, women who have had many children are stated by the author to be very subject to this condition of the kidney. But granting this cause as a general one, and the pendulous belly resulting, it does not show why the right kidney is by much the most frequently movable. In connection with frequent parturitions, the displacement of the organs of the pelvis cannot be overlooked, as giving a possible tendency to the dragging down of the kidneys. But neither here does it appear to us that such a cause should influence one kidney more than the other; and in truth we are puzzled to advance any plausible cause for the fact.

The chapter on Hydronephrosis as a consequence of movable kidney is one of much interest, but we can only refer to it here, as also to the chapters on Diagnosis and Treatment. Our author is against any operative proceedings, such as removal of the organ, in these cases, and we must say we go entirely with him. He describes, too, a particular form of staves, which he states are sufficient in themselves to relieve the distressing symptoms of the affection.

On the whole, whilst not agreeing with the author on every point he advances, and particularly as to the etiology of the affection, we consider this essay a very valuable one, and well worthy of perusal.

### CHEYNE'S ANTISEPTIC TREATMENT OF WOUNDS. (c)

WE welcome this manual, not only as a trustworthy guide to the practice of antiseptic surgery, but as being a more or less complete *résumé* of the different methods in vogue at

(c) "Manual of the Antiseptic Treatment of Wounds for Students and Practitioners." By W. Watson Cheyne, M.B., F.R.C.S., Assistant Surgeon to King's Coll. Hospital, &c. London: Smith, Elder, and Co.

home and abroad. It is, as it states to be, a manual for students and practitioners. Details so essential for the success of aseptic surgery are carefully and thoughtfully given, and illustrations are not spared to make the directions of the text plain and evident. Though the book throughout will repay careful perusal, yet one naturally turns immediately to see what Mr. Cheyne's views are on the necessity of the spray, and what explanations are given of the undoubted good results which the "open method" of treating wounds has lately achieved. In spite of Koch's researches, which dealt the most severe blow at the utility of the spray, Mr. Cheyne states that practically in his experience it is of the greatest value. Koch's experiments proved that while micrococci and other organisms without resistant spores are killed in a few seconds by carbolic acid, spores, on the other hand, can retain their vitality for a considerable time. As spores of bacilli are not found in the discharge from an aseptic wound, one must conclude either that they do not gain access to the wound, or if they do get in, the circumstances under which they are placed are unfavourable to their growth. If heat and moisture do cause the spores to germinate, they are then easily destroyed by the carbolic acid, but as a rule spores cannot germinate in the presence of carbolic acid, and are, on the other hand, soon destroyed by the action of the living tissues. On page 53 it is stated that "people are too apt to trust to the spray as sufficient." That washing out the wound with 1-40 carbolic lotion is considered a bad substitute for the spray is evident on p. 54, where it is stated: "This is a bad thing for the wound, because it irritates it, and may prevent healing by first intention or by causing a much larger quantity of discharge than usual; the gauze dressing may be so saturated with the discharge as to render it unable to prevent the spread of putrefaction inwards." With regard to the difficulty of employing the spray in country practice, the following sentence occurs on p. 105: "These methods—the use of catgut stitches and catgut drain, and the employment of a permanent deep dressing, together with the hints in cases where a drainage tube or non-observable stitches are employed—suffice to render the operator independent of a spray." Thus, though the spray can now and then be conscientiously dispensed with, yet other methods, as irrigation and distension, are not efficient substitutes, as the wounds are not only over-irritated, but there is a risk of carbolic acid poisoning. We do not find any mention of the sometimes dangerous cooling properties of the spray in prolonged operations or of the attempts made to provide dry antiseptic atmospheres. There is no attempt made to shirk an explanation of the success of the open method; it is stated that it has been looked upon as the antithesis of aseptic treatment, and yet when considered in the light of the true principles of antiseptic surgery it is found that it is really an advanced method of antiseptic treatment. "By freely exposing the discharge to air evaporation takes place, and the fluid becomes too concentrated to permit the growth of bacteria, while, at the same time, by supplying these organisms with plenty of oxygen, they have no necessity to break up the albuminous compounds in their search for oxygen, and thus, as shown by Pasteur, their fermenting power is diminished." Oxygen apparently not only interferes with the fermentative process, but actually destroys the bacteria which cause it. The fact of draughts preventing putrefaction is well known to housewives, who will keep, *e.g.*, grouse hanging for months in a current of cool air. But currents of cool air, in spite of the chain coccus of erysipelas, are also supposed by a considerable portion of the profession to be provocative of erysipelas. Erysipelas is not unknown even with strict antiseptic precautions. *A priori* one would think it would be of more frequent occurrence in the open method, but Mr. Cheyne does not give us any information on that head. The opening chapters are devoted to the processes of healing, description of micro-organisms, erysipelas, pyæmia, gangrene, &c., "matters (as stated in the preface) which were not ripe for discussion when my work on Antiseptic Surgery was written." These chapters are very lucidly written, and will be of much value to students preparing for the higher examinations. In looking through the chapter devoted to the substitutes for carbolic acid one cannot help being struck with the really slight advance in that direction since Lister originally described the method which goes by his name. *Salicylic acid* oxidises steel, and in the form of spray causes coughing and sneezing and adheres to the clothes. *Thymol* has been justly abandoned, as it does not prevent putrefac-

tion. *Acetate of alumina* has lately been recommended by Maas, as has also *eucalyptus oil* again by Schulz, of Bonn. The advantages of eucalyptus are, not only does the oil render the discharge pure as it passes over it, but also on account of its volatility bathes the part in an antiseptic vapour; it is stated to be a fairly trustworthy antiseptic, and can be used under circumstances where carbolic acid is apt to cause irritation, as in dressings on the scrotum or in patients whose skin is liable to be irritated by carbolic acid. On account, however, of the great volatility of the oil the gauze is very uncertain in quality, and is therefore not so safe as carbolic gauze. Severe irritation, eczema, and salivation have been noticed arising from *bichloride of mercury*; mixed with sand or coal ashes it is said to be a good powder for sprinkling over wounds. With regard to *iodoform*, it is stated, p. 121, that "it is not a powerful antiseptic, and is not now nearly so much employed as it was two or three years ago." "In the clinique of Max Schede and others who may be trusted to observe all the necessary precautions for antiseptic work, severe epidemics of erysipelas have occurred in wounds treated by iodoform, and they have for this reason and on account of its poisonous qualities given up its use." When a wound is already discharging, Mr. Cheyne does not like carbolic acid, because it so alters the granulations that they acquire many of the qualities of a recent wound as regards absorption. If carbolic acid (1-20) be injected into a wound once or twice a day it destroys the superficial granulation cells, and produces a thin slough in which bacteria develop, and from which it is difficult to dislodge them. Mr. Cheyne therefore recommends cleansing with chloride of lime (40 grs. to the oz.) and lint soaked in boracic lotion as a first dressing, followed on the next day by either salicylic, eucalyptus, or boracic ointments after the wound has been well washed with either acetate of alumina, sulphurous acid, chlorinated soda, or Hutchinson's alcoholic lead lotion. With regard to irrigation and immersion, the disadvantages are said to be the sodden state of the wound and the consequent œdematous condition of the granulations, the constant state of unrest of the wound and the inconveniences attending the application. Carbolic chromic catgut is still used for ligatures. With regard to sutures, waxed carbolic silk or silver wire is used. Ordinary silk steeped in carbolic lotion absorbs blood and serum, which putrefy in it, so the silk which was at first unirritating becomes very acrid, and causes inflammation in its vicinity. To avoid this, silk is steeped in a mixture of beeswax 9 parts and carbolic acid 1 part. The wax holds the carbolic acid and fills up to some extent its interstices, thus preventing it from becoming soaked with fluids. It must not be laid too long in the lotion before being used, else the threads become opened out.

Altogether we can strongly recommend Mr. Cheyne's book, and predict for it a rapid sale.

#### LOUIS PASTEUR: HIS LIFE AND LABOURS. (a)

THIS interesting autobiography of the great Frenchman we are told, "is a filial tribute written under the immediate supervision of M. Pasteur by his son-in-law M. Valéry Radot. It is certainly, as Professor Tyndall says, "the record of a life of extraordinary scientific ardour and success. The picture of a mind on which facts fall like germs upon a nutritive soil, and like germs so favoured undergo rapid increase and multiplication." No one who has followed Pasteur in his investigations will deny the truthfulness of Tyndall's picture, for certainly there is no part of the "infinitely little" which seems to have escaped his attention, and has not been enriched by his increasing scientific labours. This autobiography describes his more striking discoveries, beginning with the study of molecular physics, which were of considerable promise, when his attention became, as it were, accidentally diverted into another channel, and led him to the consideration of the phenomena of fermentation. Until then there had been various more or less erroneous explanations of this process, but no one had quite grasped the fact that it was due to the action of a living organism. "It matters little," he writes, "whether science makes of this vibrio a plant or an animal; it is a living organism endowed with motion which is a ferment,

(a) "Louis Pasteur: his Life and Labours." By his Son-in-law. Translated from the French by Lady Claud Hamilton. London: Longmans, Green, & Co. 1885.

and which lives without air." From this he appears to have deduced and traced the dependence of all fermentation on the presence of a living organism. Following up this question, Pasteur passed on to the study of acetification and the conversion of wine into vinegar by the action and growth of the *mycoderma aceti*. It was, however, well known to all chemists that vinegar, when exposed to air, not only deteriorates, but generates "little eel-like organisms which multiply with extraordinary rapidity, and not a barrel of vinegar manufactured by the New Orleans system, but what contains an alarming number." The significance, as well as the discovery of these animals, is due to the microscopical workers of this country, and manufacturers were made fully aware of the necessity of preventing and getting rid of these pests. It is unnecessary, did our space permit of it, to follow out the numerous investigations and humanitarian discoveries in which our French *confrère* has been for many years engaged. His labours and investigations are well known to, and their value fully recognised by, the medical profession, and we thoroughly endorse what Professor Tyndall has said in his introduction to this painstaking, careful translation by Lady Claud Hamilton, that in it "the reader is here presented with a record in which the verities of science are endowed with the interest of romance."

### Correspondence.

#### DR. BRADLEY'S CASE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am not in a position to explain in public precisely what I meant by my letter, upon which you pass a certain amount of criticism in your issue of to-day, and it is clear that neither Mr. Martin nor Dr. Whittle quite understand it. If anyone requires an explanation I shall be glad to give it them *verbally*, but let me assure you that nothing in that letter in the least degree means, or is intended to mean, that I would not myself have voted for a verdict of not guilty in the case of Dr. Bradley. But it does assuredly mean that the evidence given at the trial, and which is upon Lord Coleridge's notes was such as made a verdict of guilty inevitable. If that evidence had been subjected to a cross-examination on the suggestions of a skilled expert a verdict of not guilty would have been returned. What I want to remove is the impression that Lord Coleridge was in any way influenced by animus against the prisoner.

Yours truly,

LAWSON TAIT.

Birmingham, Sept. 3.

#### THE INTERNATIONAL CONGRESS OF 1886.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I mail you a circular giving the true facts about the "International Medical Congress." The committee will meet September 3rd, and try to arrange all the present trouble in a satisfactory manner to the entire profession.

I can assure you, on behalf of the American Medical Association, that the Congress will be properly arranged, and all European visitors will be most cordially received.

Yours, &c.,

JOHN V. SHOEMAKER,

Sec. Committee of Arrangements.

Philadelphia, Aug. 21st.

[We are glad to publish the above letter, but, as our views on the subject of it have already been fully expressed in our columns, we shall reserve further comment until we have had an opportunity of perusing a report of the meeting referred to by Dr. Shoemaker.—ED.]

#### INOCULATION AGAINST CHOLERA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In reply to Mr. J. O'Flanagan's letter in your issue of Aug. 26th, I regret that I seem to have failed to convey to him a satisfactory impression, that there exist facts and analogies which, when viewed in strict scientific and philosophical method, give us justification for seeking a prophylactic co-ordination of the system against cholera. Mr.

O'Flanagan must also excuse my saying that it does not follow because that I believe in vaccination against small-pox, or because I look forward toward a prophylaxis to cholera, that therefore, I must extend such methods to enteric fever, syphilis, &c. Nor can I, in such complex and obscure phenomena, as cholera, accept my own or any other student's views as "orthodox." The history of our knowledge, and in biology especially, shows that advances toward greater truths and generalisations have usually been unorthodox to the then-current opinions.

Twenty-five years ago, when I was in India, and making voyages with coolie emigrants from Calcutta to the West Indies, I was greatly possessed by the idea, that the outbreaks of cholera, which then often happened in the ships, soon after sailing, were due, not to any specific germ, or food, or drink, so much as to the *change* or *shock* which happened to the coolie's system, when taken from his warm natural-born conditions of health and life—say Bengal—to the sea. I held that the "shock" or *change* to the sea sometimes led to the natural evolution of cholera, just as I had seen the natural evolution of epidemic types of fever, in European emigrants, when they had passed from the southern tropic to high cold southern latitudes. The principle of management which flowed from such a hypothesis was a conserving one, of giving the people rest, warmth, &c., of conserving, as far as possible, their habituated "mode." But I had resolved to hypodermically inject with quinine and arsenic every one *not affected*, did cholera appear. Although I made eight such voyages, I was fortunate or unfortunate in having no epidemic of cholera in either of my ships, and was thus unable to put the hypothesis to the test. The practice is based on the ideas, that cholera *at certain periods of the system* is a natural evolution; that from the loss of the habituated environment of the living being, and the occurrence of "shock" or *change*, molecular vito-chemical actions happen, and "poisons" evolve, whose results are cholera. I sought to prevent the evolution of these (hypothetical) changes, by warmth, rest, &c.; and extending the hypothesis (as I was very familiar with the habit of taking quinine as prophylactic to fevers in tropical countries) and as I held that cholera was in "continuity," in its profounder nature, with the endemic fevers of Bengal, I ventured to suggest that we ought to seek a method of co-ordination against those first vito-molecular changes in the system which precipitate cholera.

The approximative hypotheses here indicated, imply (A) the absolute "continuity" of the inorganic and organic; (B) that what we call cholera are the results of vito-chemical changes (poisons) which have evolved in the system; (C) that at *certain times* a great variety of *changes* or *shocks* are enough to produce the decomposition of normal living matter, and to lead to the evolution of those vito-chemical bodies which produce cholera; (D) that the great cosmic Form of Evolution is ever acting, not only producing new species of animals and plants, but also new forms of disease; and that the potentiality of communicability may evolve in cholera under certain environment.

It would be easy to cite instances of the evolution of cholera from varied *changes* of environment: also instances of the ceasing of cholera from *changed* environment: but such instances must be familiar to readers of the literature of cholera, although different minds may interpret them by very different hypotheses.

I am very well aware that in what I have said above I have opened my flanks terribly! not the less, I hope and believe that my advance is on a right method.

Yours, &c.,

WILLIAM W. PEARSE, M.D.

Plymouth, Aug. 27.

#### "THE LONDON GAZETTE."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—What a grand thing it is to belong to the Medical Staff!

After all the toil, dangers, hardships. Such a splendid return. Four men specially mentioned. Three surgeons—majors and one surgeon. One poor fellow was actually promoted, but then he was dead, so that lost the State nothing. Grand, is it not? One surgeon was specially mentioned for distinguished service; but then he is alive. So it would be expensive to promote him!!! Now then, young surgeons, look sharp, or you may miss the chance of getting

into the glorious Medical Staff, where you will get kicks enough, but not many halfpennies. If you go in as private soldiers you may get the V.C. As medical officers you may be sure you will not get much beyond hard work and abuse. Perhaps our "only general" may do you the honour of giving you a good round of abuse if you forget to have fly fans or something you have no right to order.

For the whole staff at Suakin, one surgeon mentioned and not promoted: is it not grand?

Your obedient servant,

A NON-MILITARY SURGEON, AND THANK GOD FOR IT.

#### ADMINISTRATION OF NARCOTICS TO INFANTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the report of a case under the above heading by your "Northern Correspondent," in last issue, page 218, I find a statement that seems to require explanation. A child of five weeks dies after a dose of 5 drops of laudanum, given to allay pain and stop crying. A Dr. Crawford, who did not administer or prescribe the narcotic, but who saw the infant frequently between 10.30 a.m. on Saturday and 2 a.m. on Sunday, is examined by the Sheriff, who asks him, "At what age is it safe to give soothing syrup to a child?" To which the doctor replies, "I do not think it safe almost at any age under a year old." This in the first person. The report then goes on to make him say, now in the third person, "He should say *other homœopathic medicines* in bottles were also unsafe for mothers to give to children under a year old." Other homœopathic medicines! When was laudanum converted into a homœopathic medicine? and what sort of homœopathy is it to give a narcotic in order to allay pain? Hitherto we have understood that laudanum and its use to cause narcosis were characteristically allopathic; but if Dr. Crawford is correctly reported, he would seem to think that this was an illustration of homœopathic practice. It would be interesting to learn from Dr. Crawford what homœopathic medicines "in bottles" are "unsafe for mothers to give to children under a year old." Perhaps he will kindly inform us.

Yours truly,

R. E. DUDGEON.

53 Montagu Square, London, W.

#### COCAINE IN ASTHMA, HAY FEVER, &c.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—A more extended use of *cocaine* makes me give a stronger opinion on its use in *hay fever*. Two per cent. solution to *nares*, *sp. as asthma* internally applied to tongue. One-tenth to one-half gr. in solution post nasal *catarrh*, applied on cotton-wool. Five per cent. morphia *craving alcoholism*. Nervous *debility*, from overwork, or any cause, it should get an extended use in "*spu asthma*." Cures tooth-ache, applied on cotton-wool. In *ophthalmic* practice, in *operations on eye it is invaluable*, as well as all small surgical operations, painted over part twenty per cent. solution. The best papers published on its use are those of E. Merck, Darmstadt, which can be had from H. Boyce, 72 Mark Lane, London, E.C., and a supplement to the Extra Pharmacopœia, Martindale, London, which no practitioner should be without.

I am, &c.,

T. J. GELSTON, M.D.

74 George Street, Limerick,  
July 24th, 1885.

P.S.—The *ovos pastiles* of Martindale are very good.

T. J. G.

**The Mortality of Foreign Cities.**—The annual death-rates per 1,000 in the principal foreign cities, according to the last weekly returns communicated to the Registrar-General, are as follow:—Calcutta 29, Bombay 26, Madras 39, Paris 22, Geneva 13, Brussels 26, Amsterdam 19, Rotterdam 21, The Hague 22, Copenhagen 16, Stockholm 21, Christiania 20, St. Petersburg 29, Berlin 28, Hamburg 25, Breslau 35, Munich 30, Vienna 20, Prague 31, Buda-Pesth 28, Rome 25, Venice 28, New York 35, Brooklyn 28, Philadelphia 22, and Baltimore 19.

**Vital Statistics.**—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 18.4 per 1,000 of their population, and were—Birkenhead 19, Birmingham 17, Blackburn 15, Bolton 13, Bradford 17, Brighton 20, Bristol 15, Cardiff 18, Derby 20, Dublin 20, Edinburgh 16, Glasgow 21, Halifax 16, Huddersfield 16, Hull 17, Leeds 18, Leicester 14, Liverpool 20, London 17, Manchester 21, Newcastle-on-Tyne 21, Norwich 14, Nottingham 15, Oldham 15, Plymouth 24, Portsmouth 23, Preston 27, Salford 24, Sheffield 18, Sunderland 22, Wolverhampton 21. The highest annual death-rates from diseases of the zymotic class in these towns were—From whooping-cough, 1.4 in Blackburn, 1.6 in Cardiff, and 1.7 in Derby; from measles, 1.7 in Derby; and from "fever," 1.2 in Sunderland, and 1.5 in Portsmouth. The death-rate from diarrhoea averaged 2.2 per 1,000, showing a further decline from the rates in recent weeks; it was, however, equal to 5.6 in Salford, 5.8 in Portsmouth, and 9.4 in Preston. Small-pox caused 15 deaths in London and its outer ring (exclusive of 4 in the Metropolitan Asylum Hospital Ships), and 1 in Manchester.

**Non-Arsenical Wall Hangings.**—Messrs. Wm. Woollams and Co., of High Street, near Manchester Square, W., ask us to announce that they have been awarded a Bronze Medal at the "Inventions" Exhibition for specimens of "embossed leather" and "Tergorine" lacquered and decorated for screens, wall hangings, &c. "Tergorine" is an artificial leather closely resembling real leather in appearance, non-poisonous and washable. Their stand is in the West Arcade of the Conservatory.

#### Notices to Correspondents.

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.

#### DR. ROBERTS ON "FEEDING THE SICK."

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I desire with your permission to call attention to a point in Dr. Roberts' excellent introductory therapeutical lecture on "Feeding the Sick" at the recent meeting of the British Medical Association at Cardiff—a point which, even in men of the standing of Dr. Roberts, is apt to give rise to undesirable and, I doubt not, unjust comment. It occurs in connection with the subject of artificial digestion, where he alludes to a powder containing the pancreatic ferments prepared—and from the wording one would infer *solely* prepared—by some local chemist with whom Dr. Roberts appears peculiarly well acquainted.

Now I venture to suggest that men who hold a good position in our profession should be strictly on their guard to avoid even the slightest appearance of advertising any particular firm or unduly pushing their preparations, and it seems to me that Dr. Roberts has inadvertently done this in the present instance.

I am, Sir, yours, &c.,

IGNOTUS.

MR. CRANSWICK.—The diagnosis probably lies between syphilitic testis and tuberculous testis. The surface condition of the organ ought, however, to yield sufficient evidence of the nature of the growth, and especially when taken together with the patient's personal history and present condition. Hydrocele almost invariably accompanies syphilitic disease of the testis, and the epididymis is not affected at first.

T. T. L.—We cannot comply with your request at present, for the reason that our space is too much occupied with matter of more general interest than would be excited by the subject of your communication.

#### MEDICAL FEES IN BRAZIL.

A FEW weeks since we published a note on the fees charged in Brazil and the River Plate, which was disputed in one quarter. Confirmatory of our remarks a correspondent sends us the following advertisement from *La Nación*, of Buenos Ayres, which speaks for itself:—

"In view of the difficulties which, in many cases, the public experience in obtaining medical assistance during the night, Dr. Amuchastegui begs to announce a night service, with telephonic communication with (here the names of eight doctors are given). The surgery for this purpose will remain open during the whole of the night. N.B.—After eleven o'clock the fee charged for a visit will be 80 national dollars (\$80), payable in advance. For operations an extra charge."

Our correspondent adds: "Everybody who has resided in Buenos Ayres knows that it is almost a miracle to get a medical man to turn out at night "for any consideration," unless an arrangement has been previously made, as in midwifery cases. Truly, for medical men, the River Plate is as the Land of Goshen."

MR. H. E. R.—Burton would probably be the most desirable place to which to send your patient. We have known instances in which its thermal waters have had almost a specific effect after the exhaustion of almost every other common remedy. The principal characteristics of these waters are their constant and unvarying flow and temperature in summer and winter, the principal constituents, according to the most recent analyses, being chloride of sodium,



carbonate of lime, and carbonate of magnesia. On reference to the Medical Directory you will find the names and addresses of the principal members of the profession practising there.

DR. DAVIDSON.—We have the preparation under trial at the present moment. In a short time we expect to publish a report of the results gained with it.

DR. FETTER.—You are quite right; the accident is a rare one, and can only be produced as the result of indirect violence. It is most often observed in persons whose health has been broken down by a long course of intemperance, or by acquired syphilis.

ANTISEPTIC.—We have no doubt that, under the new Act, the owner of the property is fully liable for all the expenses incurred through the illnesses caused by imperfect drainage, and that a claim for compensation can also be maintained.

MR. MATHEWSON.—Do not settle on either hospital until you have made yourself acquainted, by personal observation, with the special advantages of each. You will find every facility afforded you to this end by the officials.

DR. MARLOW.—We are glad to have been the means of assisting your efforts, and shall esteem it a favour if you will keep us informed from time to time concerning the results that follow from them.

#### THE BRADLEY FUND—(FOURTH LIST)

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Will you kindly acknowledge the enclosed additional list of subscriptions?

I remain, Sir, yours faithfully,

RICHARD JEFFREYS.

Fastwood House, Chesterfield, Sept. 2nd, 1885.

Sir George Burrows, Bt. . . . .	£5 5 0	Dr. A. C. F. Rabagliati . . . . .	£1 1 0
Mr. Arthur E. Durham . . . . .	5 5 0	Mr. J. Corrie . . . . .	1 1 0
Dr. J. Russell Reynolds . . . . .	5 5 0	Mr. Jno. Waterson . . . . .	1 1 0
Dr. Richard Neale . . . . .	5 5 0	Dr. Wm. Cayley . . . . .	1 1 0
Dr. G. H. Kidd . . . . .	5 5 0	Mr. W. Walter H. Brown . . . . .	1 1 0
Mr. John Langton . . . . .	3 3 0	Mr. Geo. Weller . . . . .	1 1 0
Mr. Geo. Lawson . . . . .	2 2 0	Mr. Pridgin Teale . . . . .	1 1 0
Dr. J. Matthews Duncan . . . . .	2 2 0	Dr. Eddison . . . . .	1 1 0
Dr. Sydney Binger . . . . .	2 2 0	J. R. W. Sirling Anderson . . . . .	1 1 0
Dr. Arthur V. Macan . . . . .	2 2 0	Mr. G. Browning . . . . .	1 0 0
Mr. Reginald Harrison . . . . .	2 2 0	Mr. W. T. Alkey . . . . .	1 0 0
Mr. Theodore Davies . . . . .	2 2 0	M. M. M. . . . .	1 0 0
Dr. Braxton Hicks . . . . .	2 2 0	Dr. W. W. Allchin . . . . .	1 0 0
Dr. John W. Ogle . . . . .	2 2 0	Mr. R. H. Meade . . . . .	1 0 0
Mr. N. Davies-Colley . . . . .	2 2 0	Dr. James C. Herberson . . . . .	1 0 0
Dr. Seymour Sharkey . . . . .	1 1 0	Dr. A. E. Macdougall . . . . .	0 10 6
Dr. C. Y. Biss . . . . .	1 1 0	Mr. Jno. E. Kenyon . . . . .	0 10 6
Dr. J. C. J. Fenwick . . . . .	1 1 0	Dr. Knox . . . . .	0 10 6
Mr. C. A. Ballance . . . . .	1 1 0	Dr. A. Swann . . . . .	0 10 6
Dr. Robt. Livinge . . . . .	1 1 0	Dr. Geo. Knapp . . . . .	0 10 6
Mr. A. E. Boulton . . . . .	1 1 0	Mr. Chauncy Puzey . . . . .	0 13 6
Dr. Fincham . . . . .	1 1 0	Mr. B. J. Lee . . . . .	0 10 0
Professor Gairdner . . . . .	1 1 0	Dr. A. H. Guest . . . . .	0 10 0
Mr. Frank T. Paul . . . . .	1 1 0		

CHANTICLEER.—We do not know any author who has written a special treatise on "Hybrids," but you would probably find what you want in Darwin's "Origin of Species" and "Plants and Animals under Domestication."

MR. BRINDLEY JAMES.—Declined, with thanks.

DR. ELWOOD LEW (Philadelphia).—We will test the splint on the first suitable case, and report the result. We do not, however, anticipate such a superiority over existing instruments as that claimed in the face of manifest objections.

AMATEUR.—*Anthea cereus*, *Bunodes ballii*, and *Sagartia bellii* yield to solvents a colouring matter resembling chlorofucin, and all the colouring matter, which in them shows this spectrum, is derived from the "yellow cells" (= symbiotic algae), which are abundantly present in their tentacles and elsewhere. It is not identical with any animal or plant chlorophyll, as is proved by adding reagents to its alcoholic solution. When "yellow cells" are present there appears to be a suppression of these colouring matters, which in other species are of respiratory use.

#### OPERATION DAYS AT THE LONDON HOSPITALS.

**MONDAY**—Hospital for Women, 3 p.m.—Metropolitan Free, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Orthopedic, 2 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Mark's, 2 p.m.—Chelsea Hospital for Women, 2.30 p.m.

**TUESDAY**—Cancer Hospital, Brompton, 3 p.m.—Guy's 1.30 p.m.—St. Mark's, 9 a.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Westminster, 2 p.m.—West London, 3 p.m.

**WEDNESDAY**—Great Northern, 2 p.m.—London, 2 p.m.—Middlerey, 1 p.m.—National Orthopedic, 10 a.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Samaritan Free Hospital for Women and Children 2.30 p.m.—St. Bartholomew's, 1.30 p.m.—St. Mary's, 1.30 p.m.—St. Peter's, 2 p.m.—St. Thomas's, 1.30 p.m.—University College, 2 p.m.

**THURSDAY**—Central London Ophthalmic, 1 p.m.—Charing Cross, 2 p.m.—Hospital for Diseases of the Throat, 2 p.m.—Hospital for Women, 2 p.m.—London, 2 p.m.—North-west London, 2.30 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. George's, 1 p.m.—Chelsea Hospital for Women, 2 p.m.

**FRIDAY**—Central London Ophthalmic, 2 p.m.—East London Hospital for Children, 2 p.m.—Guy's, 1.30 p.m.—King's College, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal South London Ophthalmic, 2 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Thomas's (Ophthalmic Department), 2 p.m.

**SATURDAY**—King's College, 1 p.m.—London, 2 p.m.—Royal Free 9 a.m. and 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic 1.30 p.m.—St. Bartholomew's, 1.30 p.m.—St. Thomas's, 1.30 p.m.

## Vacancies.

Abingdon Union.—Medical Officer. Salary, £130 per annum. Applications, with testimonials, to the Clerk, before September 19.

Birmingham General Dispensary.—Resident Surgeon. Salary, £150 per annum, with furnished rooms, &c. Applications, with testimonials, to the Secretary, on or before September 22.

Brighton and Hove Dispensary.—House Surgeon. Salary, £140 per annum, with furnished apartments, &c. Applications, with testimonials, to the Assistant Secretary, Brighton and Hove Dispensary, Queen's Road, Brighton, on or before October 5.

Chester General Infirmary.—Visiting Surgeon. Salary, £20 per annum, with residence, &c. Testimonials to the Chairman of the Board on or before September 18.

Ebbw Vale, Monmouthshire.—Surgeon (married) to take charge of an Ironworks and Colliery District. Salary, £550 per annum. Applications, with testimonials, to W. Dayson, Secretary, Doctors' Fund Committee, Ebbw Vale, Mon., on or before September 30.

Hartlepool Hospital.—House Surgeon. Salary, £100 a year, with board and lodging. Applications, with testimonials, to James Rawlings, Cliff Terrace, Hartlepool, before September 15.

Manchester Hospital for Consumption and Diseases of the Throat.—Medical Officer. Salary, £80 per annum, with board, &c. Applications, with testimonials, to the Hon. Sec. on or before Sept. 18.

Manchester Royal Infirmary.—Resident Surgical Officer. Salary, £150 per annum, with board and residence. Applications, with testimonials, to the Chairman of the Board, on or before Sept. 12.

Newport Infirmary and Dispensary.—House Surgeon. Salary, £100 per annum, with board, &c. Applications, with testimonials, to the Secretary not later than September 12.

Preston and County of Lancaster Royal Infirmary.—Senior House Surgeon. Salary, £100 per annum, with board, &c. Applications, with testimonials, to the Secretary, on or before September 11.

Sussex County Lunatic Asylum.—Junior Assistant Medical Officer. Salary, £100 per annum, with board, lodging, &c. Applications, with testimonials, to Dr. Williams, by September 16.

## Appointments.

BULLOCK, J. G. W., L.R.C.P. Ed., L.R.C.S.I., Medical Officer for the Rugby District and Workhouse of the Rugby Union.

CLARKE, J. M., B.A., M.B. Cantab., M.R.C.S., Resident House Physician to St. Thomas's Hospital.

CLEGG, J. H., M.R.C.S., L.S.A. Lond., Medical Officer of Health for the Stockton Urban Sanitary District.

CROWDY, F. D., M.B. Oxon., M.R.C.S., L.S.A. Lond., Assistant House Surgeon to St. Thomas's Hospital.

FOULKERTON, A. G. R., M.R.C.S., L.R.C.P. Lond., House Surgeon to the Royal Isle of Wight Infirmary, Ryde.

GREVILLE, F. A., L.R.C.P. Ed., L.R.C.P. Ed., Medical Officer for the Churchstunton District of the Taunton Union.

KERRHAW, M. A., M.B. Oxon., M.R.C.S., L.R.C.P. Ed., Resident Accoucher to St. Thomas's Hospital.

LAWSON, R., M.R.C.S., L.S.A. Lond., House Surgeon to St. Thomas's Hospital.

MATHEY, A., L.R.C.P., M.R.C.S., House Surgeon to the Creydon General Hospital.

MORISON, J. W., M.R.C.S., L.S.A. Lond., Medical Officer of Health for the Pembroke Union.

MURRAY, J. M. B., C.M. Aber., Assistant Surgeon to Her Majesty's Prison, Wakefield, Yorks.

RELTON, B., M.R.C.S., L.S.A. Lond., House Surgeon to St. Thomas's Hospital.

RITCHIE, K. D., M.R.C.S., L.S.A. Lond., Assistant House Physician to St. Thomas's Hospital.

ROBERTS, L., M.D., F.R.S.E., F.R.C.P. Lond., Obstetric Physician to the Manchester Royal Infirmary.

VOIGT, J. C., M.D. Ed., M.B. C.M. Ed., Resident Medical Officer and Visiting Surgeon to the Infirmary and Dispensary, Southport.

## Births.

ALLEN.—September 2, at 20 Regency Square, Elington, the wife of H. Marcus Allen, F.R.C.P. Edin., of a son.

HILL.—August 29, at 19 Thornhill Road, Barnsbury, the wife of Chas. H. Hill, M.D., of a son.

KESTEVER.—September 4, at 401 Holloway Road, N., the wife of Henry Ke-teen, M.R.C.S., of a daughter.

MCENERY.—August 30, at Semington House, Sherborne, Dorset, the wife of Dr. McEnery, of a daughter.

## Marriages.

CHADWICK—FISKE.—September 1, at St John the Baptist, Stockton, Wilts, George F. Chadwick, L.R.C.P. & S. Ed., of Codford and Mary, to Mary Elizabeth, eldest daughter of the Rev. E. W. Fiske, Rector of Stockton.

DIXEY—FERRINS.—September 3, at Little Aston, Staffordshire, Harry Edward Dixey, M.D., of Great Malvern, to Ellen Mary, youngest daughter of J. Dyson Ferrins, Esq., of Davenham Bank, Great Malvern.

HARBORD—WOOD.—September 2, at the Parish Church, Wem, Salop, Edward A. Harbord, M.R.C.S. Eng., L.R.C.P. Edin., of Newcastle-upon-Tyne, to Mary Lucy, only daughter of Thomas Wood, Esq., of Aston Park, Wem.

## Deaths.

HARRIS.—September 3, Francis Harris, M.D., of 24 Cavendish Square, London, and Lamberhurst, Kent, aged 65.

HEDLEY.—September 1, at Welford, Rugby, Charles Hedley, M.R.C.S. Eng., L.S.A. Lond.

MILLOCK.—August 23, J. Berry Mulock, M.D., of Bellair, King's Co.

TREVOR.—August 15, at Malta, Surgeon Robert Trevor, A.M.S., son of Mr. E. S. R. Trevor, Derwen, Welshpool.

# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 16, 1885.

CONTENTS.		PAGE	PAGE
<b>ORIGINAL COMMUNICATIONS.</b>			
Two Cases of Tetanus. By C. Handfield Jones, M.B. Cantab., F.R.C.P.L., F.R.S., Physician to St. Mary's Hospital .....	245		
The Nature and Treatment of Gout. By Dr. W. Ebstein, Professor of Medicine and Director of the Medical Clinic at the University of Göttingen .....	250		
The Latest Teachings of the Hôpital du Midi, Paris. By C. R. Drysdale, M.D., Senior Physician to the Metropolitan Free Hospital, and to the Rescne Society; President of the Willan Society .....	251		
Recent German Surgery. Observations by T. Eamonde Cahill .....	254		
<b>BRIEF NOTES FROM OUR EXCHANGES—</b>			
Oleum Scelline in Skin Diseases .....	254		
Rupture of the Vagina during Coitus .....	255		
Hot and Cold Injections in Uterine Hæmorrhage .....	255		
Ergot in Typhoid Fever .....	255		
Iodine in Cholera .....	255		
On a Peculiar Ringed Affection of the Prostate and Glands .....	255		
<b>CLINICAL RECORDS.</b>			
A Case of Tetanus Infantum successfully Treated. By Henry Davy, M.B., M.Ch. Univ. Dub., Fellow of the Academy of Medicine, Ireland; Medical Officer of Crumlin and Terenure Dispensaries, co. Dublin .....	255		
<b>LEADING ARTICLES.</b>			
THE PROSPECTS OF THE PROFESSION .....	256		
THE CLAIMS OF SCIENCE .....	257		
THE NEW BRITISH PHARMACOPEIA .....	257		
<b>NOTES ON CURRENT TOPICS.</b>			
The Dangers of Smoking .....	259		
The Wine Trade on Adulteration .....	259		
Death of Dr. Guy, F.R.S. ....	259		
The Proposed Reduction in Irish Poor-law Salaries .....	259		
Suturing the Intestines .....	260		
A New Bacillus .....	260		
Experimental Researches on Micro-Organisms as a Cause of Diphtheria in Man and Animals .....	261		
Medicine in Japan .....	261		
		Ambulance Work .....	261
		Effects of very Low Temperatures on Living Organisms .....	261
		Testimonial to Dr. Ph. Abraham .....	261
		<b>LITERATURE.</b>	
		"Humphry Saudwith." A Memoir. Compiled from Autobiographical Notes, by his Nephew, T. H. Ward .....	263
		Pathological Mycology: An Inquiry into the Etiology of Infective Diseases. By G. Sims Woodhead, M.D., F.R.C.P. Ed.	264
		<b>CORRESPONDENCE.</b>	
		Inoculation against Cholera .....	264
		The Antiseptic Treatment of Wounds .....	265
		Army Medical Honours and Rewards .....	265
		"History of the Progress of Laryngology .....	265
		Medical News .....	266
		<b>NOTICES TO CORRESPONDENTS</b> .....	
		Births .....	266
		Marriages .....	266
		Deaths .....	266

## Original Communications.

### TWO CASES OF TETANUS.

By C. HANDFIELD JONES, M.B. Cantab., F.R.C.P.L., F.R.S.,  
Physician to St. Mary's Hospital.

*Idiopathic Tetanus of Great Severity—Treatment by Physostigma chiefly—Marked Improvement—Convalescence interrupted by Relapse about 16 days after the Drug was discontinued—On its resumption Amendment, going on to Recovery.*

CASE I.—J. S., æt. 23, house decorator, admitted April 16, 1884. Family history good. Has had no previous illness except once an injury to his side, which was not serious. Occasionally uses white lead, but never had any symptoms of poisoning by it. He was in his usual good health up to 10th inst., except that he had occasionally dull aching pains in his back for a day or two previously. On the evening of the 10th these pains increased, and he had a fall, the result, he says, of the pain, but did not hurt himself. He managed to walk about till the evening of the next day, when great stiffness of the lower limbs came on, accompanied by muscular tremors, and he had pain and stiffness in his back too. His abdomen became hard and contracted, and on the 12th his jaws became stiff, so that he could not open his mouth wide. Since that time he has been unable to take any solid food, but has lived on milk. The tetanus has continued up to the present time, April 17th, with occasional tremors in lower limbs, which shake his whole body; the back is generally arched when the tremors come on; both tetanic and clonic spasms cause him much pain. He has perspired freely ever since the muscular spasms have occurred. Bowels act fairly. He has not been in any way exposed to cold, or been in any unusual circumstances; has been working indoors at his occupation. When brought into the ward he lay stiffly extended on the couch. His face was flushed, drawn, and wore an anxious

expression. There was some rigidity about the muscles of the jaws; the lower jaw was retracted behind the upper; the tongue could only be partly protruded. The whole bed on which he lay vibrated; his lower limbs were in a state of tonic spasm, mingled at times with clonic; there was extreme rigidity of the quadriceps extensor muscles and of others; his legs were firmly extended, and could not be flexed without great difficulty; the reflexes were much exaggerated. The upper limbs were not affected, nor were the neck muscles appreciably, but he felt stiff about the neck. When clonic spasms supervened they were at once arrested by touching the soles of the feet, or by flexing the knees; but when opisthotonos came on the limbs were forcibly extended and tremors commenced at once. Abdominal muscles were tense and hard, speech was jerky, face and body generally bathed in sweat. No blue line on gums. Can swallow liquids, but not solid food. Tongue dry, thickly coated with yellow fur. Urine sp. gr. 1040, reddish, deposits urates. Pulse 96, strong, regular, full. Temp. 100.5. Heart and lung sounds fairly normal. Mental faculties quite unimpaired. Says he did not sleep at all on night of 16th; the spasms of the limbs were so acute, opisthotonos occurred every five minutes. Two hypodermic morphia injections, gr.  $\frac{1}{4}$  each, had no effect in inducing sleep or relieving pain.

On 17th I ordered an eserine disc, gr. 1-6th in each, to be given hypodermically 4tis horis, and ext. physostigmatis liquid, gr. 1-10th 3tis horis. He was placed apart in a corner of the ward and surrounded with screens, and directions were given that he should be kept very quiet. Brandy 4 oz. Relief seemed to be afforded by flexing his knees and placing a bolster beneath them. Some bloody urine was drawn off in evening.

18th.—Had three attacks of tremor in night, lasting each 2 to 3 minutes. Took milk well, and was very thirsty. Slept altogether 2½ to 3 hours, dozing, but pains of limbs woke him up. Gets much ease from straps carried from his feet to the head of bed. Pulse 120, regular, of fair force. Towards midnight spasms in

creased in severity; opisthotonos was very marked. At 3 a.m. some very severe spasms occurred, lasting longer than any previous. No action of bowels or bladder. Had two 20 gr. doses of chloral, four doses of mixture during day, and four eserine discs.

19th, 11 a.m.—Neck rather stiffer. Cannot protrude his tongue quite so well; jaws clenched firmly. Sweats profusely. Respiration 28. Occasionally has a kind of hiccup. Speech jerky. Pulse less strong, 112. No pain at epigastrium; recti muscles rigid, but abdomen moves in breathing. Spasms and opisthotonos very severe during day. Eserine discs omitted. Physostigma given in doses of 1-5th gr. 2dis h.

20th.—Spasms severe, varying in frequency from one to four or five in hour. Brandy increased on 18th to 6 oz.; to-day to 10 oz.

21st.—Better night than previous; spasms a little less frequent. Brandy seems to give much relief from pain. Passed urine naturally this morning. From 3 to 4 a.m. he had spasms frequently, bed vibrating greatly; he says himself that during this hour the spasms were continuous, without the slightest intermission. Seems very susceptible this morning; the least jar or sound tends to induce spasms. Pulse 116, rather weak. Respiration 36. Pulse at 4.30 p.m. 80, full.

22nd.—Better night, Spasms less frequent, though some were acute, and lasted some minutes. Bowels confined. Feels that the least thing would start the spasms. Abdomen moves well in breathing. Pulse strong, 120. Pupils rather dilated than contracted. Is able to read a little, but after a few minutes the page becomes blurred.

23rd.—Very fair night with two doses of chloral; spasms less frequent and powerful. Washing him did not induce spasms to-day as previously. Looks more comfortable. Has not the apprehensive expression in his face which he had yesterday. Later in day spasms became more frequent; a very powerful one occurred at 9.30 a.m.; it lasted some minutes; there was marked opisthotonos, risus sardonius, and some livid congestion of face. Atropiæ gr. 1-40 hypoderm.

24th.—A fairly good night. Spasms not so severe or frequent. Pulse 104, of good force. Bowels not open for several days. Urine, sp. gr. 1040. No albumen or deposit. Atropiæ gr. 1-30 hypoderm.

25th.—Had turpentine and ol. ricini in enema last evening; it returned without feces. Atropia gr. 1-30 has been injected thrice subcutaneously since 24th, but no marked relief from pain or rigidity has ensued. Had a worse night than he has had for last few days. Spasms were severe about midnight and 3 a.m. Chloral gave sleep for a little time. Does not seem worse this morning. Can swallow and breathe as well as before.

26th, 10.30 a.m.—Has just had a very severe spasm, induced by clerk's visit. Had much better night with one dose of chloral. Legs very rigid through night, but spasms not more severe than before, and not so frequent. Pulse of good force, 92. Respiration 32. Bowels not open. About 4.30 p.m. had four or five powerful spasms in an hour. Up to then had been more free than at any time before. Felt quite comfortable. Urinates easily.

28th.—Had fairly good day yesterday; was very free from spasms till towards evening. Slept fairly last night till 12, when he had a bad spasm. This morning early he was very restless, and had spasms frequently. Bowels still confined.

29th.—Had chloral without effect yester even. Between 12 and 1 a.m. had very severe spasms, in two of which emprosthotonos presented itself for the first time; the spasms this night were perhaps more severe than any he has yet had. Bowels opened fairly well at 2.30 a.m. After this spasms tended to decrease in frequency and force. No look of anxiety in face. Not sweating. Can flex his knees occasionally. Dose of physostigma raised to gr.  $\frac{1}{2}$  2dis horis.

30th.—Much better night. No severe spasms. Slept better and feels more refreshed than he has yet. Countenance brighter. Calf muscles almost natural; abdo-

minal are still very rigid; extensors of both thighs are lax; long flexors more contracted. Can semiflex legs himself. Can open mouth well. Little effect from aloes, gr. 4, last evening.

May 1st.—Had a fairly comfortable evening and night. Had very few spasms, and no bad ones. Affirms that muscles are much more rigid when he is asleep. He finds them rigid when he awakes. The fact may be that the muscles, becoming more rigid, awake him. Temperature normal for several days.

May 2nd.—Did not sleep much, but had only moderate spasms. Has a paler, anxious face this morning. Opens his mouth wider than he has done yet; had fish for dinner. At 2.15 p.m. his back was arched, so as to be four inches above the bed. Rectum was found choked up with feces half escaping from anus. At 3 p.m. was put in a bath at 110°, and remained in it a few minutes, but the rigidity of the muscles was not in the least lessened; rather seemed increased. His whole body was as rigid as a log of wood when he was raised up and removed from the bath. He felt comfortable in it and after. Repeat mist. 3tis. h.

3rd.—Good night; spasms not very frequent, last only half a minute now. All the abdominal muscles are still very hard; muscles of lower limbs pretty flaccid; has just flexed his knees himself. Breathes easily.

5th.—He feels and looks comfortable. Slept three or four hours without chloral. Can turn in bed pretty easily. Pulse 88; temp., p.m. 97, a.m. 98.

6th.—A good night without chloral; has had no spasms since 10 p.m. of 5th, but has crampy feelings in legs occasionally. Can flex either thigh directly on pelvis, but if he flexes the left leg the right is drawn aside, and vice versa.

7th.—Had one spasm in night, attended with aching of back, which awoke him from a sound sleep. It did not affect his legs so powerfully as before, but chiefly his back muscles. The sensation it produced was as if he was being cut with a knife.

9th.—No more spasms. Got out of bed, and sat in chair to-day. Appetite very good. Cannot get his heels to the ground, only his toes, in consequence of spasm of gastrocnemii. Pt. mist. 4tis. h. Brandy reduced to 5 oz.

12th.—Nights are fairly good. After sleeping an hour or two, is awoke by a feeling of cramp in his lower limbs, after keeping them in the same position for so long. Mouth cannot yet be fully opened. Abdomen moves fairly on deep inspiration. Pt. mist. *quater die*; ol. morrh, ʒj, *bis die*.

21st.—Abdominal walls much softer than at last date. Can flex his knees with less effort and both together. Has slept well last few nights with 30 grs. of paraldehyde, but not without. Can get out of bed himself, and to-day stood upon his feet, holding on to a chair.

26th.—Left leg feels stiffer than right; cannot be flexed so easily as the other when standing. In the warm bath can bend both knees as easily as ever. After walking gets clonic spasms in the right leg. These tremors cannot be arrested by touching the sole of the foot, as in the early period of the disease. He cannot bring his feet together while standing; they must be a foot apart. He cannot resist the effort of a strong arm to flex his right knee, and the endeavour produces a good deal of tremor. When first admitted the same arm had great difficulty in flexing knee. Physostigma mixture omitted about ten days ago. Ordered—Quinine, gr. v., t.d.; ext. hyoscy., gr. v., o.n.

June 2nd.—Gains strength in legs, but still has tremor.

5th.—This morning head was much retracted during sleep. Began to ail about 5 a.m.; got up, and was about for some time on the wet floor (probably fresh washed); then severe tremor of legs came on, which continued, with short intervals of quiet, for about two hours. At present the ankle-joints are tolerably mobile, but slight clonus can sometimes be elicited. Tickling the sole of

either foot produces tremor of both legs. Bowels open. Omitted quinine; resumed *mist. physostig. c. gr. 1-5th* in quarter dose.

7th.—Says he is better to-day, but pretty strong tremor of legs occurred spontaneously, shaking the bed as I sat by him. After the attacks of tremor his legs got very rigid for two or three minutes. In the night he had two or three slight attacks. Rept. *mist. 3tis. horis.*

9th.—Had one or two attacks of tremor in the night, but not painful ones. Abdomen not markedly rigid. No *opisthotonos* at any time since this relapse, but he feels pain in his back when tremors occur in his legs. Bowels have been constipated, but are fairly regular now. Tickling soles of feet causes very slight tremor. Before this relapse he noticed that any sudden noise—as the organ at chapel—brought on tremors in his legs.

16th.—Legs felt stiff in morning; he walks about, though his limbs are rather stiff.

23rd.—Is sometimes flushed in face. Can walk well, but has tremors occasionally affecting both legs, and to-day the right hand. As he sits on the side of his bed tremors occur rapidly, especially in left leg, and are not easily arrested by voluntary effort. Bowels never act without medicine. Sleeps well with *paraldehyde*. Omitted *physostigma*. *Succi conii, ʒij., t.d.*

26th.—After enema of a pint of cold water on the morning of the 24th he had severe tremors, and stiffness of jaws, arms, legs, and vocal muscles, lasting severely for half-an-hour. Yesterday he had an enema of warm water, which induced more severe spasms, especially in arms, but lasting only ten minutes. To-day seems better; has had slight tremors in right hand, none in lower limbs. Sweats only when tremors are present. *Papillæ* of tongue red, surface white. *Calomel, grs. ij., h.m.*

30th.—Improving, tremors lessening. Does not sleep without *paraldehyde*.

July 7th.—Tremors now are very slight. For last three or four weeks his eyes have been painful, especially in strong light, and have been blood shot. He cannot see the large figures at the bed heads on the opposite side of the ward, nor the name of the physician in large thick letters, unless he goes across the ward to within two feet of these objects. He can read the smallest size of Jager's types, but not rapidly, at about 8 inches. Eyes are most painful in mornings, get less so in a few hours. Before his present illness he could see objects plainly in the streets, but could not see remote objects as other persons did. Mr. Juler examined him the next day, and reported that *myopia* existed in each eye, about 6 D. There were typical *myopia crescents* at outside of each disc; no *optic neuritis*, or other fundus change. He was provided with suitable spectacles, and left hospital July 16th.

*Table of temperature.*—April 16th.—3 p.m. 100.5 deg. 17th.—3 a.m. 98.2 deg. 3 p.m. 100.3 deg. 18th.—3 a.m. 98.4 deg., 3 p.m. 100 deg. Thence on to May 10th, temp. was only twice over 99 deg., viz., on April 24th, 99 deg. 6 p.m., and on 26th, 99 deg. 2 a.m. From May 10th to June 7th, temp. only twice reached 99 deg. never exceeded it. From June 8th to June 24th temp. was almost invariably below 98 deg.

*Remarks.*—This case was one of great, though not extreme severity. For some time, there was ground for most serious apprehension that it might prove fatal; any notable increase in the violence of the spasms might have killed by arrest of the respiration. The age, and good physique of the patient, and his ability to swallow warded off death from *asthenia*. The lower limbs and back were the first parts to be affected, apparently about a day before the jaws. Nothing was discoverable in his previous condition which could account for the invasion of the malady. The disease was fully developed five or six days before his admission, but attained its acme about three or four days after. Its severity appeared to be materially controlled by *physostigma* given in frequent and tolerably large doses, though every now and then

paroxysms of formidable violence occurred, and made one fear lest worse should be in store. The abdominal muscles were more persistently rigid than any other, and next to these the long flexors of the thighs; the calf muscles were frequently lax while he lay in bed. The long muscles of the back, and the extensors of the lower limbs were the chief seat of the intercurrent spasms. The tonic spasms were frequently mingled with clonic, and the latter under the form of tremors were especially prominent in the earlier and later stages of the malady. *Emprosthotonos*—a rare symptom—occurred twice only. His statement, that his muscles were much more rigid during sleep, may have been to some extent correct, as he was sometimes awakened by the supervention of spasms, and we know that during sleep the reflex activity of the cord is less under the control of the higher inhibitory centres. Mr. Curling's case, however, indicates that the reverse obtains usually. Pain in the epigastrium said by writers to be scarcely ever absent was not mentioned by J. S., and, in fact, the tolerably free abdominal breathing showed that the diaphragm must have been comparatively exempt from painful spasm. The bowels were very torpid, but the bladder acted pretty fairly well. The intestinal paresis may have been caused by the excessive labour of the voluntary muscles, just as sometimes happens in pedestrian tours. Fever was almost absent, except to trifling amount on the three first nights of his stay in the hospital. The copious sweating which coincided with the muscular spasms and tremors may have contributed to lower the temperature, but as he was covered with bed clothes, it could not have been the chief cause of the *aprexia*. As profuse sweating is a common occurrence in tetanus, as well as high temperature, it is evident that the latter is by no means necessarily controlled by the former. In this, as in most other, instances *pyrexia* is essentially dependent on paresis of the heat regulating nerve centre, *vide Medical Times and Gazette, 1877, I.* The jerky quality of the speech was probably due to the expiratory muscles being unable to act steadily in consequence of their participation in the spasm. During the first two days the exaggeration of the excitability of the cord was markedly evidenced by the spasm being induced by the most trifling excitation, even the least jar or sound. Correspondingly the reflexes were exaggerated. A certain amount of benefit for a time was obtained by giving the feet a *point d'appui*, and affording some support to his flexed knees. The *rationale* of this is not very evident. A hot bath had no effect whatever in relaxing his rigid muscles; in fact, the general rigidity seemed to be increased, but this was perhaps due rather to the excitement caused by moving him into and out of the bath than to the hot water. A short trial was made of the continuous current to the spine, but it seemed rather prejudicial than otherwise, and was soon abandoned. Though the calf muscles were frequently lax while lying in bed, yet when he began to move about their undue contractile tendency was shown by his inability to put his heels on the floor. Even after the completion of the seventh week of his malady he had still very marked tremor in right leg, less in left, induced by walking or other exertion, and ceasing when he lay down. There was no *anclon* at this time. At the end of the eighth week a recurrence of disorder took place, marked by severe tremor of legs lasting at first with short intervals for two hours. Excitation of either sole caused tremor in both legs. This recurrence may have been due to walking that morning on a wet floor, or to the administering of quinine commenced nine days previously. It continued three or four weeks. This unusual event, and the very remarkable effects of cold and warm enemata as late as seventy days from the onset, show forcibly the tenacity of the morbid action, and its wide diffusion in the cord. It was over twelve weeks from the commencement before the tremors had practically ceased; he quitted the hospital about a week later. His legs a few days before he left were

unable to resist the force of a moderately powerful arm opposing endeavours to flex or extend them.

As to the treatment it may fairly be said that it was not mere expectant, and that the doses of physostigma were quite large enough to have been injurious in any ordinary state of the system. Dr. Ringer has given nearly three grains of the watery extract hourly for thirty-six hours with success. What I used was the spirituous extract of the B.P., probably a stronger preparation, as gr.  $\frac{1}{2}$  is spoken of as a maximum dose in ordinary cases. I entirely agree, however, with his recommendation that the drug should be commenced ("at the onset of the attack") and pushed sufficiently, its tendency to paralyze the heart, and the respiratory muscles should be counteracted by the simultaneous administration of wine or brandy. My patient took 10 ozs. of brandy daily for nearly three weeks without any intoxication being produced, a tolerably good indication that the stimulant was needed. The rate of the pulse was not markedly affected by the physostigma, it was probably more influenced by the occurrence of spasms. Atropia injected subcutaneously to the amount of gr. 1-10th, in twenty-four, hours was ineffective. Chloral and paraldehyde were useful to some extent in procuring sleep, but their influence cannot be rated highly.

CASE II.—*Injury to right temple—Tetanus sixteen or seventeen days after—Spasms became extremely violent four days after admission—Fatal terminat on two days later.*

E. H., set. 35, admitted November 30th, 1881. A dark complexioned, florid, well nourished, healthy looking woman. On November 7th she fell on the pavement and cut her right temple. On the 23rd or 24th pain began to radiate from the wound, especially over right malar region, where, to use her own words, it drew down her eye. The pain extended to the right lower jaw, and then to the left lower, going from there first to right and then to left side of neck. She compared the pain to a combination of stiff neck and sore throat. After her fall she caught cold, and the right side of her face became more or less swollen, but the swelling soon subsided.

On the 29th she found that she had difficulty in opening her mouth, and that attempts at moving jaws and swallowing gave her pain. The wound on the right temple was one-third inch long, and one-sixth inch deep. On evening of 30th her mouth was drawn, her jaws closed tightly, her voice strong, but articulation indistinct, swallowing was difficult and painful, no pain was felt except round the wound and in lower jaw and neck. On December 1st it was noted that the nostrils were dilated, the voice weak, thin, and querulous, the articulation impeded by viscid saliva, which tended to dribble out of the left corner of her mouth. The teeth were firmly clenched, and resisted attempts to separate them, but the closure of the jaws was much more absolute on the right than on the left. During the spasms the brows were knit and wrinkled, the angles of the mouth drawn up, the lips parted, the furrows from alae nasi to the corners of mouth deepened. The mouth and teeth were clogged with saliva, which she had much difficulty in swallowing and half choked her, and through which the air gurgled in respiration. There was no actual dyspnoea, though the breathing was shallow. The intervals between the spasms were about 15 minutes, and the paroxysms varied in intensity and duration. There was no retraction of head, nor any implication of the limbs. She could not lie down, and when raised in bed gave evidence of pain if the back of the head was not supported. Pain of rather vague character extended from the lower end of sternum to the interscapular region. The pain in her jaws she compares to a cord drawn tightly under her chin. The jaws can be separated two or three lines only, less on the right than on the left. Tongue and eye muscles were not implicated. Tenderness and pain were felt only at wound at the right mastoid process, under the right angle of the jaw, and over right malar bone. During the paroxysms

of pain she gets very hot and perspires. Breath foul. No sleep. Bowels confined. Urine, sp.g. 1023, no albumen. Pulse 125, rather weak, vessel rather small and hard, some pressure required to develope pulse. Temp. 98°4. Heart's apex beats in normal site, impulses strong, sounds distinct, first rather short and sharp. Good entry of air in both fronts, ribs throughout expand well. On admittance had morphia gr.  $\frac{1}{2}$ , subcut., potass. bromid. gr. 20, castor oil enema, enemata of beef jelly and brandy, 3ts horis.

December 1st.—Ext. physostigmatos liq. gr. 1-6th hypodermically 4ts h. Slept tolerably well after morphia. At first took nourishment with great difficulty, but later on swallowed 3 oz. milk.

2nd.—Slept fairly well, but swallowed worse. At 7 a.m. pains and spasms came on again. Eserine discs injected with relief after each. Feels weaker, has a gnawing pain at stomach, looks forward to the nutrient enemata for relief of this. Viscid mucus clogs her throat, and make her feel as if choking; cleansing the buccal cavity is very grateful. Pulse 126, soft, of fair force. Respiration 36. Bowels opened. Brandy 8 oz.

3rd.—Eserine discs given every two hours till 9 p.m., when pain was much relieved and pulse good. Injections of physostigma were then ordered *omni hora*, and an enema of peptonised meat, milk, and brandy 3ts horis. At 4 a.m. the house surgeon was called, and found her in great pain with thighs flexed on abdomen, abducted, and decidedly stiff, and now and then slight but unmistakable opisthotonos. Pains in jaw very great, no dyspnoea. Pulse small and rapid. Morphia, gr.  $\frac{1}{2}$ , was given at once, and in a few minutes she went off into a gentle sleep. No more eserine till 10 a.m., and no spasms. Mouth opened much better, and she felt much relief. Pulse 132, of tolerable force. Respiration 36. In afternoon bit her tongue, had twice stiffness and pain in legs.

4th.—Had considerable palpitation in night, relieved by hot stupes, was restless, and considerably worse after physostigma injection at 12.30. Several times complained of pain in legs. Says that when she sleeps her jaws relax, and directly she wakes they close with a snap, it was thus that she bit her tongue. Temp. last night 99°6, this morning 101. Face is fairly natural when spasm is absent, except at left (right?) eye and angle of mouth. Lies on her back with legs half flexed and abducted. Any voluntary effort of hers to move her legs, or slamming the door, or sitting up in bed, or manipulation by house surgeon, brings on tonic spasm; the calf muscles and quadriceps extensors become hard, pointing the toes, while the other muscles remain quite flaccid. Looks forward to her nutrient enema as wishfully as before. In forenoon had a choking fit so bad that she turned black in the face. For some time after her breathing was obstructed, and she kept on blowing out viscid saliva between her parted teeth. Sterno-mastoids quite flaccid, chest walls move well in respiration. Eserine discs given 2ts h., morphia gr.  $\frac{1}{2}$ , at 12.30 midnight, produced no sleep. Five ounces of brandy and milk taken in twelve hours by flexible tube passed through nares has relieved the gnawing sensation at the stomach. Chloral, gr. 30, in enema h.n.

5th.—Between 9 and 10 last night she was very bad, being constantly attacked by spasms and crying out. The abdomen and right leg seemed to suffer most. Got some relief from warm stupes. Till 5 a.m. was very restless, sleeping only a few minutes at a time. After that time she slept three hours consecutively. All nutrient enemata retained. Bowels well washed out. Once during the night she opened her mouth nearly an inch, but could not do it again. No curving of back noticed. Each time the spasm seized the abdominal muscles a small quantity of faeces was expelled into the bed. Food not taken so well. Pupils much contracted this morning. On waking complained of being very stiff all over. For the first time the spasms have extended to the arms. Has no pain in back, but has at epigastrium pain which is quite distinct from the gnawing of stomach, which

now does not distress her. Pulse 134, regular. Resp. 79. Abdomen moves in respiration. At 9 p.m. of 4th, morphia, gr.  $\frac{1}{4}$ , was given with eserine. At 10 p.m. eserine ordered o. h. At 2.40 of 5th I found her quite livid, and spluttering out viscid saliva and vomit-like matter. The jaws, abdomen, and legs were strongly tetanised. As the lividity passed off it gave place to hyperæmia. The left eye was closed, the left angle of the mouth drawn, inspiration was attended with a cry, and expiration with bulging of the cheeks. Resp. 56. Pulse 144. Atropiæ, gr. 1-60, was given, and two eserine discs at an interval of 15 minutes. At 9.50 p.m. she had a bad attack, lasting nearly ten minutes, at the end of which breathing stopped, and artificial respiration was employed for five minutes. Another bad attack occurred at 12.30, m.n., requiring the same remedy.

6th.—At 2 a.m. she had another attack, not quite so long, treated in the same way; it was followed by very rapid breathing. This attack, like the preceding, followed on her being fed by the mouth. Atropiæ, gr. 1-60, again administered. Great and violent shivering occurred for a minute or two, and delirium for five minutes, after which she became quieter till 2.30 a.m., sleeping at intervals. 2.55 a.m.—More crying out and short spasms; begged continually to be raised. 4 a.m.—Opisthotonos returning. Atropia, gr. 1-60, repeated. Pulse 160, small and fluttering. Respiration 60, very variable; some very shallow. After 4 a.m. the attacks became much more frequent, being ushered in by rapid and shallow breathing, which culminated in respiratory arrest, the face and lips becoming livid. Artificial respiration was performed till breathing was restored. After this no more food was given by mouth, and a nutrient enema was rejected during a spasm. At this time the pulse was not actually bad, but was getting weaker and more rapid. Half an hour before death the pulse began to get markedly weaker and more fluttering, and during the last hour seven hypodermic injections of brandy,  $\mathcal{M}_x$  were given. These had only a temporary effect, and she died quietly at 7 a.m. from asthenia.

*Table of Temperature.*—Dec. 1st.—98.4 deg. a.m.; 98.5 deg. p.m. 2nd.—98.6 deg. p.m. 3rd.—99.7 deg. a.m.; 99.6 deg. p.m. 4th.—101 deg. a.m.; 99.9 deg. p.m. 5th.—100 deg. a.m.

*Autopsy on Dec. 7th, thirty-three hours after death.*—Rigor mortis absent; hypostasis well marked. Greenish blue mottling on arms, abdomen, and legs. A small, somewhat triangular scar above the right orbit, about two inches from median line. Two small scars in left groin, and two on inner side of thigh, as if from ulcers. Cerebral arachnoid and pia mater exhibit pinkish discolouration. On section of brain an undue number of red points are seen. No hæmorrhages. Spinal dura mater shows engorged veins. In upper dorsal and cervical regions of cord the nervous tissue presented a diffuse brick-red colour. No hæmorrhage or other change visible to naked eye on section of cord. Each lung weighed 22 oz. Left was collapsed, and extremely congested, lower lobe to a large extent saturated with dark blood. No hæmorrhagic infarcts. Heart weighed 9 oz.; was flabby, its muscular tissue very soft, serous layers much stained with blood, valves normal. Liver weighed 43 oz., was flabby, pale on section. Spleen weighed 5 oz., rather large, congested, but firm. Each kidney weighed 4 oz.; they were extensively blood-stained, somewhat softer than normal. Uterus small; contained two fibroids. Fallopian tubes bound down by adhesions on both sides. The omentum is united to the right tube, at the extremity of which is a small cavity filled with caseous debris. Ovaries contain recent corpora lutea. No cysts.

*Microscopic Examination of Cord.*—Increase of leucocytes throughout its substance, especially in the grey matter. Vessels dilated, and containing red and pale corpuscles. Perivascular sheaths distinct, with scattered leucocytes between them and walls of vessels. In some

places leucocytes are seen packed around ganglion cells in space between them and matrix. No signs of miliary degeneration in either medulla or cord. On making a section of medulla below decussation of pyramids a spot of very distinct granular degeneration is seen in restiform body near surface. Pons shows no sign of disease. Cervical region: in posterior median fissure some fibrillated granular degeneration is seen, and the same is also present in other parts of the cord. Dorsal region: In upper part the ganglion cells appear degenerated, and merged in material of ground glass aspect in which nuclei are still distinct; in lower part right anterior cornu appears to have undergone partial liquefaction, not taking staining at all well. Sections of lower lobe of left lung showed masses of blood corpuscles in air-cells.

*Remarks.*—This case, though the symptoms set in late, more than a fortnight after the receipt of the injury, proved of great severity and ended fatally in thirteen days from the onset of the malady, and in less than six from the date of her admission. The intensity of the disorder was manifested, especially about the throat and jaws and face, where much pain was felt, swallowing being very difficult, and choking often imminent. The paroxysms of suffocation seemed to be rather dependent on spasm of the constrictors of the glottis than on a similar state of the muscles of the chest. Formation of viscid mucus in the throat contributed also materially to the embarrassment of respiration. The situation of the injury corresponded pretty closely with that of the most prominent symptoms; the irritation transmitted by the sensory nerves (the fifth) of the injured area would be readily communicated to the roots of the glosso-pharyngeal and the pharyngeal and laryngeal branches of the vagi. Yet it must be observed that more anatomical change was found in the dorsal portion of the cord than in the cervical. The remark is almost superfluous how far the alterations detected in the cord are from accounting for the phenomena of morbid action. The lesions are such as one would think likely to give rise to paralysis, not to intense spasm, and it seems difficult to come to any other conclusion than that their causative condition was invisible, but not so the results to which the over-action gave rise. As Dr. Maudsley has remarked of strychnia tetanus, we cannot see the exciting cause of the disorder, but the hyperæmia which the latter produces is patent enough. Tetanus is therefore a functional disorder. The pulmonary apoplexy, for such it really was, was due rather to vasal paresis and loss of retentivity induced by exhaustion than to congestion from impeded breathing. The latter would not have been confined to a portion of one lung. The treatment was quite inefficacious, though it was by no means feeble. Had it been commenced a week earlier it might have been successful. Each of the discs used contained gr. 1-8th of eserine, equivalent to 8 grains of Calabar bean. I doubt very much whether any other remedy of the same kind would have proved more beneficial. The disease being far advanced when she came under our care, support by alcohol and nutriment was imperatively called for, but its administration was difficult. It is noteworthy that the nutrient enemata relieved the gnawing at the stomach. The artificial respiration certainly prolonged life; she did not die from asphyxia, but from failure of the heart.

*The Mortality of Foreign Cities.*—The annual death-rates per 1,000 in the principal foreign cities, according to the last weekly returns communicated to the Registrar-General, are as follow:—Calcutta 26, Bombay 28, Madras 34, Paris 22, Geneva 16, Brussels 21, Amsterdam 17, Rotterdam 15, The Hague 19, Copenhagen 16, Stockholm 19, Christiania 27, St. Petersburg 30, Berlin 24, Hamburg 26, Dresden 25, Breslau 32, Munich 29, Vienna 23, Prague 31, Buda-Pesth 28, Rome 27, Venice 27, New York 24, Brooklyn 22, Philadelphia 25, and Baltimore 21.



THE  
NATURE AND TREATMENT OF GOUT.

By Dr. W. EBSTEIN,

Professor of Medicine and Director of the Medical Clinic at the  
University of Göttingen.

Non fingendum, aut excogitandum, sed invenendum quid Natura  
faciat aut ferat.—Bacon

(Continued from page 225.)

CHAPTER V.—(Continued.)

*Gout of the Human Subject from a Clinical Point of  
View.*

BEFORE I proceed to a more accurate description of these two forms of gout, I will make a few preliminary remarks respecting the etiology of them. In both forms equally when it develops primarily in the joint or in the kidney, that which sets up the disease process, the essentially active poison is uric acid.

But when uric acid injures the nutrition of the tissues, an accumulation of it must be present, if it cannot be accepted that the organs of the same individual are variously resistant at various times to an equal quantity of urates. A certain small quantity of uric acid compounds may circulate in our tissues and organs without injury to them, for uric acid is a product of normal tissue change, which, fabricated in adequate quantity and excreted by the kidneys, as far as we know, never, either at the place of its origin or in the organs for its excretion, produces symptoms that have any practical interest for the pathologist.

Bartels has indeed taken pains to prove that increased excretion of uric acid, the amount of which, as is known, varies in a state of health within certain not very wide limits, is *per se* without injurious consequences to the system. Whether this can be borne for any lengthened period without injury I shall not now discuss. In any case, gout does not arise in consequence of increased excretion of uric acid. All observers appear to be at one in this that the accumulation and stasis of uric acid in the system, in consequence of insufficient excretion of it, is a *conditio sine qua non* of gout. Whether the uric acid is at the same time formed in too great a quantity is a question on which up to the present there is no unanimity among investigators. Now one may acknowledge that here, as in other forms of stasis, the stasis may not only be general but local. The general stasis will take place when the excretory organs, the kidneys, act imperfectly, whilst the local stasis of uric acid will take place when the passage of the acid from the places of its formation, of which it must be assumed that there are many, into the fluids of the system, is disturbed, or when some hindrance is present to the movement of the juices containing uric acid. It is thus plain that local stases of uric acid may not only take place in various localities, but from various causes.

In the *first* case, *i.e.*, in that of *general uric acid accumulation, the kidney disease is primary, the accumulation of uric acid in the fluids and tissues secondary*. This manifests itself first in the kidneys, and not unfrequently death takes place in consequence of serious disease of the kidneys, before the consequences of general stasis of uric acid are otherwise manifest. In the *second* case, with localised accumulation of uric acid, the kidneys often remain healthy for a long time, sometimes permanently. The consequences of accumulation of uric acid are, for certain reasons to be inquired into, first made manifest in certain tissues. The typical representative of this form of gout, its most frequent mode of appearance, is *primary articular gout*, which will be first considered.

I.—PRIMARY ARTICULAR GOUT.

Pathogenesis, Symptoms, Consequences, and Complications.

Until a short time ago, it was generally accepted, and particularly on the authority of Garrod, that even in the milder form of gout, and in the earlier stages of it, the kidneys were

seriously implicated. Garrod believed that the onset of an attack of gout might be determined by the sudden cessation of the excretory power of the kidney. Such a one could be developed in consequence of traumatism, and even of mental disturbances. Garrod's statements, that should prove the diminution of the excreting power of the kidney, are not in a position to do this. He found that during an attack of gout the daily excretion of uric acid was not necessarily increased, but was often markedly diminished, but that the quantity of uric acid excreted on various days was very changeable. The maximum he met with was 0.48 grm., the mean of all his examinations was 0.21 grm. *pro die*. Unfortunately all these investigations relate to hospital patients only. I know of no observations in which the urine of members of the higher classes was examined during attacks of acute gout. Bartel's statements also relate to one infirm individual, the subject of gout, in whom, during the attacks, the excretion of uric acid was diminished to mere traces. In the case of chronic gout also Garrod found the quantity of uric acid much diminished, at various times very varyingly. Bartel once found 0.225 grm. per day in a patient in the chronic stage of gout. In weighing these facts it is to be borne in mind (1) that Neubauer affirms that in the normal condition the quantity of uric acid—which, like the quantity of urea, depends less on the food taken, than directly on the internal condition of the system—may vary very much, and may oscillate between 0.2 and 1 grm. in the twenty-four hours, as well as further, (2) that the local accumulation also, or, just as well, the diminished excretion, of the uric acid can be explained by the kidneys.

Senator has expressed himself reservedly in regard to the participation of the kidneys in gout. He concedes, indeed, that the kidneys in the course of gout, and especially in the atypical chronic form of it, are usually diseased. On the other hand, he says decisively that at the commencement, and when the first typical attacks come on, this is only exceptionally the case. I believe that in primary articular gout the kidneys are only constantly implicated after a longer or shorter period, and that there are cases of primary articular gout, in which the kidneys generally speaking do not become diseased even up to the death of the patient, whilst the joints and also other organs are found affected by the gouty process. On the other side, in the case of primary kidney gout we shall see that, notwithstanding complete freedom from the disease of all the joints, advanced gouty changes are present in the kidney only. I will only relate two such observations of serious articular gout, in which the kidneys were found to be thoroughly free from anatomical changes.

The first was the much quoted case of Fauconneau-Dufresne, related by Cruveilhier. It was that of a captain, fifty years of age, who had suffered from attacks of gout, which constantly increased in severity for ten years. During such a particularly violent attack the patient was admitted into the Charité, in Paris, in the beginning of June, 1824. He had diarrhoea, thirst, fever, and was emaciated. With appropriate treatment the pains and fever disappeared; the diarrhoea continued. Soon afterwards the patient died with returning fever and vomiting. The autopsy showed, besides advanced gouty changes in the joints, bones, muscles, cartilages of the ears, a series of extensive ulcers in the descending colon, which increased considerably towards the anus.

The second case to be referred to is one of Bramson's. It was that of a labourer, fifty-five years of age, who had suffered from arthritic troubles for twenty years. The patient was also the subject of phthisis pulmonalis, from which he died. Here, also, although the gouty deposits were very extensive, and extended to the tendons, and even to so-called ossifications of the aorta, the urinary organs were quite normal. This case further shows that this form of gout is not the exclusive privilege of the rich. I will remark further, that the number of cases in

which the kidneys remain unaffected till death cannot be very large. This can only be reckoned on when death takes place in a gouty patient in consequence of some complicating affection, and then before the kidneys have become implicated in the gouty process. We shall have to return to the fact that after a longer or shorter time, even in that form of gout commencing with disease of the cartilage, the kidneys are usually affected.

If we are now compelled to concede, that there are reliable observations by which it is shown that advanced gouty, and especially arthritic, changes may exist, without development of disease in the parenchyma of the kidneys, even after the lapse of ten or twenty years, and if we further confess that an accumulation of uric acid is a *conditio sine qua non* for the development of those gouty affections, which in such cases cannot possibly be referred to disturbances of the function of the kidney, it then becomes certain, in order to comprehend rightly the changes of articular gout that scarcely anything else remains than to refer them to local accumulations of uric acid.

Independent of various other possibilities, those organs might be charged with being the points of origin of such local accumulations, to which the formation of uric acid is mainly attributed, thus the liver, the spleen, and even the nerve substance, and perhaps quite a number of other organs. Pathologico-anatomical examinations respecting gouty diseases of the liver, spleen, and nerve substance have, however, resulted in relatively very little profit. We shall learn later that in the rare cases where one or another of the organs mentioned undergoes demonstrable material change during the gouty process, this takes place in the earlier stages of the affection.

Although there are properly few organs that have not been associated with the origin of gout, the liver at present interests us, especially in this connection, as it is to this that Charcot has recently ascribed an eminent part. This distinguished investigator has taken pains to bring gout into association with *functional disturbances of this gland*.

He represents that in consequence of a disturbance of the function of the liver the uric acid is formed in excess in that gland and accumulates in the blood. That when the blood is saturated with uric acid from the liver this contributes to the attack of gout. In the meantime, if, according to the clinical symptoms, we have a certain basis for assuming that hepatic disturbances are closely associated with the formation of uric acid, it is not by any means said that the increased formation of uric acid on the part of the liver is a proved—let alone the only—connecting link between gout and the morbid symptoms present along with it.

Although I decline to enter on a detailed account of the various hypotheses that have been put forward on the nature and causes of gout, I will say a few words in reference to those organs to which—as the liver—a greater or lesser participation has been ascribed in the formation of uric acid.

It has long been questionable with me, and at any rate it is not at all necessary, that all the organs that serve in the formation of uric acid shall play an active part. In my opinion the uric acid formed in normal or increased quantity in the usual uric acid forming organs may all pass off in the urine, and yet, notwithstanding this, gout may develop, inasmuch as uric acid is formed in an organ in which it is not formed under ordinary circumstances. Of this I shall speak later on. Let us linger a moment on the spleen, to which a certain participation in the formation of uric acid is assigned by eminent investigators. It has never yet been found that this organ has ever been in any sensible way implicated in gout. That increased formation of uric acid *per se* is without any influence on the origination of gout is shown by leucæmia. A combination of the two has never yet been observed, although the fact that the formation of uric acid is really increased in leucæmia cannot be doubted. It is still matter of dispute to what

causes the increased formation of uric acid in leucæmia is to be assigned. In any case we must come to the thought that there is a morbidly increased formation of uric acid without retention of it, whilst we have retention of uric acid, thus in the case of gout, where it is still disputable whether the uric acid is at all formed in increased quantities. If then we assume, in the case of gout in general, no generalised stasis of uric acid in consequence of kidney disease—such indeed is only possible for a certain proportion of the cases—but if we turn whither the facts, at least in the early stages of articular joint compel us, to localised stasis of uric acid, we must, and there remains scarcely any other plausible supposition, seek the causes of gout in the place where the uric acid is formed.

My idea of the cause of the by far most frequent form of gout, primary articular gout, is to the effect that this is to be sought in the *affected extremities themselves*, and in fact in the *muscles and bones*. Clinical and anatomical observations and a series of chemical observations appear to me to speak in favour of this view. The interpretation of the symptoms is effected in this manner with the least amount of forcing.

Clinically, the feeling of weakness, the painful dragging of the limbs, the striking muscular weakness during the attacks, the cramps of the calves of the legs, which often precede the attacks, are well known clinical symptoms, that were specially valued by the earlier observers. The muscular cramps do not limit themselves to the calves of the legs. I observed a gouty patient, sixty-two years of age, from the cartilage of whose ear I succeeded in obtaining the characteristic deposits of urates, in whom before the proper attacks of articular gout the most tormenting cramps of the whole of the muscles of the lower extremities came on, which were in his case far more painful than the attacks of the gouty arthritic affection itself.

(To be continued.)

## THE LATEST TEACHINGS OF THE HOPITAL DU MIDI, PARIS.

Being the Presidential Address at the Opening of the Second Session of the Willan Society of London in 1885.

By C. R. DRYSDALE, M.D.,

Senior Physician to the Metropolitan Free Hospital, and to the Rescue Society; President of the Willan Society.

(Concluded from page 228.)

In his lectures at the Royal College of Surgeons, 1877, Mr. H. Lee says:—"I conclude that artificial inoculations, made on a syphilitic subject with matter from an unirritated primary or secondary affection, generally produce no result. In exceptional cases, some abortive form of the adhesive inflammation may take place. If, however, the secretion be taken from a primary secretion which has been irritated, or a secondary affection that is naturally inflamed, then the inoculation often succeeds, and fresh matter is formed, which tends rapidly to pass into suppuration. The thickening is not accurately defined, as in the primary disease. It gradually disappears in the surrounding parts, and a pustule forms in its centre and discharges. This is the common result in the experiments which have been made in the process of so-called syphilisation. When these inoculations heal, the new matter formed is equal in amount to that which is removed. There is no loss of substance, and often no cicatrix."

If it is demonstrated now-a-days that infectious and virulent diseases, such as malignant pustule and septicæmia are produced by the introduction into the organism of microscopic parasites, it is rational to demand of oneself why this should not be equally true in the case of syphilis. Can we not suppose, reasoning from analogy

that this virulent disease proceeds in the same way as in those diseases the genesis of which from little organisms is no longer questioned. Would it not be natural to admit, *a priori*, that it is engendered by the introduction, the reproduction and the multiplication in the organism of parasites belonging to the same order as the bacteridium of malignant pustule or the microbe of purulent infection. This theory is not new, it is rendered more and more probable by the recent discoveries of M. Pasteur, but remains up to this moment in the domain of hypothesis. No fact has come to give it the position and material consecration without which the most apparently well founded ideas of the mind must be regarded, in the light of medical science, as not proven. The microbes of syphilis have been carefully sought for, but no one as yet has discovered them.

It is then very possible that we may discover that a parasite is the generating principle of the virus of syphilis; but it will be always difficult to give an experimental proof of it. In the *Prag. Med. Woch.*, iii., 41, 1878, Dr. Klebs alleges that the virus of syphilis is formed by a fungus which he calls *Helicomonad*, and says that he has found this germ in the initial indurations of syphilis. In the liquids issuing from the indurated chancre this author has found round cells in great numbers and bacteria gifted with very slow motion. This liquid he cultivated on gelatine and obtained on some days a mass of fungus. In 1875, July 8th, he inoculated an ape with such cultured liquid, and about seven weeks afterwards, August 15, the animal presented in its buccal cavity and on its tongue, a series of circumscribed ulcers, resembling syphilitic eruptions. At the autopsy of this ape on September 1st (52nd day after inoculation) caseous deposits were found extending between the dura mater and cranium like syphilitic deposits. Portions of infecting chancre, which had been excised were inoculated, December 29, 1877, on another healthy ape. The wound cicatrised perfectly, but the glands became enlarged. In six weeks fever and appearance of coloured papules on face and neck. The ape died five months after this, in May, 1878, and on the cranium there were osseous appearances resembling those of syphilis. Lungs had cheesy deposits. On reading this, we are tempted to ask whether the disease was not tuberculosis to which apes are very subject?

With regard to the cause of gonorrhoea we are not very clear about this. Mauriac holds that secretions which precede or which succeed the menstrual flow as well as the blood itself, when placed in contact with some urethras gifted with great sensibility, rarely fail to give rise to a catarrh. The autopsies of individuals who have died when suffering from gonorrhoea show that the urethral mucous membrane is nearly intact, and only exhibits hyperaemia. The whole of the diseased process goes on at the surface of the mucous membrane, in its epithelial layer.

Gonorrhoeal rheumatism is seen in extremely few cases of gonorrhoea. Must we not admit that the patient plays the most important part in the drama of gonorrhoeal rheumatism? The gonorrhoeal affections which are complicated with rheumatism are generally very benign, often almost insignificant, without any pain or inflammatory symptoms. Some cases of gonorrhoea seem to arise spontaneously in gouty or rheumatic persons. "These kinds of spontaneous clap are very rare. Gonorrhoea is essentially, and above all, a venereal disease, which comes on after connection. Perhaps it is less venereal than the soft sore, but it is much more so than syphilis."

*Soft sore is also a local affection.*—Around the sore exists an inflammatory areola of more or less living red. Over all the surface a thick pus is secreted of chocolate colour. The contagion of this sore is almost exclusively venereal, and it is almost always found on the genitals. The soft sore does not arise spontaneously in the system. It proceeds always from an ulcer like itself. It is extraordinarily contagious, and may be reproduced an indefinite number of times on the same individual. No natural immunity prevents its inoculation from succeeding.

It does not poison the blood, but is poured into the lymphatics, causing lymphatic abscesses and virulent adenitis. Were the pus of soft sore capable of being introduced into the blood we should see abscesses, chancrous cavities of the lungs with expectoration of virulent sputum, phlebitis, virulent foci in all the organs, chancres on every scratch, cuts and scratches on every part of the skin and mucous membranes.

The organisms change, but the viruses remain always the same in their immutability throughout the ages. Were this not so, new and unknown diseases would arise each day from the same virus, after all its metamorphoses. The simple chancre of to-day resembles exactly that of men who lived a thousand years ago.

Phagedaenism is not the product of any special virus, its cause resides in the patient, and consequently is constitutional and dyscrasic. The proof of this is that the pus of the most horribly phagedaenic chancre, when inoculated on another individual, will only give rise to a simple chancre.

Gangrene, when it attacks the soft sore arrests the disease, and thus points out to us the best treatment to make use of. This treatment is the destructive cautery. The chancre resembles an animal parasite; we must kill it on the spot, by absolutely neutralising it, for if one of the germs remain the lesion would be reproduced.

All syphilis contracted after birth commences with a chancre. To this law there is but one exception, and even that is contested. A woman healthy before conception carries in her uterus a syphilitic child, and may be intoxicated by the continual exchange of the blood which takes place between herself and it. In such a case syphilis appears without its necessary initial lesion, the chancre; it invades the organism at once.

The syphilitic chancre is generally solitary, but Mauriac mentions having seen as many as fourteen such sores disseminated over the same patient, some on the lips, chin, abdomen, and genitalia.

We should have a bad impression of the syphilitic chancre, were we to consider it as an ulceration. It is quite the opposite. From its outset, and further on during its whole course, it is, on the contrary, formed by a tumour. On the point of the skin, or mucous membrane when it arises, far from there being any loss of substance, there is an accumulation of new elements. The nearest glands are *always* enlarged in syphilitic infection.

*Incubation.*—M. Mauriac, basing his views on some researches of ten years back, affirms that the incubation of the syphilitic sore is from thirty-five to forty days. If this be true, it seems erroneous to call the chancre "infecting," as some authors of repute do. Some suppose, however, that the chancre gradually effects the poisoning of the system, and that it is the primary focus or laboratory which ceaselessly keeps sending out poisonous particles into the system. All such theories lead to practice, for if the first be adopted there is no need to get rid of the sore; if, on the contrary, the second be adopted, it will be wise to do so. M. Mauriac has frequently excised hard chancres to endeavour to set this question at rest. He had always failed, but considered that he had waited too long. At last he found a chancre which had existed only forty-eight or fifty hours. It was a simple papule, hardly eroded, as large as the head of a pin, situated on the prepuce, and not yet affecting the inguinal glands. The patient had had connection some weeks before with a woman who had syphilis. Mauriac excised it thoroughly, and the wound healed in a few days, remaining soft for two weeks. After this it began to indurate, and the glands in the groin enlarged. Lastly, secondary symptoms supervened. This experiment seems, as far as it goes, conclusively to prove that the poisoning of the system precedes that of the appearance of the sore.

As to the first incubation of the chancre, Mauriac's own observations lead him to put it down as between forty-five and sixty days. His division of skin eruptions

of syphilitic origin is a very simple one. He says that they may be divided into four types :

1. Erythematous.
2. Papular.
3. Pustulo-ulcerous.
4. Tuberculo-gummons.

As he truly remarks, vesicular and bullous syphilides are very rare indeed, in a pure form—under the vesicle there is almost always a papule, under the bullæ an ulcer. The mucous tubercle is quite as contagious as the chancre, is only a papule on the mucous membrane, and is not seen after five years after the chancre. On the other hand, the third and fourth groups may occur from two to twenty, thirty, or forty years after the chancre. Syphilis may, however, produce grave lesions of the viscera at a very early date, such as iritis and cerebro-spinal disease. Syphilis is divisible into three stages, and Ricord and his school who, for many years, opposed the contagion of secondary syphilitic affections, were forced to yield. From sixty to ninety days after the chancre the secondary symptoms commence.

Virchow speaks of a hyperæmic period, and a tubercular period, and Bazin of a quaternary period, but these divisions are not clear. In the early period there is virulence, in the later this is absent. There is great analogy between the chancre and the gummy tumour. In a vast number of cases observers have taken a gummy tumour on the penis for a new infection. This is true often in England also.

Syphilis is never benign, for even when it is so on the skin, it may attack the meninges, and cause terrible effects. And when a patient asks whether he is quite cured of the disease we must be cautious in reply. Some say that syphilis can be cured and taken a second time. I do not wish to deny the possibility of a double syphilitic infection, especially when the second supervenes many years after the first, but I have not up to this date met with an authentic case. On the contrary, we constantly see persons who have some tertiary syphilis after years of good health. How, then, can we affirm that the best cured syphilis may not be born again? "I do not know," says Mauriac, "that there exists any infallible sign capable of certifying absolutely that syphilis no longer exists, and that its germs are all dead spontaneously or have been radically destroyed."

Mauriac does not believe in mixtures of scrofula and syphilis—so-called *scrofulates of syphilis*. Syphilis is not known of itself to produce tuberculosis in non-predisposed persons. But it favours the development of it in those who have the germ. It is said to favour immunity from cholera, but this may be due to the mercury used in syphilitic hospitals. Verneuil has shown that wounds in syphilitic persons sometimes will not heal until a specific is administered to them.

The seminal fluid of a syphilitic man does not cause syphilis, even when injected hypodermically, as has been done several times, but it is now admitted that the fetus may be contaminated by the sperm cell. Also the germ cell may contaminate the fetus. It is clear that contamination by the sperm is infinitely rarer than by the mother. In general, in five or six years the mother loses the power of infecting the fetus, and the father loses that power in about three years. Colles' law seems to show that the mother of a syphilitic child is always syphilitic herself, if it be granted to be true.

*Hereditary Syphilis* is a very grave disease, and one-third of all children born to syphilitic parents die before birth, and of those born alive one-third die in the first week. The disease appears from the third to the fourth week, and there are many visceral lesions found in autopsies of such infants.

With regard to the two specifics of syphilis, what raises the most discussion is, that in both of these we have to consider, besides their curative action which is undeniable, their preventive action, which is much less so. Some will have it differently, and in such the *pre-ventive* influence of certain drugs excites so much confi-

dence, that they are disposed to lay down to the charge of defective treatment all the tertiary disasters due to the disease. It is clear that if mercury, and pot. iod. possessed a radical preventive action, very few persons would, for any length of time, be victims to the disease. I have, however, often seen the gravest accidents supervene whilst full treatment was progressing; whilst we often see syphilis remain benign in cases where not a grain of mercury has been taken. We must surely conclude from what proceeds that if a preventive action exists, it is incomplete, and does not prevent in the majority of cases, accidents occurring even in a short time. Are not relapses in the tertiary period the rule now-a-days, just as formerly, before the discovery of the application of iodide of potassium?

It has always seemed to me that a sage, moderate, and rational scepticism, not remaining inert and passive, but always ready to act, is an excellent intellectual condition, in order to be ready to judge of the value of drugs and the real efficacy of therapeutic systems.

Diday has recently added a complement to his work on the "Natural History of Syphilis," in which, after having accumulated clinical proofs of the inutility of mercury in many slight cases of the disease, and its impotence as a *protective* in all periods, he terminates his *mémoire* by these words, which resume the sense and direction of it. "Concerning some syphilitics and mercury, it gradually will happen, as it has to pneumonic patients, and the lancet. Since these have been *carefully treated* they lose their taste for being *jugulated*."

It would be very important to know in a way which, if not exact, is at least approximative, how many syphilitics are attacked by tertiary disease. I believe that the proportion of *one in six* is far too high, as cited by Diday.

Syphilis possesses two specifics, mercury and iodide of potassium. Each of these is gifted with a curative action which rarely is wanting on the order of manifestations which each has to combat.

Their preventive action is very inferior to their curative—if it really exists, which is probable, but difficult of positive demonstration. At any rate, it is very incomplete, since the successive eruptions of the disease exhibit themselves almost fatally in the same fashion, among those who have and have not been treated.

We must not, then, direct our specific indication against the diathesis independently of its manifestations, for if we did this we should be condemned to treat syphilitics during their whole lifetime. We ought to attack accidents by one or other specific, according to their duration and the measure which their intensity exacts, and their generalisations and nature, and localisations.

In the interval of the outbreaks, when the organism has returned to its normal state, and there now exists no trace of the attack which has just passed away, nor even any feeble precursor of another future one, it is better that we should suspend until new orders are given all specific medication.

The school of Montpellier, re-acting against those who poisoned their patients on the pretext of treating them, commenced a moderate and reasonable cure, that by *extinction*, consisting in giving small doses of mercury for a long time. At this moment mercurial treatment is sometimes only disguised expectation, says Mauriac, and I believe this is true. It is, then, during the two first years that we should make the most frequent and varied use of mercury. Mercurial ointment for an adult may be used daily in the dose of 5 to 10 grammes. In children one gramme suffices.

The fumigation treatment may be well named dermo-pulmonary. Mauriac tells us he uses the proto-iodide in daily doses of gr. iss., to gr. ij. Wallace rendered, we may say, an incalculable service to the therapeutics of syphilis when he discovered, in 1832, the applications of the iodide of potassium to the treatment. Universal experience has consecrated since that date the marvellous efficacy of this treatment. Some place it above mercury, and perhaps with reason, for if its action is less profound

and durable it is more rapid. We can better count on it where we have to put away an imminent danger. We must also remark that the iodide addresses itself to a grave series of accidents, and these, too, more destructive and less susceptible of spontaneous cure than those which mercury is called specially to combat. Mercury, in fact, gives the palm up in all cases where a syphiloderm shows a tendency to ulcerate. Add to this that all the constitutional lesions, and all the visceral lesions, are submitted to its curative effects. The sphere of its action is then infinitely vaster than that of mercury, since it embraces the whole duration of syphilis. It is certain that in the cutaneous or mucous determinations of syphilis which are quite tertiary, or impregnated in a certain measure with tertiarism, mercury has its place to play; but it is only in the second rank, and the further we advance in the diathesis, the more it ought to efface itself before the sovereign efficacy of iodide of potassium. Another superiority of the iodide over mercury is its relative innocuity upon the organism. It is much less toxic and may be given with more confidence in high doses. And it is a curious thing, but one which, I believe I have often remarked, that the iodide of potassium administered in large doses has less evil effects on the patient than when given in small doses. It should be given, says Mauriac—

1. In all ulcerous and phagedænic forms of the chancre.
2. At the outset of the secondary accidents for fever and headache.
3. In erosive eruptions of mucous membrane or skin.
4. In papulo-crustaceous and papulo-tuberculous syphilides.
5. In all ulcerous and ecthymatous syphilides, in tuberculous syphilides, and malignant syphilides.
6. In the syphilitic affections of the hypoderm, in gummy tumours, whether resolute or ulcerous.

Mauriac tells us that he treats all cases of syphilis, and commences to treat with the chancre. He is of opinion that mercury never prevents syphilis from appearing in some of its symptoms. Perhaps once in 500 cases the secondary symptoms may be absent. Treatment should continue as long as an active eruption exists, and he raises the dose of mercury until a curative effect appears. He continues the medicine until the papules disappear and then stops. For he holds with truth that, if mercury be continued long, the constitution becomes accustomed to it. He adds, and I again agree with him, that it should be given when a new outbreak is seen, and not till then.

"Do you know," he says, "at what we arrive when we lay down the precepts of a treatment applicable for all cases, and systematically to regulate the time and duration, either of relapses or interruptions? We arrive at a strange want of concordance, which is shocking and anti-medical, between the appearance of the accidents and the application of the treatment destined to combat these. What shall we think of that method where we must, although some accident arrives, yet suspend the medication for a month, in order to be systematic, and then resume it, whatever happens, for six or eight weeks, and then give three months of respite?"

Some practitioners are so imperturbable in their provisions that they tell you beforehand what to do, not only during the first, but also the second, third, and fourth years of the disease. The third month of the second year—to give an idea of this arbitrary rigidity, which is quite fanciful—the iodide of potassium will enter into the line, after that mercury has been given during the first three months, the sixth and seventh, the eleventh and twelfth, and the first two of the second year.

Such are a few criticisms from my able and most experienced friend Dr. C. Mauriac, on the doctrines which prevail throughout the medical world concerning syphilis and its allies and counterfeits, and how they may be treated.

In my view of truth there is no other way of arriving at it, except by observation and discussion. The latter

is absolutely necessary for the interpretation of observation.

### RECENT GERMAN SURGERY.

Observations by T. ESMONDE CAHILL.

THE first thing that strikes us is the decadence of Listerism so warmly taken up in Germany a few years ago. It is no longer a question of "Fort mit dem, whole business." The great centre of scientific thought—the world's brain, as it were—has spoken more significant still—the principle of antisepticism is falling into the shade. The most successful dressings are only mildly antiseptic. The most successful material—peat-mould—is found to be a weak antiseptic, and itself impregnated with micro-organisms. But although the principle of antisepticism has failed as a working hypothesis, I am prepared to maintain that there has been a greater principle underlying the whole history of antisepticism, from Lemaire and Debat in 1861 to Neuber and Eschschach in 1884. I mean the principle of *astringency*. Carbolic acid, sublimate, bismuth, chloride of zinc, oxide of zinc, acetate of albumina, peat-mould, moor-moss—they are all astringents. The only possible exception is perhaps iodoform, which stimulates vitality instead. But it will be observed that the moist astringents are not so much favoured as the dry. By a process of natural selection and the survival of the fittest, the dry derivatives of tannic acid are usurping the whole field. There can, I think, be no doubt that tannic acid is the essential working principle of peat-mould and moor-moss. And here we may stop to reflect how science may sometimes stoop to take a lesson from empiricism. The oldest treatment of breast-gall in horses among ploughmen and carters is a decoction of oak bark. Again, the use of bole armenian in their practice has puzzled many veterinary surgeons. It is looked upon as an unnecessary tradition. But is it not quite plain that bole armenian is a derivative of alumina? In conclusion, I may be allowed to remark that for two years I have found the dry treatment to be the easiest, the handiest, the safest, the cheapest, and the most successful. Within the last month I have procured from Berlin a parcel of moor-moss. The results so far have been eminently satisfactory. From its mechanical properties I prefer it to carbolised wadding, as it does not stick into the wound as much.

### BRIEF NOTES FROM OUR EXCHANGES.

#### OLEUM DEELINE IN SKIN DISEASES.

IN the July number of the *Practitioner*, Dr. John Roberts, of Chester, writes strongly in favour of the curative effects of this oil in gouty, scorbutic, general, marginatum, acute, palmar, varicose, and mucosum eczema, congenital ichthyosis, the irritation of cancer of the uterus with vaginal implication, erythematous eruption in the legs and popliteal spaces, and in *syccosis*. Brief notes of forty-two cases are given of these various skin affections so treated. In one only did the oil fail to exert a beneficial effect. It obtains its name from its place of manufacture and from the name of the company by whom it is manufactured. It is made by the "Dee Oil Company" upon the banks of the Dee. It is a very pure oil, clean, inodorous, and does not become rancid. Although an oil, Dr. Roberts states that there is little or no greasiness left after its application. Its beneficial effects were accidentally discovered by a gentleman who was the subject of general gouty eczema, and in whose case all kinds of lotions and ointments had failed to afford any but temporary relief. Dr. Roberts avoids using it in the acute stage. Before using it ablutions with warm bran or oatmeal water should be carried out, the parts being gently and carefully dried. He has also found it very efficacious in *pyriasis capitis* and *eczema capitis* of children. The scabs should be removed by careful poulticing before using the oil in these cases.

*Note.*—The editor of these notes recommended the use of this oil to a medical friend of his, who is fearfully troubled with scrofulous eczema, for which nothing seemed to give relief. The effect has been most gratifying so far.

#### RUPTURE OF THE VAGINA DURING COITUS.

In a recent number of the *Obstetric Gazette* Mr. J. K. Chadwick notes a case in which this accident occurred. The patient's husband, a sailor, had been to sea for some four months, and returned with renewed vigour; the woman, his wife, *æt.* 48, had begun to menstruate at 15 years of age, and ceased when 38 years old. Previous to the husband's last trip to sea, they had been six years married, and marital intercourse had always been accomplished freely without difficulty or pain. On his return the act was accomplished with difficulty, causing a most intense lancinating pain on the right side internally. Profuse hæmorrhage from the vagina ensued, which, however, ceased before morning. Mr. Chadwick believed the accident was due to excessive vigour on the husband's part, and the weakened condition of the woman's tissues, as a result of the senile changes which accompany the menopause. The vagina was much shorter and smaller in calibre than is normal in the adult. On examination, a fresh longitudinal rent, an inch in length, was found located in the upper third of the canal, and opening into the cellular tissue to the depth of half an inch. Two cases published by Dr. Zeiss, of Erfurt, in the *Centralblatt für Gynäkologie*, February 21st, 1885, are noticed by Mr. Chadwick. The accident is not a very common one, or else the record of cases is not perfect.

#### HOT AND COLD INJECTIONS IN UTERINE HÆMORRHAGE.

Drs. Schwarz and Græfe have determined (*Pacific Medical Journal*) that hot water (T. 120° F.) stimulates muscular contraction, and produces œdematous swelling of the tissues; but when not effectual in completely checking the hæmorrhage, should be immediately followed by cold water, which continues and strengthens the uterine contractions without interfering with the swelling of the tissues, which constitutes the second factor in controlling the hæmorrhage.

#### ERGOT IN TYPHOID FEVER.

Dr. A. Grillure asserts in *L'Union Medicale*, that ergot given in cases of typhoid fever diminishes the temperature, frequency of pulse, and diarrhoea, regulates the circulation, and relieves the nervous symptoms. In "*Neale's Digest*," paragraph 1,503, sect. 4, its use in the treatment of typhoid by Dubois is noted. The writer of these notes has known it to exert a decidedly favourable influence in cases of pneumonia following the exanthematous fevers. It has also been used in the treatment of ordinary pneumonia, see "*Neale's Digest*," paragraph 669, sect. 6, where it is noted as having been used by Wells, Biggs, Jones, and Yeaman.

#### IODINE IN CHOLERA.

Dr. Renzi recommends the use of *gtt. i.* doses of the tincture, to check the vomiting. Dr. Senise, of Naples, considers the same dose with *gtts. 2* to 4 of laudanum three times daily, a certain prophylactic.

#### ON A PECULIAR RINGED AFFECTION OF THE PREPUCE AND GLANDS.

Dr. R. W. Taylor, surgeon to the Charity Hospital, N.Y., in the *Archives of Medicine*, records a case of this peculiar affection, which, as far as he knows, has hitherto been undescribed. It consists of peculiar scaly rings on the prepuce and glands. These rings vary in diameter, from  $\frac{1}{4}$  to  $\frac{1}{2}$  an inch, and are very slightly reddened. They are covered with a thin quite adherent layer of epidermis. In width they are about  $\frac{1}{4}$  of a line. The redness slight as it was, was sharply limited to the morbid circle, and the enclosed mucous membrane was apparently normal. On pinching them between the fingers, no thickening was appreciable, nor did they in any way interfere with the mobility of the parts. The

affection was preceded and accompanied in all instances by unpleasant painful sensations, which in one instance were very severe, and even persisted on the site of the lesion after their disappearance. No scar or loss of tissue was observed after their involution. Dr. Taylor is disposed to regard the cause of this affection as of neurotic origin. The treatment found most efficacious was Fowler's solution of arsenic, pushed even to the extent of fifteen drops thrice daily.

## Clinical Records.

### A CASE OF TETANUS INFANTUM SUCCESSFULLY TREATED.

By HENRY DAVY, M.B., M.Ch., Univ. Dub.,

Fellow of the Academy of Medicine, Ireland; Medical Officer of Crumlin and Terenure Dispensaries, co. Dublin.

As the recovery of so few children from this very fatal disease have been placed on record in this country, I wish to bring the following case, which was successfully treated by me, under the notice of the profession.

About the middle of January, 1884, I was consulted by a Mrs. B., of Crumlin, a fine, strong country woman, a labourer's wife, who has been eight years married, and the mother of five healthy children, about her infant, who had become very ill with fits some days after its birth.

On the 12th of January, 1884, Mrs. B. was confined of her youngest child, a strong, healthy, female infant (the subject of this paper); her labour was natural and quick, and, according to her account, was only of an hour and a half duration. The child appeared to be quite well till the seventh day after its birth, when it became fretful, and would not suck, and refused to take the breast, and it seemed to be in pain when attempts were made to nurse it. It uttered a whimpering, whining unnatural cry, and got quite livid in the face, the head was thrown backwards, as also the neck; the body became quite rigid, as occurs in opisthotonos; the mouth was rigidly closed, owing to the spasmodic action of the masseter muscles, so that the finger was with difficulty introduced into the child's mouth, which was pursed up, and from which frothy saliva issued during the tetanic paroxysms, and while these lasted the mother, in her attempts to feed her infant, could not get the point of a teaspoon into its mouth, and every attempt made to feed the child only aggravated its sufferings, and brought on violent spasms, whereby the greater part of the food taken was expelled from its mouth. The hands were tightly closed, the thumbs at the same time being drawn across the palms of the hands; the thighs and legs were flexed and drawn up on the body, the great toes being abducted, while the others were flexed; the bowels were inclined to be costive, and the urine scanty. The child's cry was a peculiar suppressed whine, which is so characteristic of this fatal disease. The umbilical cord fell off on the fourth day after birth, the navel itself appeared quite healthy, and was free from any sign of irritation, but was slow in healing, and bled a little on the fourteenth day from the force of the child's crying.

The following treatment was ordered:—The diet consisted of a teaspoonful of brandy mixed with one-third of a teacup of milk, and two-thirds of warm water slightly sweetened: to be given warm from a spoon, a little at a time, during the intervals between the paroxysms.

The mother usually managed to get down about three teacupfuls of brandy and milk, prepared as above, in the twenty-four hours by feeding the child shortly after it awoke from sleep, induced by taking a dose of the following mixture, which she considered "A grand bottle, as it always quieted the child."

R Chloral. hydrat.;  
Potass. bromid,  $\mathfrak{ss}$ , gr. xvj.;  
Ext. ergot. liq. (Longs),  $\mathfrak{m}$ xlviij.;  
Glycerini,  $\mathfrak{ij}$ ij.;  
Aque destillat ad.,  $\mathfrak{v}$ iv. M.

Ft. mist.

A teaspoonful to be given every third hour, representing chloral hydrate and potass bromide,  $\mathfrak{ss}$   $\frac{1}{2}$  gr., and ext. ergot liq.  $\mathfrak{M}$   $\frac{1}{4}$  in each dose; after taking a teaspoonful of this mixture the child used generally to fall into a sound sleep for about three hours.



This treatment was steadily continued for fourteen days, when the child commenced to take to the breast again, and from this time there was very gradual but steady improvement, which ended in ultimate recovery. The child is now nearly one year and eight months old, and is one of the strongest and healthiest children I have in my district.

Tetanus Infantum, or Trismus Nascentium or Neonatorum, as it is sometimes called, may occur any time after birth, from twelve hours, to twelve or fifteen days, but most frequently within the first nine days from birth, hence it is called "The nine days fits." The following are stated to be its remote causes:—Uncleanliness, impure air, imperfect ventilation, damp, wet, and cold weather, variations in temperature, poverty, &c. I have never met a case of this disease amongst the better classes of society. Its proximate causes are said to be due to inflammation, suppuration, and ulceration of the umbilical cord and its vessels, improper dressing of the navel, spinal meningitis, &c.

Dr. Marion Sims states that trismus nascentium is a disease of centric origin, depending on mechanical pressure exerted on the medulla oblongata and its nerves, and that this pressure is the result most generally of an inward displacement of the occipital bone.

M. Parrot, of Paris, considers that it is due to certain changes of the urine, brought about by a condition which he terms atrepsie, which is the result of artificial feeding of infants. Trismus, according to this author, belongs to the same category as uramic convulsions.

As to the prognosis. The majority of British authors state that they never met with a case of recovery from fully established tetanus nascentium. Dr. Collins, formerly Master of the Rotunda Hospital, remarks that he never saw an instance where a child seemed even temporarily relieved by the measures adopted. The late Dr. Churchill states that a more intractable disease does not come within our observation. Dr. West, in the latest edition of his work on "Diseases of Infancy and Childhood," 1884, observes, "That when once the disease becomes developed our chances of cure are so slender, that I may almost say the task is hopeless." Dr. Breen, however, records two cases successfully treated by him in one year, and one by the late Dr. Graves. Dr. J. Louis Smith, of New York, has collected forty cases of tetanus infantum from different sources, eight of which recovered; and he calls attention to two points regarding them, viz., that in all these cases, with two exceptions, the disease commenced about the seventh day, and that there was a fluctuation in the symptoms; whereas, fatal cases gradually grow progressively worse, death usually taking place from three hours to four days. In those cases which terminated favourably recovery from the time the child ceased to nurse, till it began to suck again; recovery took place in from two to thirty-five days. This was the only case where recovery occurred out of fifteen cases of this disease which I had in my practice within the last ten years, and I always looked on tetanus infantum as incurable till now.

The treatment of this disease is divided into the preventive and curative. The former is effected by attention to sanitation, in the way of free ventilation, the observance of cleanliness in the bedding and clothes of the mother and child, ventilating the houses of the poor, carefully dressing the umbilical cord, attention to the food of the infant and its bowels. Dr. Grafton, in the *N.O. Medical and Surgical Journal*, July, 1853, recommends that the navel be dressed with oil of turpentine, as follows:—For the first time a few drops undiluted are applied immediately to the umbilicus and round the cord, and it is anointed at each succeeding dressing with turpentine diluted with one-half to two-thirds of olive oil, lard or fresh butter. He states that he never has known the disease to occur in a child whose navel was dressed as above.

With regard to the curative treatment. The following remedies have, from time to time, been recommended, viz., the inhalation of ether and chloroform, which may control the spasms, but will not cure the disease. Ice applied to the spine, leeching the nape of the neck in the early stage, opiate given in small and frequently repeated doses, hypodermics of atropia, gr. 1-200th to gr. 1-150th, Calabar bean, Indian hemp, gelsemin, woorara, enemata of assafoetida, tobacco, and warm baths, &c.

Hüttenbrenner especially recommends hydrate of chloral, which, according to his observations, is preferable to all other remedies in this disease. Dr. Widerhofer, of Vienna,

states that he has saved six out of ten or twelve children by the use of chloral (London *Lancet*, March 18th, 1871). He prescribes it in doses of from 1 to 2 grains by the mouth, or if there is great difficulty in swallowing 2 to 4 grains by the rectum.

Bromidia, a new hypnotic, lately presented to the profession by Messrs. Battle & Co., of London, composed of chloral hydrate and bromide of potassium, of each 15 gr., and ext. cannabis indica, and ext. hyosciamus, 44, 1-8th gr. in each fluid drachm, might be tried with benefit in doses varying from 2 to 4 minims, diluted with a teaspoonful of water, every third hour in this disease till the spasms were relieved, or the child goes to sleep. Dr. R. P. Davis, of Texas, has treated two cases of traumatic tetanus successfully with this remedy.

REGISTERED FOR TRANSMISSION ABROAD

## The Medical Press and Circular

Is published every Wednesday morning Price 5d. Post free 5½d

POST FREE TO ANNUAL SUBSCRIBERS . . . £1 2 0

" IF PAID IN ADVANCE . . . . . 1 1 0

Post-office Orders and Cheques to be drawn in favour of—

A. A. TINDALL, 20 King William Street, Strand, London, W. C.

A. H. JACOB, 3 Molesworth Street, Dublin.

Agents for Scotland:—

MACLACHLAN & STEWART, South Bridge, Edinburgh.

A & W. STENHOUSE, Hillhead, Glasgow.

Sole Agent for the Continent:—

JOHN F. JONES, 81 Bis, Rue du Faubourg Montmartre, Paris.

ADVERTISEMENT SCALE—Whole Page, £5 Os. 0d. Half Page, £2 10s. 0d.; Quarter Page, £1 15s. 0d.; One-eighth Page, 12s. 6d.

Small Announcements of Practices, Assistances, Vacancies, Books, &c. of Seven lines or under, 4s. per insertion; 6d. per line beyond.

Considerable reductions are made from the foregoing Scale when orders are given for a series of insertions. Letters in this department should be addressed to the Publishers.

SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIÈRE, 10, Rue Hautefeuille, Paris—post free in advance, £1 3s. 6d. per annum.

SUBSCRIPTIONS FOR RUSSIA are received by Messrs. RAJCHMAN and FRENDELER, 18 Senatoren Street, Warsaw—post free, £1 5s. 0d. per annum.

## The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 16, 1885.

### THE PROSPECTS OF THE PROFESSION.

At the present moment many hundreds of young men are on the point of taking the most important step of allying themselves with the profession of medicine with a view to devoting themselves for life to its practice as a means of existence; and the occasion is a very fit one for inquiring into the prospects that present in this connection. It is the more important to give some thought to this subject now, inasmuch as there is good reason for assuming that the number of entries at the various hospital schools will be considerable, owing to the depressed state of trade, and the consequent paucity of openings in this direction for the sons and relatives of business men. It has been again and again demonstrated in the past, that with brisk commerce the numbers of students annually registered are less than under the reverse conditions, the reason being that fewer opportunities can then be found of utilising the services of young men whose edu-

cation is presumed to have fitted them for something more superior than the position of clerks and salesmen; and the result has been that medicine has been selected as that profession most likely to offer a speedy remunerative return on the capital invested in the preparation for its practice.

To all who argue on the lines here laid down, a few words of warning and advice will not be out of place, and to them we would say emphatically, "Pause and consider." One of the most unfortunate truths that those whose duty it is to become acquainted with the profession as a whole are compelled to recognise, is that its ranks are occupied by very many who are totally unfitted for the life they have entered upon, and who can never, by any possibility, attain to success in practice, or to a position which would easily have been theirs in a less ambitious sphere of usefulness. Every year a large percentage of male students consist of youths whose capacities, tastes, and inclinations are wholly opposed to the making of efficient attendants on the sick, and who, owing to the error they have made in the selection of a profession, are doomed to swell the lists of those who are certainly to be found in the waiting-rooms of "agencies" and employment bureaux.

That this is no sensational picture of what is daily occurring, a reference to any one of the weekly lists of applications for assistants published in the medical journals will prove; and as an instance of what may there be found the following examples, taken from a single issue of the *Lancet*, may be cited:—

**W**anted, in a Country Practice, doing over £700 a year, an in-door doubly qualified ASSISTANT. Salary £50 per annum.

**W**anted, a Qualified Assistant, to mostly take charge of a Branch Dispensary. Terms, two guineas per week, and unfurnished bedroom. Must be at least thirty years of age.

**W**anted: a qualified out-door Assistant, to Visit, attend Midwifery, and assist in Dispensing, &c. Duties not heavy. Salary £100 per annum, with half Midwifery fees (none under £1 1s.) of each case attended by him.

**Q**ualified Assistant wanted in University Town, to manage Branch Surgery, &c. £60 (in-doors).

**Q**ualified Gentleman required to conduct a Practice and Dispensary, with Retail attached, in populous and improving district near London. Assistant to attend to Retail. Liberal salary, with share of receipts. House, gas, and coals free.

These are not by any means exceptional advertisements; they are merely samples of what are constantly appearing in regular succession; and the most instructive fact about them is that the same announcements rarely appear twice running, thus proving that no difficulty is found in finding *qualified medical men* to fill posts of the most responsible nature, and demanding the exercise of high qualities of mind, in return for a salary frequently inferior to that received by an ordinary butler or footman. Why is this?

The answer to this question will be found in the statement advanced above, that the profession is flooded by men who can never hope to command any but the lowest position as practitioners whose intellectual powers are unequal to the needs of successful practice, who are, alas! too often

morally feeble, and whose only chance of keeping body and soul together is by accepting conditions of "service" which an ambitious shopman would decline to entertain for a moment. And this state of things must continue so long as schools of medicine are regulated on the principle of competition for pupils, accepting all and any who choose to ask for admission; and thus yearly admitting into the profession vast numbers of young men whose future must be a stumbling-block to progress, and who, by the necessity they are under of accepting any terms that may be proposed to them, are a constant source of weakness and indignity to what, in moments of inflation, we are wont to call "the noblest of all the professions."

#### THE CLAIMS OF SCIENCE.

As President of the British Association for the advancement of Science, Sir Lyon Playfair delivered the annual address introductory to the work of the session, on Wednesday last, at Aberdeen. Pursuing the sensible course of eschewing controversial scientific theories, the learned President took for his subject what may be summed up as the claims of science on the gratitude and aid of the State; and in an eloquent and impressive speech of considerable length he very effectively established the theories he laid down. By comparison with other countries, it was attempted to be shown that England is very backward in stimulating the progress of research, and in rewarding the undertakings of scientific investigators; and to a certain extent the complaint is undoubtedly justified. It must be remembered, however, that in recent years a more liberal and appreciative spirit on the part of the Government has been exhibited, and that, further, in this country there exist, in the form of private and academical endowments, resources which are not to be found in the countries with which our own is reproached.

The ground covered by Sir Lyon Playfair's lamentations had already been pretty well, and in much the same manner, traversed by Mr. Ray Lankester; but it is nevertheless a matter for congratulation that these occasional authoritative expostulations are forthcoming. Though they may not exactly reverse the ordained order of things at home, they still do incalculable good by exciting inquiry concerning our own shortcomings; and especially by arousing a personal desire to demonstrate how, with limited opportunities, as compared with those countries which enjoy all the advantages of State-aided research, we manage to maintain the reputation of British science and the present position of its recognised leaders.

The glaring anomaly presented by the fact that London possesses no teaching University was naturally commented on in the presidential address, and it is comforting to find expressed in it a confident prediction to the effect that the deficiency will very soon be rectified, though the *modus operandi* of the improvement is not detailed. Doubtless the assurance that Sir Lyon Playfair feels is justified by all that has already taken place in this connection, but it might not have been out of place had he been slightly more explicit in his statements on this subject. As part and parcel of the extensive scheme of

scientific education he seems to have sketched out, such an University is no doubt an essential element; and could it be but once accomplished it would afford a much-needed escape from many of the difficulties at present surrounding metropolitan students of medicine in their attempts to equip themselves for successful competition in future practice. That the nation as a whole is not yet sufficiently awake to the vital importance of science in a perfect scheme of education, is universally admitted by all whose duty it is to gauge the needs in this respect; and by impressing the fact so clearly as is done in his address to the British Association, Sir Lyon Playfair has added another to the many valuable services he has rendered to the country.

#### THE NEW BRITISH PHARMACOPŒIA.

THE new "Pharmacopœia" just issued is considerably larger than its predecessor, the errors and defects of which (after all not very numerous) have been carefully corrected, and a quantity of new matter added. As an instance of correcting error, we observe that the cherry-laurel water, aqua lauro-cerasi, which was before described as prepared from the common laurel, is now referred to its proper source, the common laurel belonging to the natural order of *lauraceæ*, a perfectly harmless tribe, while the cherry-laurel belongs to the *amygdalææ*, the leaves and seeds of which contain prussic acid. By the way we may observe that the cherry-laurel water might, in our opinion, be omitted altogether, as its strength is uncertain, and whatever efficacy the water possesses is due to prussic acid, which might be prescribed in its proper doses. Another slight mistake in the former volume, and which should have been avoided by the scholars of the Medical Council, was making *Theobroma* the genitive case of *Theobroma*, but this is now properly altered to *Theobromatis*. Some of our most familiar drugs appear under a somewhat new aspect, or are at least more clearly described and distinguished than formerly; thus the acidum sulphurosum is now correctly defined as sulphurous anhydride dissolved in water, and acidum arseniosum is likewise described as an anhydride and not a true acid. The two kinds of aloes used in medicine, although not very different in their physiological or therapeutical properties, are carefully distinguished in their physical aspects, but a perfect revolution has taken place in the nomenclature and the description of cinchona barks and their alkaloids. The old distinctions of the pale, the yellow, and the red barks, are now very nearly swept away, the only kinds admitted in the new Pharmacopœia being the *Cinchonæ cortex* and the *Cinchonæ rubræ cortex*, the whole of the barks being referred to several species of cinchona, and some salts of quinine and cinchonine being obtained from various species of *Remijia*. Quinine, of course, still retains its place among the cinchona alkaloids, although the hydrochlorate is now added to the sulphate, and the alkaloids, cinchonine, and cinchonidine are introduced for the first time. The superiority of quinine over its rivals as a remedial agent is universally acknowledged, though those who are unacquainted with the minutiae of chemical analysis will perhaps be surprised to learn that quinine differs in its composition

from cinchonine and cinchonidine only in containing one more equivalent of oxygen, and the composition of sulphate of cinchonine and sulphate of cinchonidine is the same, except that the former contains one more equivalent of water than the latter.

A great number of alterations has been made in the names of the articles and preparations, but the changes do not generally involve any very material principles; thus the whole of the alkaloids are now made to terminate their names in *ina*, perhaps to assimilate them to their original French designations, so that morphia (Fr. morphine) now becomes morphina, quinia (Fr. quinine) quinina, and so of the rest. Again, the ordinary saline compounds are all reduced to the haloid type, and the metal is given as the base instead of the corresponding oxide, and thus potassæ nitras becomes potassi nitras, calcis phosphas, calcii phosphas, and so on. Even ammonia, the metallic basis of which has never yet been isolated, is now treated as oxide of ammonium, and accordingly ammoniæ carbonas becomes ammonii carbonas, ammoniæ nitras, ammonii nitras, and so of the other ammoniacal salts.

The new chemical notation is exclusively adopted, and perhaps this change is judicious, because the new system is now universally taught, and although the old and the new symbols may easily be reconciled by those who are well versed in theoretical chemistry, yet the juxtaposition of the two at the present time can only confuse the modern school of students and practitioners.

The great additional bulk of the present volume is, of course, caused by the introduction of new remedial agents, and although the number of pages might have been reduced by the omission of many articles of questionable value, yet the new remedies far exceed in number the old which they have replaced. In fact, only twenty-two articles and preparations have been omitted, while one hundred and fourteen have been added. Among the former, *areca*, *castoreum*, *ulmi cortex*, and several others, will not be missed, and the omission of the *pilula quiniæ*, in which a small quantity of confectio of roses is made to take up a huge bulk of sulphate of quinine, will be a relief to the practical pharmacist. Perhaps the familiar syrup of buckthorn (*syrupus rhamni*) will be missed, but chiefly by the canine species, and we do not anticipate any great advantage from the introduction of the *rhamnus frangula*, which has hitherto been regarded only as a useless species, or even of the *rhamnus purshianus*, which we believe is an American novelty.

However, among the great host of new remedies, or supposed to be such, which have of late years thrust themselves into notice, the Editors of the new Pharmacopœia have on the whole, we think, made a judicious selection, and some of the additions are really valuable articles in the pharmaceutical *armamentarium*. No one can doubt the important properties possessed by *coca*, *salicylic acid*, *chrysarobin*, *jaborandi*, and several others, although the medical virtues even of those just named still remain to be accurately estimated, and some rather exaggerated opinions as to their value have already been disappointed.

*Cimicifuga* (so named from its power of poisoning

bugs) is the old *Actæa racemosa*, and is said to be a valuable sedative in neuralgia, and butyl-chloral-hydrate (erroneously called formerly croton-chloral-hydrate) is another drug of the same class. Paraffinum (of which there are two kinds, the durum and the molle) takes the place in pharmacy of many other kinds of tarry matters, such as petroleum, vaseline, &c., and is very useful in the preparation of various kinds of ointment; and iodoform, thymol, and the oils of eucalyptus and santalum (*Santalum album*) will form valuable additions to the class of antiseptic applications. Finally, we may mention that hypodermic preparations have not been forgotten, and that some useful compounds already known under various designations have been introduced with definite names and with duly proportioned ingredients. Thus the liquor arsenii et hydrargyri iodidi is the well-known Donovan's Solution, and the tinctura chloroformi et morphinæ bears a strong resemblance in its constitution to the preparation known as chlorodyne.

## Notes on Current Topics.

### The Dangers of Smoking.

A MELANCHOLY instance of the risks occasioned by the carelessness of smokers was recently the subject of an inquiry by Mr. A. Braxton Hicks, one of the metropolitan coroners, the victim being a lady visitor to the Inventions Exhibition. It appears that the deceased woman's dress was ignited by the fire from a burning match which, after he had succeeded in lighting a cigar from it, a gentleman had thrown to the ground in the Exhibition Gardens; and owing to the inflammable nature of her costume, the unfortunate woman was speedily enveloped in flames, and was so severely burned ere they could be extinguished that it was deemed necessary to immediately remove her to St. George's Hospital. Here, in spite of every attention, she died after lingering for six days, and after much suffering. At the inquest the jury found a verdict of accidental death, adding, as a rider, that the council of the Exhibition should increase the number of notices cautioning visitors against throwing down lighted matches in the grounds. However desirable such a caution may be it is hardly likely that so simple a remedy will prove effectual against the dangers it is directed to obviate. So long as men are too thoughtless, or indifferent to voluntarily guard against the risk in question by extinguishing their cigar lights, so long will the public be subject to occasional accidents of the kind in question. Good feeling and good taste can alone effect the required improvement in manners.

### The Wine Trade on Adulteration.

In a wine trade circular, bearing the mysterious title of "the O.N.P. Review," and published by Messrs. Hudson and Sons, the subject of adulteration of wines and spirits is treated in a way calculated to cause a shock of surprise to not a few medical men, who have been in the habit of regarding the majority of wines in the market as 'doctored.' We are informed that "wine doctoring" does not exist, for the reason, that it does not pay; that logwood is in reality an unknown addition to port; that

"dry" sherry and "dry" champagne as the product of chemical manufacture are quite unknown; and that the inferior clarets and brandies sold in this country are at any rate products of nature, though not of best growths of the grape. All this is pleasant, notwithstanding that it is startling; and notwithstanding also, that the "O.N.P." publication falls foul of medical men as judges of wine, we can still thank our contemporary, or whatever a wine list should be termed, for information which is assuredly not universal. It is, however, just possible that the enlightenment enjoyed by our "O.N.P.ist" respecting the mode of origin of wines is no more exact than his knowledge of the routine of hospitals, and of the rules which influence the actions of medical men. Certainly, his remarks on these two latter subjects are as amusingly original as are the views of their writer on the laws of grammar, and the common rules of composition. We very much fear that the "tricks of the wine trade" are still, in part, a *terra incognita* to the "O.N.P. Review."

### Death of Dr. Guy, F.R.S.

WE regret to announce the decease of the well-known author of the Manual of Forensic Medicine, which, with the text-book of Dr. Alfred Swayne Taylor, has for many years been the standard work for students and practitioners. D. A. W. Guy had attained the ripe age of seventy-nine years, and though less actively employed in practical professional work of late, yet his presence has constantly been felt in connection with sanitary improvements and investigations. The deceased physician was formerly physician to King's College Hospital, and lecturer on forensic medicine in its school; he was a Fellow both of the Royal College of Physicians, and the Royal Society of London, and the author of numerous papers on medical subjects and of standard books in the same connection; one of the latest of them being "the Factors of Unsound Mind."

### The Proposed Reduction in Irish Poor-law Salaries.

WE learn with great satisfaction that the Local Government Board for Ireland has peremptorily declined to sanction the reductions of salaries proposed by the Guardians of the Ballymena Unions. There can be no doubt that the Local Government Board has, in adopting this course, acted in the best interests of the sick poor and with the object of preserving the efficiency of the Poor-law service, for, though we do not doubt that a desire to protect the officers from an injustice has had its influence with them, we can understand that the Board might have set aside this consideration if any good reason had been shown for the reduction, and if they thought that the service could be as efficiently performed at the reduced cost. But the retrenching guardians did not and could not prove either of these assertions, for in fact, there was no need for the change except a burning desire to save their own pockets, and it was obvious that a cutting down of the officers' emoluments (which are already grievously too small) would inevitably lead to the work being badly done and to the unions being officered by inefficient men. We do not know whether the official memorial which the Irish Medical Association

laid before the Board on this subject, may be credited in any degree with the decision promulgated by the Board, or whether the reasons which we ourselves submitted for their consideration may have had any weight with them. We are well satisfied with the result without seeking to trace the cause, and, on behalf of the Irish Poor-law Officers, we thank the Local Government Board.

We notice that a deputation of people who don't like paying taxes if they can get off doing so, interviewed the Ballymena Guardians to protest against the decision of the Local Government Board. The stuff that such deputations are made of may be judged from the speech of one Bell, who said, "It was too bad to have to toil and sweat from break of day till late at night, and pay men for sitting and doing nothing (laughter). But when we are crushed we will burst up and we will have our rights and demands even at the point of the bayonet or in the House of Commons. (laughter). There is only one sort of wind-bag what, when crushed, will burst up." And that is what Mr. Bell's method of speech would call a "blather." This precious deputation subsequently resolved that "through the silence of the Local Government Board we are justified in paying the salaries at the reduced scale," to which manifesto the expletive suggested by Mr. Bell may, with great force, be applied.

#### Suturing the Intestines.

MR. E. STANMORE BISHOP, F.R.C.S., of Manchester, contributes an interesting and important paper on "Enterorrhaphy" to the current number of the *Medical Chronicle*, in which he describes a new form of intestinal suture designed by himself, and most successfully performed on several animals in which portions of intestine had been experimentally excised. The value of the essay is materially added to by the introduction of a plate containing illustrations of all the sutures hitherto employed by various surgeons in uniting the divided intestine. Mr. Bishop, after securing the loop of intestine by means of a special clamp invented by himself, cuts away the portion to be removed with scissors, along with a triangular piece of mesentery, and the mesenteric arteries are ligatured over a flat sponge. The ends are next thoroughly cleaned and approximated, and the mesentery united by a few catgut sutures. Next a fine needle threaded exactly in the centre of a piece of fine Chinese silk 160 centimetres long is passed from right to left through the lower edge of both sides of the intestine, as near as possible to the mesentery. The double thread is then drawn through until 6 cms. remain on the right side. One of the threads of the left side is to be cut 6 cms. long; the needle is then passed from left to right through the same fold at a distance of 20 cms. from the first puncture. Two free ends and a loop remain on the left side, two ends free, and two connected with the needle on the right. By gently drawing upon the loop, one of each of the two last pairs is seen to move; these are then drawn up so as to bury the loop in the mucous membrane on the left side, and are seized and knotted on the right; the two ends are then cut off close to the knot. The free thread left in the first puncture is now drawn under the free extremities of the upper bars of the clamp, so as to be out of the way, and is reserved for the

latter part of the operation. The needle is now carried back again from right to left through the base of the fold, and a similar loop is thus formed, this time on the right, and knotted on the left. In this way, as the suture progresses, stitches, consisting each of a single thread tied alternately on the right and left sides, are formed, the threads of each loop passing through the same punctures as those of its neighbours on each side. It is thus impossible that any part of the intestinal circumference shall be unguarded, except the minute openings made by the needle, and filled in by the threads. Extravasation at these points, moreover, will be prevented by swelling of mucous membrane; in addition, the threads are really within the lumen of the intestine, where as well the knots are situated, and thus the objections to previously described sutures are avoided.

#### A New Bacillus.

MR. FRANK CHESHIRE, whose apiarian researches have been of extreme value and interest to both beekeepers and naturalists, describes (in the current number of the *Journal of the Royal Microscopical Society*) a new bacillus, which he believes to be the cause of the devastating disease among bees known as "foul brood." This disease has for many years proved a veritable pest, large apiaries having in numerous instances been entirely swept away by it. In America alone the losses have been very great, carrying off hundreds of thousands of bees annually. It was thought that the disease was confined to the larvæ, that the grubs were infected by the antennæ of the nurses, who brought home the germs from a distance with their foods; but Mr. Cheshire has discovered that in the imago the disease becomes chronic, and that the blood of the adult insect is also frequently loaded with bacilli. From a large number of observations he finds that the disease in the larva affects the blood and quickly passes into every viscus. In the adult bee the chyle stomach is affected, notwithstanding the disease is not communicated through the honey, but through the air, the bacilli being largely diffused and taken into the system through the air tubes. Microscopists will have no difficulty in accepting the supposition that these organisms are carried about by every current of air, and that bees will breathe them in and convey them from one apiary to another. When it is remembered that a single cubic inch of material would form a quadruple line of bacilli extending from London to New York, there is no difficulty in comprehending the danger of infection in this way. Ordinary dust motes are to such organisms as hens' eggs are to grains of sand. Many of the larvæ have been found to contain at least 1,000,000,000 bacilli, so that the means by which they are disseminated are likely to be very varied. The new bacillus, to which Mr. Cheshire has given the name of *bacillus alvei*, has been cultivated and carefully studied by Mr. Watson Cheyne, and it appears to him to have specific characters. It multiplies mainly by fission, and has a somewhat conical stained point at one end, although separated by a marked division. This is not the common mode of growth by fission by these bodies; ordinarily the rod divides into two pretty equal halves; in *bacillus alvei* it does not; the minute prolongation at one end

is peculiar and remarkable. Under cultivation it is seen to grow in colonies; these assume a pear-shape, and grow rapidly in cultivating materials—gelatine being the best—kept at the body temperature. A minute drop of juice taken from the body of an infected larva, and examined under a power of 600 diameters, exhibits thousands of bacilli in a state of great activity. Mr. Cheyne believes with Mr. Cheshire: "No doubt can be entertained that this bacillus is new to science, and is the cause of 'foul brood' in the hive-bee." We can only add that the paper is accompanied by two full-page lithographic plates of the bacillus in its various stages of development, and which seem to ourselves to warrant this assertion.

### Experimental Researches on Micro-Organisms as a Cause of Diphtheria in Man and Animals.

HERE LÖFFLER has been carrying out some important investigations with the object of demonstrating the presence of micro-organisms in the diphtheritic membrane, using the following staining solution:—Thirty c. c. of a concentrated alcoholic solution of methylen-blue to 100 c. c. of an aqueous solution of caustic potash (1-10,000). It is sufficient to leave sections for only a few minutes in this solution to deeply stain most known bacteria. They are then washed in a  $\frac{1}{2}$  per cent. solution of acetic acid, dehydrated, clarified in cedar oil, and mounted in balsam. In twenty-seven cases in which the diphtheritic membrane was examined, two definite species of micro-organisms were found—a chain-forming micrococcus and a bacillus. The former was cultivated pure on meat-jelly, blood-serum, and cooked potatoes, and bears a very strong resemblance to the micrococcus of erysipelas, both morphologically, and as regards its mode of growth, but is only of secondary importance with respect to the diphtheritic process. The bacillus could not be grown on meat-jelly or potatoes, but on blood-serum at 37° C. it formed within three days, whitish, opaque colonies, which did not liquefy the serum. The bacilli are of about the same length as the tubercle bacillus, but about twice as thick; they are generally more darkly stained and slightly thickened at the poles. A definite spore-formation was not observed in the cultivations. A variety of animals were inoculated with the pure cultivation, and in some an appearance was produced at the seat of inoculation, *e.g.*, the formation of a false membrane on the tracheal, conjunctival, and vaginal mucous membranes, which closely resembled the local appearances in man. Herr Löffler also found on the surface of a condyloma a bacillus which possessed a great resemblance, both morphologically and as regards its pathogenic action, to the bacillus of diphtheria of calves, and gave rise to diphtheritic infection of rabbits.

### Medicine in Japan.

THE medical art is advancing with sure and certain strides in Japan. Many young and ardent men are earnestly at work in anatomy, histology, and pathology. From the "Transactions of the Society for the Advancement of Medical Science," to hand, we learn that Dr. K. Taquohi, of the University of Tokio, is employing Japanese or Indian ink in the preparation of histological specimens

with a good deal of success. There is no danger of the stain spoiling in the warm season, or changing colour by being kept too long. The solution is prepared by rubbing the solid ink mixed with a small quantity of water until the fluid is thick enough not to blot or infiltrate over the surrounding surface when dropped upon Chinese paper. It may be injected in the ordinary way with a syringe. It is a good stain for the vessels of the brain, of the cord, of the palpebral conjunctiva, the choroid, the retina, &c. The retina when stained shows a network of black lines in the plane section, elliptical black spots in the transverse section, and slender spindle lines in the vertical section.

### Ambulance Work.

WITH the approach of the winter season ambulance classes will be formed in all directions, and local medical men will be asked to undertake the task of lecturing to them. Many are reluctant to accede, not knowing exactly what they ought to teach, and what to pass by. To those who refuse for this reason, we strongly recommend the perusal of Dr. R. Lawton Roberts little work, which is an excellent exposition of all that is necessary for a course of ambulance lectures; it leaves almost nothing to be desired, and those who possess it, and use it as their textbook, need be under no apprehension that they will fail to do justice to themselves, their class, or their subject. From a wide experience both in lecturing and examinations, in connection with the St. John's Ambulance Association, we have no hesitation in commending the work to the notice of the profession; since it will do much to secure uniformity in the character of the instruction given, and prevent the tendency on the part of some lecturers to make the instruction given otherwise than elementary. To know enough to enable a person to give effectual first aid to the injured in an emergency, without trespassing upon the functions of the properly qualified medical man, is the object the Association has in view, and this is just what Dr. Roberts has kept carefully before him.

### Effects of very Low Temperatures on Living Organisms.

MR. J. J. COLEMAN and Prof. M'Kendrick have made some remarkable experiments on the effects of low temperatures on living organisms, particularly microbes, using for this purpose the cold-air machinery invented by Mr. Coleman, which, in its ordinary working, delivers streams of air cooled to about 80° below zero (= 63° C.), but by certain modifications as low temperatures can be secured as have yet been produced in physical researches. The experiments consisted in exposing for hours to low temperatures putrescible substances in hermetically sealed tins or bottles, or in flasks plugged with cotton-wool. The tins or flasks were then allowed to thaw, and were kept in a warm room, the mean temperature of which was about 80° F. They were then opened, and the contents submitted to microscopical examination. The general result may be stated thus: The vitality of micro-organisms cannot be destroyed by prolonged exposure to extreme cold. It is clear, therefore, that any hope of preserving meat by permanently sterilizing it by cold



must be abandoned, for the microbes, which are the agents of putrefaction, survive the exposure. Some of the experiments on which this conclusion rests are briefly described. Meat in tins, exposed to 63° C. for six hours, underwent (after thawing) putrefaction with generation of gases. Trials with fresh urine showed that freezing at very low temperatures of 63° C. for eight hours did not sterilise the urine. Samples of fresh milk exposed to temperatures of from zero to —80° F. for eight hours curdled, and showed the well-known *Bacterium lactis*; and, so far as could be observed, freezing did not delay the process after the flasks were kept at a temperature of 50° F. Similar results were obtained with oil, meat-juice, vegetable infusions, &c.

It is probable that the micro-organisms were frozen solid. One cannot suppose that in these circumstances any of the phenomena of life takes place; the mechanism is simply arrested, and vital changes resume their course, when the condition of a suitable temperature is restored. These conditions led the authors to examine whether any of the vital phenomena of higher animals might be retained at such low temperatures. They ascertained that a live frog might be frozen through quit solid in about half-an-hour at a temperature of —20° to —30° F. On thawing slowly, in two instances, the animal completely recovered. After long exposure, the animals did not recover. In two cases frogs were kept in an atmosphere of —100° F. for twenty minutes, and although they did not revive, yet, after thawing out, their muscles still responded feebly to electrical stimulation. One experiment was performed upon a warm-blooded animal—a rabbit. The cold-blooded frog became as hard as a stone in from ten to twenty minutes, but the rabbit produced in itself so much heat as enabled it to remain soft and comparatively warm during an hour's exposure to —100° F. Still its production of heat was unequal to make good the loss, and every instant it was losing ground, until, at the end of the hour, its bodily temperature had fallen about 56° F. below the normal, but was still 143° F. above the surrounding temperature. When taken out the animal was comatose, and reflex action was abolished. Placed in a warm room, its temperature rose rapidly, and the rabbit completely recovered.

The observations are of great value and highly suggestive. Those upon the rabbit suggest that death from cold is preceded by loss of consciousness, owing to the early suppression of the activity of the grey matter of the encephalon. This confirms the belief that death by freezing is comparatively painless. The viability of microbes at low temperatures has also been demonstrated by Pictet and Young, who found that various bacilli can survive —70° C. for 109 hours. After such exposures, *Bacillus anthracis* retained its virulence when injected in a living animal.

DR. MORIZ GAUSTER PRIMARIUS, of the N. O. Landes-Irreanaustalt, Austria, has been appointed Director in place of the late Dr. Schlager. It was expected that some distinguished alienist would be invited from a distance, and the action of the committee, on which fell the duty of making the appointment, has caused some surprise, and perhaps disappointment in some quarters.

#### Testimonial to Dr. Ph. Abraham.

It having been announced that Dr. Abraham had resigned his Curatorship and was about to leave Dublin, a meeting of some of Dr. Abraham's friends was held on the 1st inst. (Dr. Robert M'Donnell in the chair), when it was resolved—"That a Committee be formed for the purpose of collecting subscriptions to present a testimonial to Dr. P. S. Abraham, on his leaving Dublin, and that the subscription be limited to £1 ls." The names of the Presidents of the Colleges of Physicians and Surgeons, and of the Academy of Medicine, the Vice-President of the College of Surgeons, Professor Haughton, and others, appear on the committee list. Subscriptions will be received by any member of the Committee, or by Dr. Swanzy, Hon. Secretary.

A CONGRESS of Russian alienist physicians will be held in Moscow in this month.

DR. GRIMSDALE has been placed on the Commission of the Peace for the city of Liverpool.

PROFESSOR HUMPHREY, of Cambridge, has been placed on the Commission of the Peace for the borough of Cambridge.

DEPUTY SURGEON-GENERAL LANGFORD HINDE, who rendered valuable service in the late Suakim Campaign, has been appointed Principal Medical Officer on the Staff of Major-General Theisger, Commanding the Curragh Brigade.

DR. B. W. RICHARDSON, F.R.S., finds a scientific basis for the saying that a cat has nine lives. If a cat and a dog are shut up in the same "lethal chamber," the cat survives on the average three times as long, and in one instance nine times.

THE London Metropolitan Police have received orders not to take into custody a person who attempts to commit suicide, but to apply for a warrant for the apprehension of the individual on the charge of misdemeanour.

By the will of Miss Jane Catherine Gamble, late of 67 Portland Place, London, who died in June 19 last, the Middlesex Hospital receives a bequest of £500; and the Royal Hospital for Incurables, Putney Heath, £4,000 on the death of a dependent.

A RUSSIAN, who has been going about America soliciting alms on the strength of a badly swollen hand, which he told people was caused by rheumatism, was arrested a few days ago. At the hearing it was developed that the culprit was not afflicted with rheumatism at all, but had tied tightly a bandage around his arm, near the elbow, so as to make the blood settle in his hand and produce the swelling.

DR. G. KROSZ writes to the *Deutsch Med. Zeit.* that the removal of a plaster-of-Paris dressing is greatly facilitated by first scraping a groove with a knife, and

then dropping along it a solution of caustic soda. In a few minutes the plaster becomes pulpy along this line and the bandage can then easily be cut through. If two lateral grooves be made, instead of one, a lid can be cut out of the bandage, the leg can be lifted up for the necessary inspection and returned, the lid being reapplied and retained with a roller bandage. In this way the plaster dressing is not cracked, and the limb is not jolted in the effort to remove the bandage. By this method, also, it is a very easy matter to cut any fenestra that may be needed.

## Literature.

### HUMPHREY SANDWITH. (a)

APART from the interest that often attaches to a well-spent, useful life in the pursuit of our profession, very many touching incidents of an adventurous nature will be found recorded throughout the pages of this biography of Humphrey Sandwith, of Kars fame. The memoir before us, it appears, has been compiled by his nephew, from autobiographical notes left for the purpose, and on the whole fully bears out a generally expressed opinion that Sandwith was a man of exceptional ability and perseverance, as well as of a naturally chivalrous disposition. He had scarcely reached middle life—he was but sixty when he died—when he was known throughout the world to have already performed deeds of valour, which have deservedly enrolled his name among those heroes of whom England justly feels proud. He came from a medical stock; both his father and uncle were members of the profession. His father gave far too large a portion of his time to the cultivation of Wesleyanism to enable him to spend money on his children's education; Humphrey was therefore allowed to take his own course. It eventually devolved upon an uncle, to whom, at an early age, he was apprenticed, and with whom he was "condemned to spend five of the best years of his life," to complete his education. The drudgery of a country practice and the compounding of medicine left him little time for reading or study; it can, however, hardly be said to have been time wasted; its surroundings cherished within him that love of adventure which did so much to determine his after eventful career. On the termination of his apprenticeship, instead of proceeding to the more diligent pursuit of his profession, he persuaded his friends to let him see France, where he spent a few months, and picked up a knowledge of the French language which stood him in good stead through life. With a five-pound note in his pocket and a knapsack strapped on his back, he managed to see a good deal of France, and some few towns of Germany. This was a prelude to his future wanderings in Mesopotamia. On his return home he entered as a student to University College. He was by no means remarkable for his diligence or love of study, and we are therefore not surprised to hear he was ploughed when he presented himself for examination. A year afterwards, 1846, he succeeded in obtaining the diploma of the College of Surgeons; and immediately rushed away from London, allured by his favourite sport of snipe-shooting on the banks of the Humber. Here he received an injury to his knee, which thoroughly disabled him, and he was glad to accept the offer of a sea voyage to the Mediterranean in a sailing-ship bound for the Levant—this first glimpse of the East—of "that East (he writes) to which through all my life from that moment I looked with passionate attachment as to a second fatherland." On his return home, and after sundry ineffectual attempts to get into practice, he resolved to try Constantinople. Furnished with a few letters of introduction to persons of influence about the British Embassy, with some of whom he afterwards lived on terms of intimacy, but he never secured the friendship of the Ambassador, Sir Stratford Canning. Finding it very difficult to get into practice among the European population, he diligently set himself to work and soon acquired a fair knowledge of the Turkish language. He was also

fortunate in meeting with and making the acquaintance of Mr. Layard, who persuaded him to join his archæological expedition to Nimrod. His health broke down; he was stricken with malarial fever, and obliged to return to Constantinople, where he once more hoped to establish himself as a physician, having previously acquired a tolerable insight into the mysteries of Turkish every-day life. Not long afterwards the Crimean war broke out, and to add to the small income derived from the practice of his profession, he became the correspondent of the *Times*. An unfortunate disagreement with the editor soon brought this engagement to a close, and again he was bent upon finding, if possible, a more congenial occupation. He endeavoured to obtain active employment on the Danube, but failing in this, he offered his services to General Fenwick Williams, of Kars, who eventually appointed him Inspector-General of Hospitals. In this capacity, and being well backed up by his chief, his remarkable energy of character and activity of mind found scope for development. He was thoroughly imbued with the value and importance of sanitary arrangements, and by dint of good management and wise precautions, "during the whole long siege of Kars, he never had to encounter an epidemic of typhus, nor that enemy of surgery, hospital gangrene." This is the more creditable to him when we call to mind the sufferings and starvation the garrison had to endure during all the terrible months it held its own against overwhelming numbers and a relentless foe. When the day of surrender came the Russian General, in recognition of Sandwith's humane attention to the Russian wounded, unconditionally gave him his liberty; he as quickly as possible made his way through Turkey home, and became for a season one of the lions of London. He was made a C.B., and accompanied Earl Granville on a special mission to attend the coronation of the Czar of All the Russias. In February, 1857, in further recognition of his services, he was appointed to a colonial secretaryship in the Mauritius. This he retained for a few years only; he resigned the appointment, and on his return to England married, and settled down to a quiet country life. On the commencement of the French and Prussian war he was thrilled with enthusiasm, and offered his services to the National Aid Society, which were accepted, but all his efforts were frustrated from want of funds and from bad management of the committee. Subsequently he did much good work during the Servian and Russo-Turkish war. In 1878, while in Bulgaria, his health once more gave way, and, overtaxed in mind and body, he resigned himself to the life of an invalid. On May 16, 1881, he succumbed to another attack of fever, and died in Paris, on his way home to England.

Dr. Sandwith never knew an idle moment; his literary talent, as is well known, was of no mean order, and needs no recounting. In addition to his well-known "Siege of Kars," he wrote several novels, some of which had considerable merit and a large circulation. "The Hekim Bashi" exposes the misrule of the Turkish Government, and Canon Liddon, writing to Dr. Sandwith's biographer, sums up his character and the value of his labour to his fellow-creatures as follows: "It may be questioned whether any other Englishman has contributed so much as he to the relief of the Christian population of European Turkey. Of Englishmen who sympathised with the subject races of Turkey, some fought, some spoke, some wrote; but Dr. Sandwith did all three..... That he might be sure of his facts, he incurred again and again great personal risks, and in describing what he witnessed he incurred again and again much ungenerous criticism. But his witness had its effect. His absolute honesty was never questioned, and those who knew him knew that his feelings, even when rising into indignation, were always controlled by his sense of right. I remember being struck by the impression produced by a speech he made at Oxford, and his influence upon English opinion was thus considerable, because it was known that he could act as well as speak, and that he shrank from no toil and from no danger in promoting a cause which he had deeply at heart. Never shall I forget the warm terms of respect and admiration in which a Servian at Belgrade described his conduct during the early autumn of 1876. The chief points were those of his courage and his tenderness; and it was in the combination of these that the charm of Dr. Sandwith's character lay. I have never known any one who seemed to be at once more tolerant of wrong and more tenderly alive to suffering. He had the head of a man and the heart of a woman, if any one ever had, and it was the

(a) "Humphrey Sandwith." A Memoir. Compiled from Autobiographical Notes, by his Nephew, T. H. Ward. London: Cassell and Co.

union of qualities which made him the king of men that he was felt to be by the Eastern peoples."

With this single quotation we must bring to a close our brief notice of one who was universally beloved, and whose biography maintains its interest for the reader from the first page to the last. Furthermore, it may be taken to summarise the esteem and affection in which our professional brother was held by those who had the privilege of his acquaintance and who knew him throughout life. No more sincere admirer, no more eloquent exponent of the views entertained by his more intimate friends could be found, than the greatest Christian teacher of the age, Canon Liddon. But the story of such a life as Sandwith's is for all time, and is sure to find a host of admirers and imitators among the rising members of our profession; while those among his contemporaries who retain a vivid recollection of his gentle face and manner will be sure to read over with keen interest this well and pleasantly written memoir of one who was dear to them in life and whose fame will endure throughout all time.

#### PATHOLOGICAL MYCOLOGY (a)

BACILLUS culture is the humour of the age, and the publication of the volume before us is a wisely conceived and practical interpretation of the spirit of the times. While it is possible that, in certain quarters, too great significance has been ascribed to micro-organisms as etiological factors in disease, and the ubiquitous germ has become a kind of fetish, it is only right that every encouragement be given to the exact study of the question, that we may sift the known from the problematical, and by a careful induction obtain clearer and broader views than those at present possible. This is essentially the aim of the present work, and we gladly welcome its appearance. The authors are evidently enthusiasts, but their enthusiasm, far from prejudicing their performance, has led them to adopt a charming simplicity of arrangement and style, which captivates the reader. The essay claims to be an attempt to describe succinctly the methods employed for the complete investigation of micro-organisms, especially as these are related to disease. The attempt has been amply justified by the result, though perhaps the title the authors have seen fit to adopt is open to criticism. A simpler name might have been found which would more exactly have connoted what "Pathological Mycology" fails to express. The authors' object, they say, "is twofold: first, to supply to the worker in the field of scientific medicine a handy guide to which reference may be made for instruction and details which can otherwise be obtained only from scattered papers and treatises in various languages; second, to show how extremely simple are most of the methods of research, and thus encourage, as they themselves have been encouraged, young pathologists to work in a domain which daily, as it yields new facts to the patient explorer, discloses greater potentialities." In Section I. there are five chapters. Of these, the first is introductory, and contains much that is suggestive, under the following heads:—Relations of Micro-Organisms to the Tissues, Means of Ingress, Action on Tissues, Acute Abscess, Tubercle, Tissue Reaction, Digestive Ferments, Specific Differences of Action, Selective Affinities, Mutability of Species, Modification of Function, Requirements of Micro-Organisms, Germs, Conditions Necessary to Investigation. Here and there are to be traced suggestions of incompleteness and repetition of statement, but this is quite exceptional, and it is a fault barely separable from a double authorship. Apart from this, both in style and matter, this introductory sketch is worthy of the highest praise.

The remaining chapters are more practical in character. Here the instructions are given with beautiful exactness and sparkling lucidity, so that he who runs may read. The second describes fully the methods of examination. An accurate account is given of the methods of staining special bacilli, and Gram's method is, with justice, eulogised. The different ways of demonstrating the tubercle bacillus are

examined with care, Ehrlich's method, as modified by Kautzer, being specially commended. The authors are also given for the application of photography as a means towards the permanent recording of results. Chapter III. discourses of the different solid media used in the cultivation of micro-organisms, namely, sterilised potatoes, bread paste, nutrient and peptonised meat jelly, agar-agar mixture, solidified blood serum. Chapter IV. similarly goes over the liquid cultivating media, e.g., animal infusoria, Buchner's fluid, urine, milk, blood-serum, cheese infusions, vegetable infusions, and a number of artificial solutions. At the close of the chapter, the means for incubation are described. Chapter V. discusses the separation of micro-organisms from living and dead tissues. The sub divisions of the subject are, however, hardly so accurate as they might be. "Blood," "solid tissues," and "discharges," can scarcely be considered as co-ordinate divisions of "living tissues."

The value of the work is further enhanced by two appendices. Appendix A contains a short but representative description of some of the commoner species of micro-organisms likely to be met with in such investigations. Appendix B gives an extensive classified list of authorities. This forms one of the most valuable features of the book. Every one knows how hopeless is the search after an authority wrongly cited, and yet the thing is of frequent occurrence in scientific literature. The authors deserve the utmost credit for the painstaking accuracy which characterises their work in this department.

The volume is richly and beautifully illustrated by numerous drawings in colour and black and white, many of which are the work of an artist of distinct power. They are certainly the finest which have yet been offered to the student in this field of the scientific world. We have looked into several good books on the subject, but on rising from the perusal of this, the latest contribution, we confess to a sense of greater satisfaction. Both in principle and in all its details, the volume is worthy of the reputation of Edinburgh University. It is the best guide to the subject with which we are acquainted, either in English or in other language.

### Correspondence.

#### INOCULATION AGAINST CHOLERA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—That doctors differ is trite, and as true as that patients live and die, but he would be a bold man, whether patient or doctor, to claim for any method, new or old, as absolute superiority over others, in the treatment of such malicious invaders as cholera. Inoculation or subcutaneous injection of such potent poisons as quinine and arsenic may be as good slayers of the cholera germ as any other article in the *Materia Medica*, the cholera germ of Dr. Ferns himself not excepted. And as Dr. Pearce and I appear to agree in this other hackneyed phrase that "prevention is better than cure," I hope he too will recommend cleanliness, general and special, as well as warmth (*i.e.*, medium temperature) and temperance in eating and drinking as being good prophylactics as any available to the multitude when cholera threatens its approach, either in epidemic or sporadic form. "Live temperate, avoid excess," were the few words of a celebrated Dublin physician to a junior brother who once had travelled a few hundred miles for his advice on an imaginary serious cardiac affection. And there is so much wisdom in those words that I am tempted to apply them now in this cholera scare. The avoidance of an unusually luxurious regimen in the hot Autumn weather is almost a superfluous warning in these hard times; but too much cannot be urged on the score of moderate and mild purgation so as to keep the intestines free of the superabundant bile, and the used up forces of a deranged or overworked digestion, which in a season when cholera threatens, are serious factors in the case, whether looked at as predisposing or exciting causes. But when the enemy has made his appearance, I know no better remedies than a mixture of such diffusible stimuli as aromatic spirit of ammonia, sulphuric ether, and tinctures opii et capsici, administered every hour till cure ensues.

Hoping that the cholera may give us all a long respite, and that Bismarck and his forces will not take advantage of

(a) "Pathological Mycology: An Inquiry into the Etiology of Infective Diseases." By G. Sims Woodhead, M.D., F.R.C.P. Ed., Assistant to the Professor of Pathology in the University of Edinburgh. Pathologist to the Royal Hospital for Sick Children, &c. and Arthur W. Hare, M.B., C.M., Assistant to the Professor of Surgery in the University of Edinburgh, &c. Section I. Methods; with sixty illustrations. Edinburgh: Young J. Pentland. 1885.

the stricken Spaniards till Ferran and his disciples have killed it there.

I am, yours, &c.,  
J. O'FLANAGAN.

Houghton-le-Spring, Durham,  
10th Sept. 1885.

#### ANTISEPTIC TREATMENT OF WOUNDS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the excellent paper by Dr. Kendal Franks which appears in the *Medical Press and Circular* of September 2nd, "On Some of the Details and Recent Modifications in the Antiseptic Treatment of Wounds," a few remarks are made regarding the decalcified drainage tubes of Neuber and Macewen. It is alleged that "sometimes when the wound has healed over them, an abscess forms later in the region of the wound, and when it opens the drainage tube is expelled unabsorbed."

Of Neuber's tubes, I have had no experience, but having seen the decalcified chicken bone drainage tubes of Dr. Macewen used constantly in his wards for a series of years, I think it right to say that, in no single instance which has come under my observation has their presence given rise to abscess. In amputations the decalcified drainage tubes are invariably used by Dr. Macewen with the happiest effect. Indeed, in the last twelve or fifteen cases of this description which have come under his care the wounds have healed with one dressing, and on examining the stumps for the first time at the end of three weeks the tubes were found to have disappeared, with the exception of a minute portion—usually about one-eighth of an inch in length—which occasionally had been permitted to project beyond the level of the flaps, and which was found lying in the dressings, the tissues having absorbed the remainder while the skin had cicatrised over it.

It is well to bear in mind however, that if these agents are improperly prepared they may be rendered capable of setting up irritation and, thus leading to the development of pus.

Yours, &c.,  
JAS. WHITSON, M.D.

Glasgow Royal Infirmary,  
Sept. 10th.

#### ARMY MEDICAL HONOURS AND REWARDS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Is it not full time someone should be asked why the Army Medical Department recently serving in the Soudan have been so remarkably overlooked in the distribution of honours at the close of the campaign? The services of two members out of the whole corps on the Souakim side were acknowledged—poor Barnett, whose name had not yet appeared in the *Gazette* when he was carried off by illness contracted in the discharge of his duties at Souakim, and Deputy Surgeon-General Hinde, who received the well-earned honour of C.B. The Nile contingent, as might have been expected, were a little better treated, though even they received a very scanty recognition. Altogether but three senior officers were decorated, and two Deputy Surgeon-Generals, three Surgeon-Majors, and four Surgeons were promoted. And this after a campaign in one of the most unhealthy climates in the world, where every circumstance combined to test the powers and organisation of the Army Medical Staff!—and where neither Commanding Officer nor even newspaper correspondent could find an opportunity of complaint. No doubt it is readier, as well as safer, to throw discredit on a deserving body of men by the simple process of ignoring them rather than by the somewhat roundabout series of charges against them easily controverted, but never withdrawn. No doubt also the Army Medical Department is a branch of the service that can be judiciously overlooked by a cheeseparing Government, for a very large proportion of its members are mere provincials, Irishmen, men from the Highlands, and suchlike, who have little influence and no opportunity of making themselves disagreeable; or, if they have, they somehow do not find themselves quartered in the Soudan, East or West. Nevertheless it may be questioned whether such treatment will tend to make the Department popular, or in any way to add to its efficiency. If the

doctors had done ill, would we not have heard of it? If they have done well, why were their services not adequately acknowledged?

It would be highly interesting to know who is responsible in the present case. Did the commanding officers make favourable mention of those whose services they had seen to be valuable? If so, what influence or inducements caused these recommendations to be disregarded, and merit to be cheated of its reward?

I am, Sir, yours, &c.,  
FRIP.

#### "HISTORY OF THE PROGRESS OF LARYNGOLOGY."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Dr. Gordon Holmes, in his otherwise instructive papers on the "History of the Progress of Laryngology" (concluded in last number of the *Medical Press*), omits, I observe, all mention of the name and labours of the late John Avery, who was for some few years one of the surgeons to Charing Cross Hospital.

John Avery was in his day acknowledged to be one of the best and most skilful surgeons and operators in London. He was also quite a mechanical genius, which led him to be constantly devising new forms of instruments, and making improvements in old ones, always, of course, with a view of increasing his manual dexterity, or of assisting in his diagnosis. Among other instruments was that of the laryngeal mirror, and I well remember how constantly he employed it, and how much trouble he took to explain its value to the students in his examinations of the larynx, and for the performance of operations. This must have been about the year 1848—certainly some few years before either Garcia or Czermak published the observations referred to by Dr. Gordon Holmes. Some account of Avery's laryngoscopic mirror should be found in the journals of the period. He was, however, a man of singularly quiet and unobtrusive habits; he therefore wrote but little concerning himself or his inventions and labours.

I remain, Sir, yours, &c.,  
JABEZ HOGG.

Bedford Square, London,  
September 12, 1885.

**Vital Statistics.**—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 18.0 per 1,000 of their population, and were—Birkenhead 20, Birmingham 17, Blackburn 18, Bolton 19, Bradford 18, Brighton 16, Bristol 15, Cardiff 25, Derby 22, Dublin 22, Edinburgh 16, Glasgow 24, Halifax 17, Huddersfield 18, Hull 15, Leeds 17, Leicester 22, Liverpool 23, London 15, Manchester 24, Newcastle-on-Tyne 20, Norwich 17, Nottingham 17, Oldham 21, Plymouth 19, Portsmouth 22, Preston 24, Salford 23, Sheffield 17, Sunderland 23, Wolverhampton 16. The highest annual death-rates from diseases of the zymotic class in these towns were—From whooping-cough, 2.2 in Cardiff and 2.8 in Blackburn; from scarlet fever, 1.1 in Leicester and 1.2 in Sunderland; from "fever," 1.1 in Birkenhead; and from measles, 2.1 in Oldham. The death-rate from diarrhoea averaged 2.1 per 1,000 in the twenty-eight towns, and showed a further decline from the rates in recent weeks; it was, however, equal to 4.3 in Birmingham, 5.0 in Portsmouth, 6.1 in Salford, and 8.8 in Preston. Of the 23 deaths from diphtheria, 16 occurred in London, 3 in Liverpool, and 2 in Glasgow. Small-pox caused 5 deaths in London and its outer ring, and not one in any of the other large towns.

#### Notices to Correspondents.

##### THE INFLUENCE OF THE MIND OVER THE BODY.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Permit me, while earnestly deprecating any undue personal animus or captiousness on the subject, to submit a few words in reply to the remarks in your columns headed "Literary Notes and Gossip," of Wednesday last, respecting a paper I wrote some time since headed "The Influence of the Mind over the Body." I can but conclude that the gentleman who in this column criticises me with some asperity has not quite appreciated my meaning. He says that, according to me, "History is a fable, and Mr. James a discoverer of the first magnitude." Now I really, in reading over my own paper, cannot see in what possible way I have therein avowed myself such a Sadducee in historical

matters; neither do I claim the honour of any astounding discovery in this branch of scientific research, contenting myself, to quote the modest words of Mr. Peckniff, with being "a humble labourer in the vineyard." I most readily concur with your unknown critic that Shakespeare, "not to mention earlier writers," laid great stress on psychological phenomena, from the days of Socrates downwards; but I trust I may not incur this gentleman's wrath in venturing to suggest that Mesmer is the first practical experimentalist on record in this mysterious field of science, that he lived and flourished at the end of the last century, and that many of the modern generation have known aged men who had seen him personally, which may fairly permit us to class Mesmer and his school among "modern scientific investigators." I remember a few years ago a brisk controversy in the pages of some clerical contemporaries as to whether the revered founder of Methodism had been dead long enough to be styled "Old John Wesley," like Old Stowe, Old Isaac Walton, &c. Will your contributor kindly vouchsafe to fix the exact date when we may safely say "Old Mesmer!"

I am, Sir, yours, &c.,  
Brindley House, Jamaica Road, S.E., J. BRINDLEY JAMES.  
7th September, 1885.

[If Mr. James will once more read the note complained of, he will find in the quotation from his own essay full justification for the succeeding criticism.—Ed.]

#### THE BRADLEY FUND—(FIFTH LIST).

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Will you kindly acknowledge the enclosed additional list of subscriptions?

I remain, Sir, yours faithfully,		RICHARD JEFFREYS.	
Fastwood House, Chesterfield.			
Mr. Fredk. W. Jowers ..	£5 5 0	Dr. G. H. Rickards ..	£1 1 0
Mr. Edward Lund ..	5 5 0	Dr. Josh. Coats ..	1 1 0
Mr. C. A. Aitkin ..	3 3 0	Dr. W. Withers Moore ..	1 1 0
Dr. T. Grainger Stewart ..	2 2 0	Dr. R. J. Ramsbotham ..	1 1 0
Dr. Arthur W. Edis ..	2 2 0	Dr. W. J. Sinclair ..	1 1 0
Mr. Septimus W. Sibley ..	2 2 0	Dr. J. Caldwell Uthoff ..	1 0 0
Dr. Anthony H. Corley ..	2 2 0	Dr. Henry S. Ferguson ..	1 0 0
Dr. Marriott ..	2 2 0	Mr. Josh. Bell ..	1 0 0
Dr. J. T. Banks ..	2 2 0	Mr. Ethelbert Hosking ..	0 10 6
Dr. Dyce Duckworth ..	2 2 0	Mr. Langford Clay ..	0 10 6
Mr. G. O. Middall ..	1 1 0	Dr. G. Dickson ..	0 10 6
Dr. M. Griffith Evans ..	1 1 0	Dr. C. E. Hitchcock ..	0 10 6
Dr. Robt. Laurie ..	1 1 0	Mr. Chas. Crossley ..	0 10 0
Mr. Chas. J. Pinching ..	1 1 0	Mr. Jno. R. Baumgartner ..	0 10 0
Dr. Thos. Wm. Kyle ..	1 1 0	Dr. Alfred Neale ..	0 10 0
Mr. M. Geo. Biggs ..	1 1 0	Mr. Fredk. Melland ..	0 10 0
Dr. C. J. Cullingworth ..	1 1 0	Mr. Frank S. Goulder ..	0 10 0
Dr. Geo. Ernest Herman ..	1 1 0	Mr. James Dewar ..	0 5 0
Dr. Arthur W. Orwin ..	1 1 0	Mr. Albert Haslewood ..	0 5 0
Dr. J. Halliday Croom ..	1 1 0	Dr. Jno. Ritchie ..	0 5 0

P.S.—The following is a copy of a letter received:—

Cromwell House, Chapel-en-le-Frith, near Stockport.  
DEAR SIR,—I enclose cheque for one guinea towards the subscription you are getting up for Dr. Bradley. I was in the court during the hearing of the case, and thought the verdict a most shameful and illegal construction of the evidence. With sincere sympathy for your cause, and trusting it may prosper,  
I remain, yours faithfully,

R. Jeffreys, Esq.

W. STIRLING ANDERSON.  
DR. BRADLEY'S CASE.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—At a time when so much forensic force is being stored and discharged in the prosecution and defence of the *Pall Mall* Commissioners, it may be pertinent to continue the discussion upon the above case until the profession as a body can realise the several pros and cons of it, especially as doctors are so much more liable to be the victims of false accusations than any other profession or calling. To those members of the profession residing within twenty to fifty miles of Birmingham it might be worth while to avail themselves of Mr. Lawson Tait's kind offer in your last issue to give them a verbal history of the whole affair. But as every stranger cannot go to Birmingham, I trust some arrangement may be made which will convey to outlanders in the profession a fair summary of the case, so as not to leave our unfortunate *cofrères* with the shadow of a doubt hanging over his blighted life, which Mr. Lawson Tait's reticence must naturally engender.

I am, Sir, yours respectfully,

Sept. 10th, 1885.

SIGMA.

DR. ILLINGWORTH (Clayton-le-Moors).—Your communication is accepted, and will appear in as early a number as space permits.

DR. NEALE.—Cases of Epidemic Sore Throat and Diphtheria received. Proof will be sent.

DR. W. W. C.—The paper is too long; if you can reduce it by a half, we shall be happy to accept it.

CONSULTING PHYSICIANS V. HOUSE-SURGEONS AT HOSPITALS.  
To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—At a special meeting of the governors of the Royal Cornwall Infirmary—a county institution located in Truro—held about a month since, an honorary physician was appointed, and it was expressly stipulated on his appointment that he was to attend to the out-patients as well as the in-patients, to which he assented, adding that it had always been his practice so to do. At a subsequent meeting of the weekly board (subordinate, of course, to the special meeting) it was decided that the house-surgeon should attend to all out-patients at 11 o'clock on the days on which they are received, referring such cases as he might think desirable to the physician, to be attended to by him at 12 o'clock. In view of the stipulation made by the governors, and of the general rule of the profession, the newly-elected physician declined to abide by the decision of the weekly board.

Is it your opinion that any physician so elected would consent to abide by a resolution such as that passed by the weekly board, which was carried in the absence of the physician so appointed, and without his concurrence? It is felt by the friends of the physician that he

would be virtually placed under, and be subservient to, the house-surgeon—a paid official, who really ranks under the honorary physician and surgeons of the hospital.

I am, Sir, yours, &c.,

A GOVERNOR.

[So far as the foregoing statement of the case enables us to form a judgment, we do not come to the conclusion that the physician is, by the resolution, placed in any position of even apparent subordination to the house-surgeon. If he were, it would be proper and dignified for him to refuse to accept such position, but it seems to us that he is recognised rather as a consultant and referee in cases of difficulty, which implies obviously a superior function. The exact terms of the resolution might alter our view if we were in possession of them, but *prima facie* we do not think it *infra dig.* for the physician to conform to the resolution.—Ed.]

PATERFAMILIAS (Manchester) will find his queries answered in our next issue (the Students' Number).

ENQUIRER (Bradford).—1. Yes, with pleasure. 2. Hardly suitable.  
DR. F. E. R.—The action of your neighbouring *cofrères* was injudicious, but not such as to merit public rebuke. Doubtless a private note calling his attention to the matter will be met as becometh a gentleman.

## Vacancies.

Abingdon Union.—Medical Officer. Salary, £130 per annum. Applications, with testimonials, to the Clerk, before September 19.  
Birmingham General Dispensary.—Resident Surgeon. Salary, £150 per annum, with furnished rooms, &c. Applications, with testimonials, to the Secretary, on or before September 22.  
Brighton and Hove Dispensary.—House Surgeon. Salary, £140 per annum, with furnished apartments, &c. Applications, with testimonials, to the Assistant Secretary, Brighton and Hove Dispensary, Queen's Road, Brighton, on or before October 5.  
Chester General Infirmary.—Visiting Surgeon. Salary, £80 per annum, with residence, &c. Testimonials to the Chairman of the Board on or before September 18.  
Ebbw Vale, Monmouthshire.—Surgeon (married) to take charge of an Ironworks and Colliery District. Salary, £550 per annum. Applications, with testimonials, to W. Dayson, Secretary, Doctors' Fund Committee, Ebbw Vale, Mon., on or before September 20.

## Appointments.

DAVIES, T. L. K., M.B., Honorary Medical Officer to the Llandudno Sanatorium and Convalescent Home for Women.  
GRUGGEN, W., L.K.Q.C.P.I., L.F.P.S.G., Medical Officer for the Hatfield District of the Dunmow Union.  
HENDERSON, G. C., M.R.C.S., Assistant House Surgeon to the Cumberland Infirmary, Carlisle.  
JOHNSTON, M., L.R.C.P. Ed., M.R.C.S., House Surgeon to the Lincoln County Hospital.  
MERRIES, W. F., M.B., C.M. Ed., Junior Assistant Medical Officer to the Kent County Asylum, Maidstone.  
ROBERTS, S. M. P., M.A., M.B., B.C. Cantab., M.R.C.S., Physician to the Sheffield Public Hospital and Dispensary.  
SMITH, G. F., L.R.C.P. Lond., M.R.C.S., House Surgeon to the Cumberland Infirmary, Carlisle.  
WILSON, A. H., M.R.C.S., L.R.C.P. Lond., Honorary Assistant Surgeon to the Stanley Hospital, Liverpool.

## Births.

NANKIVELL.—Sept. 5, at 81 Southernhay, Exeter, the wife of Frank Nankivell, M.D., of a daughter.  
OGLIVY.—Sept. 9, at Swanage, the wife of Surgeon-General Oglivy, of a son.  
OXLEY.—Sept. 8, at Conisbro', Streatham, the wife of A. J. Rice Oxley, M.A. Oxon., M.B., of a son.  
STIVEN.—Sept. 9, at the Manor Lodge, Harrow-on-the-Hill, the wife of E. W. Fleming Stiven, M.D., of a daughter.

## Marriages.

CATHOART-TAIT.—Sept. 10, at St. Andrew's Episcopal Church, St. Andrew's, Charles Walker Cathcart, F.R.C.S. Eng. & Ed., to Mary Guthrie, younger daughter of Professor Tait, Edinburgh.  
DOBRASHIAN-GILLET.—Sept. 9, at the Friends' Meeting House, Banbury, Gabriel S. Dobrashian, M.D., M.R.C.S. Eng., of Constantinople, to Gertrude Martha, eldest daughter of Charles Gillett, of Wood Green, Banbury.  
ELLIS-ATKINSON.—Sept. 9, H. D'Arcy Ellis, Surgeon, to Mary Fanny Isabella, widow of the late Surgeon-Major Warner Atkinson, A.M.D.  
HARRIS-BAYLEY.—Sept. 10, at St. Mary's, Plaistow, James A. Harris, M.D., of Chorley, Lancashire, to Amy Stewart, only child of E. B. Bayley, Esq., of Bromley, Kent.

## Deaths.

ALDERSEY.—Sept. 7, at Surbiton, Surrey, William Hugh Aldersey, F.R.C.S.  
COCKING.—August 16, at 58 Welbeck Street, Cavendish Square, London, W., John Tonkin Cocking, aged 58.  
HARNES.—Sept. 8, at Trull, Taunton, Thomas Burniford Harnes, M.D., late of Tavistock, aged 83.  
PORTEOUS.—Sept. 2, at Croftweet, Crief, N.B., G. Murray Porteous, M.D., J.P., late of Calcutta, aged 68.  
RENDALL.—Sept. 6, at Effie Terrace, Munster Park, S.W., Chas. Rendall F.R.C.S., aged 73.

## IRISH POOR-LAW INTELLIGENCE.

### APPENDIX TO THE REPORT OF THE LOCAL GOVERNMENT BOARD FOR IRELAND.

THE following correspondence appears in this report recently issued :—

No. 1.—Letter from the Local Government Board to the Under Secretary.

Local Government Board, Dublin,  
19th December, 1884.

SIR,—I am directed by the Local Government Board for Ireland, to state for the information of the Lord Lieutenant that their attention has recently been directed to the subject of the supervision of the administration of the Medical Charities and Public Health Acts and the inspection of the dispensary and sanitary districts through Ireland and that in their opinion the system of inspection requires amendment.

Up to the year 1868 the Inspectors appointed under the Irish Poor-law Administration Act, 1847, only assisted in the execution of the laws for the relief of the poor, while the duties of Inspectors appointed under the Medical Charities Act, 1851, were those connected with the carrying out of the provisions of that Act, but in the year 1868 an Act was passed which extended the powers of Poor-law inspectors and medical inspectors, and every inspector was declared to be deemed an inspector under the provisions of the Irish Poor Relief Administration Act and the Medical Charities Act. Since that time both the medical and non-medical duties have been discharged in each district by one inspector, a medical inspector having been occasionally sent into the district of a non-medical inspector if a question arose as to the professional treatment of a patient, or an inquiry became necessary on a purely medical subject.

This system worked fairly well at first, the duties of the inspectors having been at that time, comparatively speaking, light, owing to the favourable circumstances of the country in regard to pauperism, but there has been a considerable change in that respect during the past few years, the average daily number of paupers relieved having increased from about 70,083 in the five years ended February, 1873, to about 107,649 in the five years ended February last, and of late the administration of relief and the proceedings of boards of guardians have required more attention from the inspectors than was necessary formerly.

Moreover, since the amalgamation of the inspectors' duties took place, very important business has devolved upon boards of guardians and the governing bodies of certain towns under the Public Health Act, 1878, and the Board think it a matter of much importance that the action of the sanitary officers should everywhere be subject to the supervision of medical inspectors of the

Board, and further that the sanitary authorities throughout Ireland, especially those in large towns, should have the benefit of the assistance and advice of a medical inspector whenever they may require it in dealing with matters affecting the public health.

The Board also consider that the supervision of vaccination throughout Ireland may with advantage be improved, and they acquiesce in the views contained in a letter addressed to them by the Secretary to the Treasury on the 3rd of November last, in which he said that their lordships would gladly learn that the Board would take the subject of the supervision of public vaccination in Ireland into consideration, with a view to the introduction of a system of efficient supervision, more nearly resembling the practice followed in England.

The Board therefore propose to revert to the system which was in force prior to the year 1868, and to entrust to the non-medical inspectors the work under the Poor-law Acts, and and the other varied and important duties of a non-medical character which are frequently imposed upon these gentlemen, and to employ the medical inspectors in the inspection of dispensaries, in the supervision of vaccination, and in assisting generally in the execution of the Medical Charities and Public Health Acts.

To effect this arrangement it would be necessary, in the opinion of the Board, to divide Ireland into eight districts to be placed in the charge of non-medical inspectors, and also to divide the country into four districts for medical inspection. This change can be made at present without any increase in the number of inspectors, as the Board have now eight non-medical inspectors and four medical in their service, but it has been decided with the approval of the Lords Commissioners of Her Majesty's Treasury, as communicated in their letter of the 26th of November, 1881, that the first vacancy amongst the non-medical inspectors is not to be filled up, and it will be necessary to obtain their Lordships authority to maintain the present staff of eight non-medical and four medical inspectors to enable the Board to carry out the contemplated arrangement. The Board are aware that, although this new system of inspection will not entail any additional expenditure, at present, under the head of salaries, there will be some increase in the travelling expenses of their inspectors, and that medical and non-medical inspectors must frequently travel over the same ground, but this will not arise to so great an extent as might at first sight be anticipated, as the duty of visiting out-stations in the different unions for the inspection of dispensaries which involves considerable outlay in posting, will only be transferred from one class of officer to another, and the journeys which both will have to perform will be mainly to the chief town in each union where the workhouse is



situated, and which is, in the great majority of cases, accessible by railway. The Board have endeavoured to calculate the probable additional cost of travelling referred to, and, although they cannot form a very decided opinion as to the amount which must be provided for the purpose, they think it would be necessary to add £350 to their estimate for 1885-6, if they are permitted to adopt the course proposed; this increased expense will, however, not be so great in subsequent years, as it includes the sum which may be required to pay the cost of the transfer of some of the inspectors, who must be moved from one station to another to carry out the new arrangement, and who will be compensated in accordance with the rule on the subject laid down in the Treasury letter of the 4th of November, 1879.

The Board therefore beg to place before his Excellency the project they have in view for the organisation of a better system of medical inspection in Ireland in the hope that if he is pleased to approve of it he will recommend the Lords of the Treasury to allow the next vacancy which occurs amongst the non-medical inspectors to be filled up, and to authorise the Board to increase their estimate for next year to the extent mentioned above.

In connection with this subject the Board desire to bring under the notice of his Excellency and of the Lords of the Treasury the subject of the personal allowances of their inspectors when absent from home.

Six of the inspectors who were employed before the year 1878, receive a sum of £150 a year each for personal expenses, while six inspectors appointed since that time (including the engineering inspector) receive an allowance of £1 1s. a night when absent from home on duty, under the authority of the Treasury letter of the 23rd of July, 1878.

It has now been represented to the Board that on many occasions inspectors are able to return home at night, although they may be obliged to do so at a late hour, and that those who receive a night allowance only, often incur hotel expenses which are not recouped to them, no allowance being granted for absence during the day; the Board annex a copy of a letter which they have received from their engineering inspector on the subject.

The Board think that this arrangement is an objectionable one, inasmuch as it holds out to an inspector an inducement to remain out at night when he might be able to return home at a late hour, in order that he may not suffer pecuniary loss in the performance of his duty, and the Board would suggest that the inspectors who receive £1 1s. a night when absent from home on duty should be allowed one-third of that sum as a day allowance in respect of an absence from home of not less than ten consecutive hours; the Board suggests this scale, as it is the one laid down in the Treasury minute of the 11th of August, 1877, on the subject of a day allowance to certain officers in the public service.

By the Treasury letter of the 23rd of July, 1878, above referred to, the inspectors then in office were permitted to retain the commuted allowance of £150 a year, if they preferred doing so, and they all then elected to retain it, but as the increase of the area of each district under the scheme suggested above, separating the duties of the medical and the non-medical inspectors, will oblige some of them to be more frequently absent from home than has hitherto been the case, the Board would suggest that they should again be afforded permission to exchange the commuted allowance for a day and night allowance if they should desire to do so, and that they should be allowed to make their selection at any time during the next year.

I have the honour to be, &c.,

W. D. WODSWORTH, Secretary.

To Sir Robert Hamilton, K.C.B., &c., &c., &c.,  
Dublin Castle.

### NO. 3.—INSTRUCTIONS TO MEDICAL INSPECTORS.

Local Government Board, Dublin,  
16th March, 1885.

SIR,—I am directed by the Local Government Board for Ireland to inform you that they have determined to alter the arrangement under which medical and non-medical duties are discharged by each inspector in his own district: the Board will therefore relieve you of the work hitherto performed by you under the Irish Poor Relief Acts, and unless in any special case in which your assistance may be required, your duties will only extend to the supervision of the administration of the Medical Charities, the Vaccination, and the Public Health Acts.

Your district will comprise the unions in the annexed list, and your head-quarters will be

The Board desire that each dispensary district and station therein may be inspected at least once in every year, and they will furnish you with a form in which they request that a report may be furnished to them every annual inspection.

The Board wish that you should devote particular attention to the manner in which vaccination is performed, and that you should not only ascertain, by comparing the registers of Births with the vaccination registers, whether there is reason to apprehend that the children born in each district are not duly vaccinated, but that you should also, by examining some of the children vaccinated, satisfy yourself that the operation has been properly and successfully effected.

The Board annex a copy of an instructional memorandum to medical officers containing their views as to the manner in which the operation of vaccination should be performed, and the board request that you will urge upon medical officers the importance of acting on the directions contained therein, and that you will report to them whenever you find that a medical officer systematically deviates from the course recommended.

Your duties under the Public Health Act should also receive very careful attention. On visiting each union you should ascertain whether the sanitary officers carry out the directions contained in the sanitary orders in an efficient manner, and whether the sanitary authorities act upon the reports made to them by the medical officers of health, and properly exercise the powers vested in them for the protection of the public health. It would also be advisable that you should from time to time attend the meetings of the urban and rural sanitary authorities in your district, and give them the advantage of your advice and assistance in carrying out the provisions of the Public Health Act.

You will, of course, when attending meetings of the Boards of Guardians, confine yourself to the discussion of matters relating to the execution of the Medical Charities, Vaccination and Public Health Acts, so that there may be no interference on your part with the Inspector intrusted with the supervision of the execution of the Poor Relief Acts; the inspection of the workhouse and other hospitals maintained under the Poor-law Acts will continue to be his duty, and you will only be required to inquire into the management of such hospitals when you may be specially directed by the Board to do so in relation to which they may desire to have the benefit of your professional knowledge.

The Board request that you will enter upon the duties assigned to you by this letter on the 1st of April next.

I am, sir, your obedient servant,

W. D. WODSWORTH, Secretary.

MEMORANDUM issued to MEDICAL OFFICERS of  
WORKHOUSES and of DISPENSARY DISTRICTS  
with Circular Letter dated 30th August, 1880.

#### Instructions for Vaccinators.

(1.) Except so far as any immediate danger of small-

pox may require, vaccinate only subjects who are in good health. As regards infants, ascertain that there is not any febrile state, nor any irritation of the bowels, nor any unhealthy state of skin; especially no chafing or eczema behind the ears, or in the groin, or elsewhere in folds of skin. Do not, except of necessity, vaccinate in cases where there has been recent exposure to the infection of measles or scarlatina, nor where erysipelas is prevailing in or about the place of residence.

(2.) Vaccination from arm to arm with recent liquid lymph is, of all methods of vaccinating, by far the most satisfactory in its results. It is therefore desirable that vaccinators in carrying out vaccination, should as far as possible maintain such a succession of cases as will enable them, as a general rule, to operate by that method.

The preserved lymph of the Vaccine Department of the Local Government Board for Ireland is sent out as follows:—1. Liquid in hermetically sealed capillary tubes; 2. Dry on ivory points; and the lymph preserved in these ways respectively is to be used according to the following instructions:—

(1.) In proceeding to use a charged capillary tube snip off its two ends, then, from one end of the tube, blow the lymph through the opposite end upon the arm of one of the infants over the place where the operation is to be performed, having had previously two or three other infants' arms prepared for vaccination. The lancet is then to be loaded from the drop, and inserted into the arms of the children prepared to receive it, but enough is to be left upon the original arm to vaccinate that child. Unless the tube be very copiously charged not more than two children are to be vaccinated from it. The insertion should be made in four spots as hereafter directed.

(2.) In operating with a charged ivory point *use no water to soften the lymph*. In this mode of vaccinating the operator should make a few scratches *just through* the cuticle, only sufficiently deep to *damp* the surface with *blood*. These scratches should be made in four spots, each covering a surface nearly one inch apart, over the site of the insertion of the deltoid muscle. The scratches may be abrasions of the cuticle by fine parallel lines, or by further cross scratches. The operation may be performed on both arms when the surface is available, or the position usually selected is of limited extent. The operator should proceed with caution and take time. The charged point should be laid with the flat of its pointed or charged end upon the surface freshly damped by the blood, and the lymph is to be rubbed in firmly and slowly, looking at the surface of the point during the operation occasionally, till it be observed that all the lymph is off, and the ivory bare. Three or four points are sufficient for the operation. On no account should incisions be made and the point of the ivory inserted into them; and it should be borne in mind that the vaccine virus ought not to reach the subcutaneous cellular tissue. The child should be kept under observation till the spots are perfectly dry, and orders given that the arms *must not be washed*; and that they should be kept free from all pressure, hurt, or irritation. The ivory points when used should be carefully washed and returned to this office periodically. Tube boxes are also to be returned.

(3.) Never use or furnish lymph which has in it any, even the slightest, admixture of blood. In storing lymph, be careful to keep separate the charges obtained from different subjects, and to affix to each set of charges the name, or the number in your register, of the subject from whom the lymph was derived. Keep such note of all supplies of lymph which you use or furnish as will enable you, in any case of complaint, to identify the origin of the lymph.

(4.) Never take lymph from cases of re-vaccination. Take lymph only from subjects who are in good health,

and, as far as you can ascertain, of healthy parentage, preferring children whose families are known to you, and who have elder brothers or sisters of undoubted healthiness. Always carefully examine the subject as to any existing skin disease, and especially as to any signs of hereditary syphilis. Take lymph only from well-characterised, uninjured vesicles. Take it (as may be done in all regular cases on the day week after vaccination) at the stage when the vesicles are fully formed and plump, but when there is no perceptible commencement of areola. Open the vesicles with scrupulous care to avoid drawing blood. Take no lymph which, as it issues from the vesicle is not perfectly clear and transparent, or is at all thin and watery. Do not, under ordinary circumstances, take more lymph from a vesicle than will suffice for the immediate vaccination of five subjects, or for the charging of seven ivory points, or for the filling of three capillary tubes; and from larger or smaller vesicles take only in like proportion to their size. Never squeeze or drain any vesicle. Be careful never to transfer blood from the subject you vaccinate to the subject from whom you take lymph.

(5.) Scrupulously observe in your inspections every sign which tests the efficiency and purity of your lymph. Note any case wherein the vaccine vesicle is unduly hastened or otherwise irregular in its development, or wherein any undue local irritation arises; and if similar results ensue in other cases vaccinated with the same lymph, desist at once from employing it. Consider that your lymph ought to be changed if your cases at the usual time of inspection on the day week after vaccination have not, as a rule, their vesicles entirely free from areolæ.

(6.) Keep in good condition the lancets or other instruments which you use for vaccinating, and do not use them for other surgical operations. When you vaccinate, have water and a napkin at your side, with which invariably cleanse your instrument after one operation before proceeding to another.

(7.) Lymph may be obtained on personal application at the Dublin Cowpock Institution, 45 Upper Sackville Street, every day, between the hours of 12 and 2 o'clock p.m.

Letters of application for lymph should be prepaid and addressed as follows:—

To the Secretary,  
Vaccine Department,  
(Local Government Board),  
45 Upper Sackville Street,  
Dublin.

Lymph is only distributed to legally qualified medical practitioners, and it is particularly requested that, upon written applications for lymph being made, *the name and address of the applicant may be perfectly legible*.

#### THE HEALTH OF IRELAND.

ACCORDING to the quarterly return just published by authority of the Registrar-General for Ireland, it appears that during the quarter ended 30th June last, there was registered in the 799 registrars' districts in Ireland an annual birth-rate of 25·1 in every 1,000 of the estimated population, and 25,261 deaths, representing an annual rate of 20·5 per 1,000. A decrease of 24,658 would appear to have taken place in the population. In England last quarter, the birth-rate represented was 32·3, and the death-rate 19·2. The birth-rate in Ireland for the quarter is 0·9 under the average. The deaths are above the corresponding quarter of last year to the extent of 1,482; the death-rate is 1·3 above the rate for that quarter, and 0·6 above average of five years.

The returns of pauperism show a decrease of 1,481 in

the average number of workhouse inmates during the quarter, and a decrease of 189 in persons on out-door relief.

The deaths during the quarter amounted to 25,261, affording an annual ratio over average of five years. The rate in Leinster was 22·1; in Munster, 19·7; in Ulster, 20·0; and in Connaught, 14·2.

As already indicated, the general death rate for last quarter was slightly in excess of the average rate for the corresponding quarter of the last five years. The total mortality from the principal zymotic diseases, also yields a rate somewhat above average, measles having been remarkably prevalent in Belfast throughout the quarter, and having also caused many deaths in Dublin.

Four deaths from small-pox were registered; two occurred in Dublin, and two in Enniskillen. These are the only fatal cases of this disease recorded in Ireland since the second quarter of last year.

Deaths from measles which had risen from 74 the fourth quarter of last year to 281 for the following three months, rose to 704 last quarter, viz., 181 in Leinster, 33 in Munster, 469 in Ulster, and 21 in Connaught. Of the 704 deaths, 427 occurred in Belfast Union, the disease having been prevalent in the town of Belfast throughout the whole quarter, and 137 in the South Dublin Union.

The number of deaths from scarlatina registered is 293 or 6 less than in the preceding quarter, and 2 under the number for the second quarter of last year. The mortality from typhus is much below the average for the June, the number of deaths is 169, of which 38 were in Leinster, 65 in Munster, 38 in Ulster, and 28 in Connaught.

### BALLYMENA GUARDIANS.

#### REDUCTION OF SALARIES.

AT the weekly meeting a letter was read from Lord Waveney relative to the proposed reductions, suggesting that certain changes should be made. Mr. Adair having moved his resolution containing the proposed reductions, a discussion ensued, during which Mr. Chesney rose to a point of order, when there followed a scene of the greatest confusion, during which fists were shaken. Captain Rowan, in moving an amendment to the effect that the salary of each official proposed to be dealt with be gone into separately and on its own merits, said that he did not do so in a contentious spirit. He objected to allow a packed committee of that Board to dictate to the entire Board that a wholesale reduction should be made in the salaries of the officials. He believed that the time to reduce the salaries, if necessary, was when they were obliged to advertise for new officers, and spoke of how he had always been in favour of this rule. After much discussion, the amendment and motion were put. The former was lost, and the latter was carried by 16 to 11 votes.

### BALLYMENA GUARDIANS.

#### REDUCTIONS OF SALARIES.

AT the weekly meeting of the Ballymena Guardians a deputation was introduced.

Mr. John Barclay said that his business there that day along with those who accompanied him was to protest against the excessive rates levied upon them, and to lodge their strong objections against the action of the Local Government Board in overruling the Guardians, when they had recently worked hard in endeavouring to lower the rates by reducing the salaries of the officials. This action impressed some of the ratepayers with the

idea that there was no use for Guardians at that Board at all, and that the Poor-law system required to be reformed considerably.

Mr. J. Bell, another of the deputation, endorsed what had fallen from the previous speaker, and said it was the general rumour through the country that all the old officials connected with that workhouse were about to resign on pensions, and that substitutes were to be appointed.

The Clerk (Mr. Mathews) said, in reply to the Board, that the average cost, according to the reductions recently made on the rates when the last deputation of farmers from the Braid appeared before the Board was—Indoor relief, 5d. in the £1; outdoor relief, 3½d. in the £1; dispensary charges, 2½d. in the £1.

The Chairman—The average cost is elevenpence and one-sixth of a penny over the union.

Mr. A. Kennedy—It is quite impossible that that could be right.

After some further discussion the Chairman gave Mr. Barclay an abstract of the charges over the union for the year 1884, in order that the deputation might examine it and judge the matter correctly.

Mr. Barclay thanked the Chairman, and again referred to the action of the Local Government Board in refusing to sanction any measures in the way of reform passed by the Guardians.

Mr. Bell—It's too bad that we have to toil and sweat from break of day till late at night, and pay men for sitting here and doing nothing. (Laughter.) But when we are crushed we will burst up, and we will have our rights and demands even at the point of the bayonet, or in the House of Commons. We are simply beggared through this nuisance of a workhouse. (Laughter.)

Captain Rowan, J.P., thought that the deputation had made rather a mistake in coming to the Board of Guardians to ask a repeal of the law. It was in their own hands, and not in those of the Board. If they wanted reform of the Poor-law system they should, by petition to their member of Parliament, have the matter introduced in the House of Commons.

Mr. Robert Chesney said that, with all respect to Captain Rowan, the deputation were perfectly justified in coming there. They did not know who their future member in Parliament was to be, and now when they had a grievance against the working of the Poor-law system they had a right to put their views on the matter before the Guardians of the union in which they resided.

After a protracted discussion,

Mr. Adair moved, and Mr. Robert Chesney seconded, the following motion:—"That, not having heard from the Local Government Board since our last communication, we accept their silence as an answer that all future salaries to the officials are to be paid on the reduced scale."

The Chairman said that he was sorry that the form of the resolution was such that he would have to decline to put it. It was virtually an illegal motion. The Local Government Board had refused to sanction their motion, and any other communication that went to that body on the subject did not, the chairman presumed, require an answer. He (the chairman) would retire, and allow them to make any motion they liked.

After several changes had been made in the resolution, it was unanimously adopted in the following form:—"That, as the Local Government Board have not taken any further action on the resolution of the Board passed on the 15th August last, regarding the proposed reduction in the salaries of some of the officials, we are of opinion that through the silence of the Local Government Board on the subject we are justified in paying these salaries at the reduced scale from the date of the passing of the first resolution on the 1st of August."

The deputation then withdrew.

# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 23, 1885.

## STUDENTS' NUMBER.

### INTRODUCTION.

THE twelve months that have elapsed since the special Students' Number of the *Medical Press* for 1884 was issued, have been fruitful of alterations affecting the interests of a great majority of those engaged in the study of medicine. In many respects the changes introduced, especially as regards the examinations conducted by the Conjoint Examining Board of the Royal Colleges of Physicians and Surgeons in London, are calculated to benefit students; and no single regulation is of more service to them, or more in harmony with justice and reason than that which permits them to pass each subject singly, and which, in those cases where more than one subject is entered for at once, gives credit for those in which success may have been achieved, even though in others failure should be registered. On a further page more detailed information on these points will be found.

At the present time, owing to the extreme depression in commercial circles, there is a marked increase in the numbers of young men annually entering as medical students, as compared with periods of greater activity of trading; and inasmuch, as this condition of things has been long continued the complaint has arisen that the profession is becoming "overstocked." In a certain sense this outcry is undoubtedly justified; it is beyond all question that the medical profession includes in its ranks a vastly larger number of practitioners, of a certain class, than is either desirable or necessary; but it is equally certain that the number of those who by education and natural ability are fitted to be successful physicians and surgeons, is in no way excessive. In another place we have shown to what an extent the profession is being injured by the presence in its ranks of men whose highest ambition is to achieve a struggling independence as assistants to other practitioners compelled to invoke such help as they can afford to fulfil the obligations imposed on them by a large and unremunerative practice. And, notwithstanding that the advertised rate of pay offered to qualified assistants is even less than that accorded to the better class of shopmen, and universally inferior to that of an average clerk, yet employers, far from finding it difficult to fill the posts they announce, are often embarrassed by the number of applicants from whom they are required to select. That this should be the case is a subject of real concern; and it behoves everyone to whom the future welfare and dignity of the profession are matters of interest, to consider in what manner the existing evils can be remedied.

### THE CAUSE OF OVERCROWDING.

Unquestionably one of the urgently-needed measures of reform in this connection is a complete remodelling of the conditions of admission to the *Students' Register*; that is, the substitution of a higher qualification than the simple registration examination now demanded. Against such change it has been urged that it would result in so limiting the members of the profession, that by-and-bye no members of it would be found to undertake such duties as now fall to practitioners among the poorer classes. This fear, however, is quite groundless, for under the conditions that such changes would involve the disgraceful terms of poor-law medical service would necessarily undergo the modifications requisite to make it fairly remunerative to its officers. Such a radical improvement in the matter of registration, moreover, would lead to a general improvement in the class of medical students, and to a weeding out of those who, under the existing regulations, enter on the study of the curriculum without possessing either the feelings or the knowledge necessary to the successful and beneficent practice of the healing art. We cannot do better than reproduce in this place the remarks that have formerly been made by us in this connection under the heading of

### WHAT A MEDICAL MAN SHOULD BE.

He must now be possessed of an amount of intelligence which shall enable him to grapple with and conquer difficulties which necessarily beset him while a student, and to the overcoming of which he is required to bring abilities of no mean order. It is the absence of any appropriate test by which to gauge the possession of capacity of this kind prior to his entry on his course of study that, in our opinion, constitutes the principal reason why so large a number of young men commence their career each year as students without the least prospect of ever completing it by becoming possessed of a qualification to practice. The successful student must be endowed with an intelligent capacity that will enable him to grasp the principles that lie at the root of his studies, and to apply them when called upon to make experience with disease; and such capacity is incapable of being tested by means of a preliminary examination in arts alone, such as now forms the sole standard of fitness to which intending students are invited. Moreover, he should be physically strong enough to support the fatigue and strain that all but the most favoured practitioners are, for a time at least, compelled to undergo; and to this must be added that personal deportment for lack

or in the following instalments: First year, £45; second year, £45; third year, £40. For attendance on the hospital practice and lectures required by the examining corporations, £45 for the first year, £45 for the second year, and £20 for each succeeding year. The latter scale of payment does not entitle the pupil to become house physician or house surgeon, or to compete for the Brown exhibitions. The fee for general subjects in dental surgery is £55, payable in two instalments: first year, £30; second year, £25.

**GUY'S HOSPITAL.**—*Appointments:* Six house surgeons and house physicians, twelve obstetric residents, clinical assistants and dressers, are selected from the students, according to merit, and without payment. There are also a large number of junior appointments, every part of the hospital practice being systematically employed for instruction.

*Scholarships, etc.*—Open scholarship of 125 guineas in classics, mathematics, and modern languages. Open scholarship of 125 guineas in chemistry, physics, botany and zoology. Six scholarships, varying in value from £10 to £50 each, for general proficiency in medical study, open to students of different ages. The Joseph Hoare prizes; the Treasurer's gold medal in medicine; the Treasurer's gold medal in Surgery; the Gurney Hoare prize of £25, for clinical study; the Sands Cox scholarship of £15 per annum for three years, for physiology and physics; the Michael Harris prize of £10, for anatomy.

*Scale of Fees.*—For the entire course of lectures and hospital practice, 125 guineas, if paid in one sum on entrance, or by two equal instalments of £66, payable at the commencement of the first winter, and of the following summer session; or payment may be made by instalments of £50, £50, and £17 10s., payable at the beginning of the first, second, and third years respectively. Fee for the dental course, 63 guineas, or in two annual instalments of 40 guineas and 20 guineas.

**KING'S COLLEGE HOSPITAL.**—*Appointments:* One physician's assistant, two house-surgeons, and one physician-accoucheur's assistant appointed every six months. They are supplied with board and residence in the hospital on payment of £30 each. Assistant house-physician, assistant house-surgeon, and assistant resident accoucheur appointed every six months; in-patient clinical clerks and dressers; out-patient clinical clerks and dressers; obstetric clerks, ophthalmic, dental, and aural assistants; post-mortem clerks, assistant demonstrators and prosectors of anatomy.

*Scholarships, etc.*—Three Warneford scholarships, each of the value of £25 per annum, two tenable for three years, and one tenable for two years; one Warneford scholarship of £25 per annum, tenable for two years, open to resident students; three junior scholarships of £20 each, tenable for one year, and open to students of the first year; one second year scholarship of £30, tenable for one year, and open to students of the second and third years; the senior scholarship of £40, tenable for two years, and open to students of the third and fourth years; Daniell scholarship of £20 per annum, tenable for two years, for work in the chemical laboratory; two Sambrook scholarships of £60 and £40; two Sambrook registrarships, each of £50 per annum; two science exhibitions of £50 and £25; two Warneford prizes of £25 and £15 respectively; Leathes prize; Todd medical clinical prize; Jelf medal; Tanner prize of £10 for obstetrics. Class prizes, each of the value of £3, are awarded annually in particular subjects.

*Scale of Fees.*—Payment for the entire course of hospital practice and college lectures may be made in one sum, viz., £125 on entrance, or by the following instalments:—£70 and £60, or £60 on entrance, £50 at the beginning of the second winter session, and £25 at the beginning of the third winter session. Fees for the dental course, £95 1s. 6d.

**LONDON HOSPITAL.**—*Appointments:* The resident and other hospital appointments are free to full students. The resident appointments consist of five house-physicians, five house-surgeons, and one accoucheurship; also two dresserships and two maternity assistantships. All these officers are provided with board and lodging free of expense. There are also—non-resident—three clinical out-patient assistants, receiving £80 per annum each; and two registrars, each with a salary of £100. A receiving room officer is appointed for six months, who boards but does not sleep in the hospital.

*Scholarships, etc.*—Two entrance science scholarships,

value £60 and £40, and two Burton Scholarships, value £30 and £20, will be offered for competition at the end of September to new students. A 20l. scholarship for first year's students in anatomy and physiology. A scholarship, value 25l. in anatomy, physiology, and chemistry, to first and second year's students: a scholarship, value 20l. in clinical surgery; a scholarship, value 20l., in clinical obstetrics; the Duckworth Nelson prize, value 10l. (biennial), in clinical medicine and surgery; the Letheby prize of 30l. for chemistry; the Hutchinson prize, value 35l. (triennial) for clinical surgery. Prizes, value 60l., to dressers of out-patients in minor surgery.

*Scale of Fees.*—Perpetual fee for lectures and hospital practice, and two years' practical anatomy, payable in three instalments of 45, 40, and 15 guineas, at the commencement of the first, second, and third years respectively, 100, or if in one payment, 90 guineas. Composition fee for students entering at or before the beginning of their second winter session, their first year having been spent elsewhere, payable in two instalments of 45 and 30 guineas, 75 guineas; or if in one payment, 70 guineas. Fee for lectures alone, 50 guineas; fee for hospital practice alone, 50 guineas; dental students (general hospital practice and lectures) 40 guineas; fee for dental practice, 10 guineas. Special advantages in the shape of reduced fees are offered to full students, who, having attended classes in natural science at other places succeed within a certain time in passing the preliminary, scientific examination. The composition fee covers four years' attendance only.

**ST. MARY'S HOSPITAL.**—*Appointments:* There are four resident medical officers, appointed for twelve months, and one, the obstetric officer, for six months; all of them live, free of every expense, in the hospital. Two paid prosectors appointed annually; two demonstrators of anatomy, receiving 70l., and 50l., and a resident registrar, appointed annually, and eligible for re-election. Clinical clerks and dressers. Demonstrator of pathological anatomy, 15l.

*Scholarships, etc.*—Four scholarships in natural science, value 50l. each; class scholarships of 20l., 25l., and 30l., and prizes awarded at the end of each year, value 2l. to 5l., for proficiency in various subjects.

*Scale of Fees.*—For unlimited attendance on lectures and hospital practice, 125 guineas if paid by instalments, or 119 guineas if paid in one sum. Fee for hospital practice and lectures required by the examining bodies, 107 guineas in instalments, or 101 guineas in one sum. Fee for dental students, 62½ guineas.

**MIDDLESEX HOSPITAL.**—*Appointments:* Two house surgeons and six resident physician's assistants. The above officers have residence and board in the hospital free of expense, but they pay on appointment fees varying according to circumstances from 10 to 20 guineas. Clinical clerks and dressers.

*Scholarships, &c.*—One entrance science scholarship of £50; two Broderip scholarships of £30 and £20 per annum respectively, tenable for two years, for medicine and surgery; two entrance scholarships of £25 and £20 per annum respectively, tenable for two years; John Murray medal and scholarship, awarded every third year; the Governor's prize of £21; clinical prize of £10 10s.; class prizes in particular subjects.

*Scale of Fees.*—General fee for the entire course of hospital practice and lectures, 90 guineas, if paid in one sum on entrance, or by instalments of £40, £40, £20, and £5, payable at the commencement of the first, second, third, and fourth years respectively. Course of dental surgery, £42, or in two instalments of £30 and £15.

**ST. THOMAS'S HOSPITAL.**—*Appointments:* Two house physicians, two house surgeons, and one assistant for constant, a resident accoucheur, holding office for three or six months. The assistants are non-resident, but the other officers are provided with rooms and commons in the hospital free of expense. An ophthalmic clinical assistant, with salary of £50; surgical ward clerks, clinical clerks, and dressers to in-patients and out-patients, obstetrical clerks, two hospital registrars, each with a salary of £100; assistants in the dissecting-room, prosectors, pathological assistants, and assistants in the physiological laboratory.

*Scholarships, &c.*—Two entrance scholarships in natural science of £100 and £50 respectively; for first year's students the William Tite scholarship of £30, and four college

prizes, ranging in value from £10 to £20; for second year's students, the Musgrove scholarship of £42, and college prizes ranging in value from £10 to £20; for third year's students, three college prizes of £20, £15, £10, respectively. In addition there are awarded the Cheselden medal for surgery, the Mead medal for medicine, the Solly medal for reports of surgical cases, the Grainger testimonial prize of £20 for a physiological essay, and the Treasurer's gold medal for general proficiency.

**Scale of Fees.**—For the entire course of hospital practice and lectures, £125, paid on entrance, or £130 in two payments, £70 on entrance, and £60 at the beginning of the next year; or by three instalments of £60, £50, and £30 at the beginning of the first, second, and third years respectively. The fee for the attendance on the general subjects required for students in dental surgery is for the two years £55, or by instalments, £50 for the first year, and £10 for the second year.

**UNIVERSITY COLLEGE HOSPITAL.**—*Appointments:* Eight physicians' assistants, six house surgeons, and four obstetric assistants are selected annually by examination from among the senior students without additional fee. They reside in the hospital, paying only for their board, and have charge of the resident patients in the absence of the physicians and surgeons. The offices of physicians' clerks, surgeons' dressers, surgical ward clerks, and ophthalmic surgeons' assistants are selected from among the pupils who are also students of the college, without additional fee.

*Scholarships, &c.*—Three entrance science exhibitions of £100, £60, and £40, respectively, tenable for two years; Atkinson-Morley surgical scholarship of £45 a year, tenable for three years; Atchison's scholarship, value about £55, tenable for two years; Sharpey physiological scholarship, value about £105 a year, tenable for three years; Filliter exhibition for proficiency in pathological anatomy, value £30; Erichsen prize, operating case, value £10 10s., awarded for practical surgery; Dr. Fellows' clinical medal; the Liston gold medal; Alexander Bruce gold medal; Cruik memorial prize; class medals, &c.; gold and silver medals or other prizes, as well as certificates of honour, are awarded, after competitive examinations in particular branches of study. Prizes to the value of £10 will be given in the class of hygiene. The Jews' commemoration scholarship of £15 for two years; the Tufnell scholarship of £100 for chemistry, two years; and the Clothworkers' exhibition of £50, for two years, can also be had in the Medical Faculty.

**Scale of Fees.**—125 guineas, if paid in one sum at the commencement of the course, or 130 guineas if paid by instalments, as follows: First year 60 guineas, second year 50 guineas, third year 20 guineas. Hospital practice and clinical instruction, perpetual, £36 15s.; one year, £15 15s.; six months, £10 10s. Practical pharmacy, three months, £5 5s.

**WESTMINSTER HOSPITAL.**—*Appointments:* Curator and pathologist, receiving £52 10s. per annum; medical surgical registrars, each £40; senior house physician and chloroformist, £21; junior house physician, house surgeon, and assistant surgeon, resident obstetric assistant. These officers, except the three first named, are all boarded free of expense. Fourth year's students are appointed to be clinical assistants in the various departments.

*Scholarships, &c.*—Entrance scholarships, in October. The Fence, £40 a year for two years, and one other, value £40, and two exhibitions of £20 each. Subjects—Latin, Mathematics, French or German, and Chemistry and Natural Philosophy. The Latin books are Ovid's *Metamorphoses* II., and *Epistola Esprits*, I. There are also—an exhibition value £10 10s. for first year's men; a scholarship in anatomy and physiology, value £21, for second year's men; prizes for clinical medicine and surgery of £5 each; the Frederick Bird medal and prize, value £15; the Chadwick prize for proficiency, value £51; and various class prizes.

**Scale of Fees.**—In one payment, £100; in two payments of 50 guineas each, payable on entrance and at the commencement of second year respectively, or by five payments distributed over five sessions, amounting to £115. There are no extras, except parts for dissection. Fees for shorter periods or for single courses may be learned on application to the Dean. Fees for dental students, payable in one sum on entrance, £45.

**WEST LONDON HOSPITAL, HAMMERSMITH.**—A preparatory School of Medicine has been formed in connection with the West London Hospital, situated at Hammersmith, the objects of which are—1. To give in a more complete and systematic manner than has heretofore ever been attempted all the advantages of a year's pupilage at a first-class provincial infirmary or county hospital. 2. To give instruction in natural science. 3. To give commencing medical students an early insight into medical work, so that they may without needless loss of time or money, be able to judge whether or not they have chosen the right profession.

Lessons are given in the subjects of the first part of the first examination for the conjoined diplomas of L.R.C.P. and M.R.C.S., namely—chemistry, physics, materia medica, and botany. Osteology is also taught; and the students are admitted to the practice of the hospital, which contains over 100 beds, and has a large out-patient department. The time counts for a part of the four years' curriculum.

The School has an excellent Laboratory, chemical and physical, and a complete collection of materia medica.

The Hospital contains 100 beds. 1,200 in-patients and 14,000 out-patients are received annually.

This institution supplies a want that has long been experienced, and it will confer a boon on many students whose progress would be sadly hampered by the difficulty of obtaining adequate elementary instruction in the subjects of the curriculum. The fees, payable in advance, are as follows:—For the complete course, including one year's hospital practice, 25 guineas. For an extra six months, 7 guineas. For one winter session, 18 guineas. For one summer session, 12 guineas. Separate courses of lectures may be attended for 3 guineas each course.

Prospectuses, &c., may be obtained from the Secretary of the School, West London Hospital, Hammersmith, W.; or from Mr. C. B. Keetley, 10 George Street, Hanover Sq., W.

**SCHOOL OF MEDICINE FOR WOMEN.**—The session at this school, which is situated in Henrietta Street, Brunswick Square, opens on the 1st October. Lectures are delivered during the usual educational session on all the subjects included in the medical curriculum, and there are available for the use of students a commodious dissecting-room, physiological and chemical laboratories, and library, and numerous clinical lectures are regularly delivered at the Royal Free Hospital, Gray's Inn Road, which institution is appropriated to the School for Women as a field of practical study and experience; clerkships, dresserships, and a pathological registrarship being tenable there without fee by lady students.

*Scholarships, &c.*—Entrance scholarship of £30. A scholarship of £50 for five years, to be competed for by ladies willing to prepare to become practitioners in India.

**Fees.**—Tuition, evening instruction, &c., examination fees for L.K.Q.C.P.I. diplomas, £172 13s. For the Royal University of Ireland diplomas, £179 3s. For the London University M.B. and M.S. £18. Hospital practice only, £48.

Medical students are admitted to the practice at the following metropolitan hospitals to which no medical school is attached. More complete particulars will be supplied on application to the various secretaries, and will be found in our advertisement columns.

**HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.**—The largest institution for the treatment of affections of the chest in the United Kingdom; 192 beds, and in the new building, 137. Three clinical assistants reside in the hospital for a period of six months. Pupils are admitted to the practice of the hospital. Terms £3 3s. for three months; perpetual, £5 5s.

**CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park.**—This is a large and important hospital at the East End, containing 164 beds.

**ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.**—The hospital treats 6,000 out-patients annually, and makes up forty beds.

**HOSPITAL FOR DISEASES OF THE THROAT AND CHEST, Golden Square, W.;** contains 21 beds; outposts, Newington Butts, Walworth, and St. John's Gardens, Notting Hill.—The practice of the hospital is open to students on payment: fee for three months' course, £3 3s.; for six months', £5 5s.; perpetual, £7 7s. Laryngoscopic demonstrations are given daily at half-past two.



**CENTRAL LONDON THROAT HOSPITAL**, Gray's Inn Road.—Twenty beds. Six clinical assistants, being either qualified practitioners or students of three years' standing, are elected to assist the surgeons. Fees for the three months' attendance, £2 2s.; six months, £3 8s.

**HOSPITAL FOR SICK CHILDREN**, Great Ormond Street, Queen's Square, W.C., and Cromwell House, Highgate.—Fee for three months' attendance £3 8s.; perpetual £5 5s. There are now 121 beds in the hospital, Great Ormond Street, and 52 in the country branch; total 173. The practice at the hospital has been thrown open gratuitously to pupils of the different hospitals and medical schools of London, on conditions which may be ascertained of the secretary.

**THE HOSPITAL FOR WOMEN**, Soho Square, W.—The hospital contains 61 beds. In connection with this institution there is now an organised school of gynaecology, open to qualified medical men and to students after their third year. Clinical assistants to the physicians and surgeons in the in-patient and out-patient departments are appointed every three months. A course of lectures on the anatomy and physiology of the female pelvic organs is given during each quarter by James A. Mansell Moullin, Esq., M.A., M.D. (Oxon), senior assistant physician to the hospital. Clinical lectures are given in the operating theatre on alternate Thursday afternoons at 3.30 p.m. throughout the winter session. Prizes are given annually after examination, open to past and present clinical assistants. Fee for the three months' course, £5 5s. Any further information can be obtained by letter addressed to the Dean at the hospital.

**BRITISH LYING-IN HOSPITAL**, Endell Street, St. Giles's.—Twenty-five beds. This institution receives women only as midwifery pupils. The fee for the course of three months is £10 10s. Pupils who prove themselves competent receive a certificate signed by the physicians, enabling them to practise midwifery.

**THE SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN**, Lower Seymour Street, offers excellent opportunities for clinical study, and the reputation of the staff is in keeping with its surroundings. Fifty-two beds.

**ROYAL LONDON OPHTHALMIC HOSPITAL**, Bloomfield Street, Moorfields, is the largest of its class in the metropolis, and contains 100 beds.

**THE ROYAL WESTMINSTER OPHTHALMIC HOSPITAL**, situated close to, and connected by its general management with Charing Cross Hospital, has 50 beds, and affords every facility to students for the study of this branch of the profession.

**LONDON FEVER HOSPITAL**, Islington.—180 beds.

**GREAT NORTHERN HOSPITAL** is a small but excellently appointed hospital, with 30 beds, situated in Caledonian Road.

**BETHLEM HOSPITAL**.—This hospital is open for the admission of two resident medical students who have recently obtained the diploma to practise medicine and surgery for the acquisition of knowledge regarding the insane. The next election takes place in October at Bridewell Hospital, and the elected candidates will be expected to commence residence on the 1st of November.

**ROYAL FREE HOSPITAL**, Gray's Inn Road.—This hospital contains 150 beds. Of the smaller metropolitan hospitals few offer a more extensive field for students in medicine and surgery. At this hospital the students at the London School of Medicine for Women take out their medical and surgical practice. Clinical clerkships and surgical dresserships are held by these students. The fees payable are £20 the first, and £15 each succeeding year. *The School of Medicine* is situated away from the hospital. The composition fee for all classes and lectures, except clinical, is £80 in one sum, or three payments of 40%, 30%, and 15%.

### PROVINCIAL MEDICAL SCHOOLS.

**BIRMINGHAM—QUEEN'S COLLEGE**.—Students are admitted—(1) as matriculated students who enter for their entire medical education; (2) as occasional students for one or more courses of lectures; (3) as junior students, to prepare for the preliminary examinations of the licensing boards.

*Scholarships, Prizes, &c.*—The Sands Cox Prize, value £20. Open to students who have completed their curriculum. Subjects:—Medicine, Surgery, Midwifery. Two Ingleyby

scholarships for obstetric medicine and surgery and diseases of women, Sydenham and Queen's scholarships of £30. The Warden's Prize, value £5 5s., for first-year students, for general proficiency. The Percy prize, value £5 5s. for German.

*Fees*.—College fees for all lectures amount to 60 guineas, payable by two equal instalments.

Hospital practice is obtained at the General and Queen's Hospitals, which have been amalgamated for the purpose of clinical instruction under the direction of the Birmingham Clinical Board, by whose order all schedules are signed and all examinations conducted. The hospitals have a total of upwards of 400 beds, and the staff attached is of very high order.

All students will be required to attend six months alternately at each hospital, as directed by the Clinical Board, excepting students who enter the hospital for six months only.

*Clinical Prizes*.—The following prizes are given annually: Senior medical prize for third and fourth years' students, first prize £5 5s.; second prize £3 8s. Senior surgical prize for third and fourth years' students, first prize £5 5s.; second prize £3 8s. Junior medical prize, for second year's students, first prize £3 3s.; second prize £2 2s. Junior surgical prize for second year's students, first prize £3 3s.; second prize £2 2s. Midwifery prize, £4. Medals and certificates are awarded in each class. The examinations for all the appointments and prizes are conducted by the Clinical Board, and are open for competition to all students registered by the Clinical Board.

Fees for attendance for four years on the medical and surgical practice, and on the clinical lectures at both hospitals, £42.

**BIRMINGHAM—THE MASON COLLEGE**.—The magnificent institution, founded, built, and endowed by the late Sir Josiah Mason, and devoted to the spread of scientific information, is open for the reception of students under a staff of eminent professors. Special facilities are offered at the college to intending medical students to complete the preliminary scientific work, without which they cannot hope to succeed in obtaining any one of the higher University degrees. Classes have been formed in chemistry, physics, biology, physiology, and practical work in all these subjects is carried out in well appointed and commodious laboratories. The fees for each course of lectures are payable in advance, and arranged on a scale of the most moderate kind, varying from half a guinea to three guineas for the whole. Further particulars will be found in the Calendar, to be obtained from the Secretary. A movement has recently been set on foot with the view of founding a scholarship in memory of the late Dr. Hyslop, who did so much for the educational and charitable institutions of Birmingham. Up to the time of our going to press nearly the whole of the sum required (£1,000) had been subscribed, and the annual income from this will be tenable by pupils from the schools on the foundation of King Edward VI.

**BRISTOL SCHOOL OF MEDICINE (University College)**.—Attached to this school, where there is ample provision for education and practice, are two well-appointed hospitals—the Royal Infirmary, containing 250 beds, and the General Hospital, with 154 beds. Competitive examinations are held amongst students of the first, second, and third years respectively, the prizes of money, instruments, and books are awarded annually. The certificates of this school are accepted by all the examining boards. Medical and surgical hospital practice and clinical lectures are attended at the Royal Infirmary or the General Hospital, at which institutions additional prizes are annually offered for competition amongst the students. The existing medical school is affiliated to University College, Bristol.

*Scholarships, Prizes, &c.*—Prizes and certificates of honour are given in the medical school to first, second, and third year's students, and also in practical anatomy. At Royal Infirmary—Supple's medical prize, a gold medal and £7 7s.; Supple's surgical prize, as the medical; Clark prize (interest of £100) for third year's students; pathological prize, £3 3s. At the General Hospital: Martyn memorial scholarship, £20; Clarke scholarship (surgical) £15; Sander's scholarship (interest of £500), medicine and surgery; Lady Haberfield's prize (interest of £1,000), for general proficiency. Clinical lectures are given at both institutions.

three and four times a week. *Fees*.—Schools fees for unlimited attendance on all courses of lectures, except comparative anatomy, £63. For hospital practice, 35 guineas.

**LEEDS SCHOOL OF MEDICINE.**—This School now forms the Medical Department of the Yorkshire College of Science. Clinical lectures are given by the physicians and surgeons attached to the General Infirmary. Ophthalmic demonstrations and demonstrations of skin diseases are given in the Infirmary by the surgeons in each department, where also are obtainable various clinical clerkships, dresserships, and other appointments. Besides the infirmary there is a large dispensary and a fever hospital, both of which are open to students of the school. Students at this school have excellent opportunities of acquiring a thorough insight of psychological medicine, as the renowned West Riding Lunatic Asylum is in connection, and Mr. Bevan Lewis lectures on mental diseases during the summer. The systematic lectures are given at the school, and the clinical lectures at the asylum, which now accommodates 1,500 patients.

There is the Hardwick scholarship in clinical medicine, value £10, the Thorpe, in Forensic medicine, value £10, and other prizes.

The composition fee for attendance upon all the required courses of school lectures is £63, to be paid on entrance; or £31 10s. on entrance, and a second sum of £31 10s. twelve months afterwards.

At the General Infirmary the perpetual fee for medical and surgical practice, and clinical lectures is £42 in one sum, or two instalments of £22 each. These fees are not included in the composition fees for lectures, and are payable separately.

**UNIVERSITY COLLEGE, LIVERPOOL (Medical Faculty).**—The infirmary attached to this school, which contains 300 beds, with 40 special beds for the treatment of diseases of women, offers admirable facilities to students for gaining practical knowledge.

A payment of 60 guineas on entrance, or in two equal instalments (one half on entrance, and the remainder within twelve months) entitles the student to attendance on all the necessary lectures and demonstrations. The Royal Infirmary contains nearly 300 beds. There are special wards for the treatment of uterine and other diseases of women. The Lock Hospital, adjoining the Infirmary, contains 60 beds.

Two house physicianships and three house surgeonships, tenable for six months, and open to pupils of the school who have obtained a legal qualification; clinical clerks and dressers; post-mortem clerks.

Two Roger Lyon Jones scholarships, each of £21, for two years, one awarded as an entrance scholarship, and the other being open to students who have completed their second year; the Torr gold medal for anatomy and physiology; the Bligh gold medal for anatomy and physiology. School medals and certificates of honour are awarded for proficiency in certain groups of subjects.

The fee for a perpetual ticket for hospital practice is £42, and may be paid in two equal instalments, one-half on entrance and the remainder within twelve months.

**MANCHESTER.—VICTORIA UNIVERSITY, OWENS COLLEGE SCHOOL OF MEDICINE.**—This school has resulted from the amalgamation of the Manchester Royal Infirmary School of Medicine with the Owens College, and occupies in the provinces a somewhat similar position to that of University College and Hospital in London. It has a faculty of science as well as of medicine, with departments of law and arts. Since the amalgamation a new medical school has been built at the western extremity of the College Estate, and largely increased accommodation is afforded by extensive new buildings which were opened in October last. On the ground floor are two large lecture theatres, a library, and museum. Over the lecture theatre is a dissecting-room, and over the library a physiological laboratory. The course of instruction afforded to students is thoroughly complete. Three of the most important chairs—those of anatomy, physiology, and chemistry—are held by professors who entirely devote their time to the work of instruction. Students wishing to engage in physiological or pathological researches will find opportunities for study in the complete and well-furnished physiological laboratory. Two valuable physiological scholarships are offered for competition in this branch as an

incentive to original research. The hospital practice is taken out at the Royal Infirmary, which contains 298 beds. The Monsall Fever Hospital and Cheadle Lunatic Asylum also afford teaching facilities of great importance.

*Appointments.*—The following appointments are made: Surgical Registrar, at £70 or £80 per annum; a Pathological Registrar, at £80 per annum; a Medical Registrar, at £50 per annum; two Assistant Medical Officers, each at £100 per annum; Resident Medical Officer, two years, £150 per annum; ditto, at Cheadle, one year, £150 per annum; ditto, at Monsall, one year, £200 per annum; Resident Surgical Officer, one year, £150 per annum; eight House Surgeons and four House Physicians, a Resident Assistant at Monsall (salary £50 per annum); and one at Cheadle, each for six months. The House Physicians, House Surgeons, and the Resident Assistant at Monsall, must be qualified. Two or more Clinical Clerks are attached to each Physician and Assistant Physician, and two or more Dressers to each Surgeon and Assistant Surgeon. Two Clerks to the Pathological Registrar, and Accident-room Dressers, are appointed for three months.

*Scholarships and Prizes.*—A prize of the value of £5 5s. is offered on the results of the Final Class Examinations in each of the following subjects: Anatomy (first and second years), Physiology (first and second years); Pathology and Morbid Anatomy, Medicine, Surgery and Midwifery and Diseases of Women and Children; one of the value of £3 3s. in each of the following: Botany, Practical Chemistry, Materia Medica and Therapeutics, Medical Jurisprudence, Hygiene, Practical Surgery, Ophthalmology, and Practical Physiology; and one of the value of £2 2s. each of the following subjects: Practical Anatomy (senior and junior), Surgical Pathology, Diseases of Children, Mental Diseases, and Materia Medica (first year's course). Turner Scholarship of £25, to students who have completed four years of study in the College, after examination in the subjects of the third and fourth years' courses. Platt Physiological Scholarship, value £50, tenable for two years, to students between the ages of 18 and 25, who have attended Physiology in the College Laboratory during one session, for best original investigation and the result of a written examination. The successful candidate must attend for one year of his tenure the class of Practical Physiology in the Laboratory of the College, and in the other year in the same or some other approved Physiological Laboratory. Examination on October 12th, 13th, and 14th. Two Platt Exhibitions, £15 each, for first and second year's students in Physiology. Dumville Surgical Prize, value £20 (in books or surgical instruments), at the end of winter session, to students of two years who have attended four courses, including one at least in Surgery. Subjects of Examination (about middle of July, 1885): Principles and Practice of Surgery, including Surgical Anatomy or Surgical Pathology, and, at option of Examiners, examination of patients and operations on dead subject, with reports of cases. Dauntsey Medical Scholarship, value about £100, tenable for one year. Candidates must not have attended lectures in a medical school. Subjects of Examination: General and Comparative Anatomy, with Dissections and Description of Preparations illustrating Typical Forms of Animals; Outlines of Physiological Botany; Chemistry; and either Mathematics or Latin. The successful candidate must enter to the full course of medical studies at the College. Examination will commence on October 1st. A Gilchrist Scholarship of £50 per annum, tenable for three years in the College, awarded biennially, to the candidate standing highest in the Matriculation Examination of the University of London in June, if in the Honours Division; also one, biennially, upon the results of the June Preliminary Examination of the Victoria University. The successful candidate must prepare for graduation in the University of London. Grammar School Scholarship, value £18 10s., tenable for three years, open to scholars of the Manchester Grammar School between the ages of 15 and 23. Examination on October 1st and 2nd; subjects in 1885, Mathematics and Physical Science; in 1886, Classics and Mathematics. The successful candidate must enter to one of the departments of Owens College. Medical and Surgical Clinical Prizes (books or instruments to the value of £6 6s. in each department) are given for reports of cases in the Infirmary. The Bradley Memorial Scholarship in Clinical Surgery is offered annually in the summer session. Candidates must

be in their fourth year of study, have completed their Dresserships, and have spent their whole period of studentship at the Manchester Royal Infirmary.

Tutorial Classes in Medicine and Surgery are formed before each examination at the College of Surgeons. There are also tutored classes in Anatomy and Physiology.

*Fees.*—Composition fee, £63, or two sums of £31 10s. each. Hospital practice: composition fee £42, or two instalments of £22 each. Further information may be obtained of Professor Gamgee, Dean of the School, or of the Registrar, Owens College, Manchester.

**NEWCASTLE-ON-TYNE COLLEGE OF MEDICINE.**—This school is a department of the University of Durham, and contains ample provision for acquiring a sound education and practical experience at the bedside. It is smaller than some of the provincial schools, but sound and successful teaching, attended with remarkably good examination results, are fast bringing it on a level with its competitors in point of numbers.

*The Infirmary* contains 230 beds. There are special wards for diseases of the eye, for lock cases, male and female, and for children. Pathological demonstrations are given as opportunity offers. Practical midwifery can be studied at the Newcastle Lying-in Hospital, which contains 12 beds. Opportunities for practical study are also afforded by the Dispensary, Fever Hospital, Eye Infirmary, Children's Hospital, and Coxlodge and Dunston Lunatic Asylums. Lectures are given on psychological medicine at the Coxlodge Lunatic Asylum by Mr. R. H. B. Wickham, Medical Superintendent. Mr. H. E. Armstrong lectures on public health.

*Appointments.*—An assistant curator of the Museum is annually appointed from among the senior students, and receives £12 as an honorarium. Assistant demonstrators of anatomy, prosectors for the lectures on anatomy, assistant physiologists, pathological assistants, and assistants to the dental surgeon are also elected. Four times in the year two resident medical assistants, two resident surgical assistants, three non-resident clinical clerks, and sixteen non-resident dressers (eight for the in-patient, and eight for the out-patient department) are nominated by the Medical Board, and, if approved, appointed by the House Committee for three months. The medical and surgical assistants are provided with apartments and board in the Infirmary, on payment of £5 5s. for three months.

*Scholarships, &c.*—University scholarship, value £25 a year, for four years, for proficiency in Arts, awarded annually at beginning of winter session to perpetual students in their first year only. The Dickinson Memorial Scholarship, value £15 annually, for medicine, surgery, midwifery, and pathology; open to perpetual students who have passed the primary examination of a licensing body. The Tulloch Scholarship, interest of £400 annually, for anatomy, physiology, and chemistry. The Charlton Memorial Scholarship, interest of £700 annually, with Gold Medal, open to full students entered for the class of medicine at end of winter session. The Gibb Scholarship, interest of £500 annually, for pathology, at end of summer session. Goyder Memorial Scholarship in clinical medicine and clinical surgery, proceeds of £325 annually. At the end of each session, a Silver Medal and Certificates of Honour are awarded in each of the regular classes.

*Fees.*—Composition fee for lectures, £63, in one sum, or two instalments of £36 15s. each, or three instalments of £31 10s., £20 5s., and £21. Royal Infirmary perpetual fee, £26 5s.

Further information may be obtained from the Registrar, Dr. Luke Armstrong, Newcastle-on-Tyne.

**SHEFFIELD SCHOOL OF MEDICINE.**—Students at this college obtain excellent instruction in medical and surgical practice at the General Infirmary, which contains 200 beds, and is provided with a museum and pathological and post-mortem theatres. The fees for perpetual attendance are £15 15s. for medical, and £21 for surgical practice; for twelve months' medical and surgical practice, each £10 10s., and for six months, £6 6s. each. The Sheffield Medical School is now affiliated with the First College and Technical School, so that students have here the opportunity of engaging in other branches of service beyond those embraced in the medical curriculum. There is also the Sheffield Hospital and Dispensary, containing 104 beds, which is recognised by the College of Surgeons, and the Hospital for Dis-

eases of Women, to which students are admitted. The perpetual fee for attendance on all the lectures required by the Royal College, and the Apothecaries' Hall, is £45. Prizes to the value of £30, and certificates of honour, are given annually. Some of the lecturers, and other local members of the profession receive house pupils; such a mode of residence will be found far preferable to life in ordinary lodgings.

**LIVERPOOL ROYAL SOUTHERN HOSPITAL.**—This institution is one of the largest in the English provinces, and contains 200 beds. It has no school proper, although it contains accommodation for resident pupils, and clinical lectures are delivered daily by members of the staff. These, together with the practice obtained here, which is of a very varied and valuable character, are recognised by all the examining boards.

*Inclusive fees:* Perpetual, 25 guineas; one year, 10 guineas; six months, 7 guineas; three months, 4 guineas. Students can enter to the medical or surgical practice separately, on payment of half the above fees.

### EXTRA-ACADEMICAL INSTITUTIONS.

**LONDON SCHOOL OF DENTAL SURGERY.**—This institution is the oldest of the dental Colleges in the United Kingdom, and its teaching is recognised by the Royal College of Surgeons for the dental diploma. It is situated in Leicester Square. General fee for special lectures required for the curriculum, 15*l.* 15*s.* The Saunders Scholarship of 20*l.* per annum, and prizes, are open for competition. In connection with the above is the Dental Hospital of London. Fees for the two years' hospital practice, 15*l.* 15*s.* Fees for lectures and practice, 31*l.* 10*s.*

**NATIONAL DENTAL COLLEGE.**—This is a more modern institution, it having been opened for teaching purposes about seven years ago. In connection with the College is the National Dental Hospital, situate in Great Portland Street, which was established several years before the school. The teaching at this school also is recognised by the College of Surgeons for the dental diploma, and lectures and demonstrations are given similar to those at the other dental school. *Fees.*—General fee for special lectures required by the curriculum, 12*l.* 12*s.*; fee for the two years' hospital practice required by the curriculum, 12*l.* 12*s.* Total fee for the special lectures and hospital practice required by the curriculum, 25*l.* 4*s.*

**SCHOOL OF PHARMACY OF THE PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.**—Lectures are delivered on (1) Physics in relation to chemistry and pharmacy; (2) Inorganic chemistry; (3) Organic chemistry; (4) Botany and materia medica. The lectures on botany and materia medica are delivered on Thursday, Friday, and Saturday mornings, and those on chemistry and pharmacy on Monday, Tuesday, and Wednesday mornings, at nine o'clock. The laboratories are open from ten o'clock in the morning until five in the afternoon daily, except on Saturdays, when they are closed at two o'clock. Fee for ten months, according to hours of attendance, 12 to 25 guineas; for shorter terms in proportion. The session commences on Thursday, October 1st, at ten a.m. Each student is expected to attend every lecture of the course for which he has entered, or to state the cause of absence to the professor or to an assistant.

**COOKE'S SCHOOL OF ANATOMY AND PHYSIOLOGY.**—This is established for private tuition, and is situate in the neighbourhood of University College, at 40 Brunswick Square, its principal being Mr. Thomas Cooke, F.R.C.S., Senior Assistant-Surgeon to the Westminster Hospital. The whole of the anatomy (on the dissected body), of physiology (with microscopical preparations, and such experiments as the law permits), and operative surgery (on the dead body), are gone through carefully every three months. *Fees.*—Anatomy and physiology, three months, 4 guineas; six months, 5 guineas. Special course for F.R.C.S., 8 guineas. Surgery—three months, 5 guineas; six months, 8 guineas. Special course for final F.R.C.S., 8 guineas. There is a well-appointed dissecting-room near the school.

**SOUTH LONDON SCHOOL OF PHARMACY.**—This school is situated at Kennington Cross, and is decidedly the most popular institution for the study of practical pharmacy and

chemistry in London. It has accommodation for 120 students, instruction being also given in analytical chemistry for the purpose of qualifying gentlemen in search of appointments under the Public Health and Adulteration of Food Acts, by the principal, Dr. Muter. Lectures are delivered daily in the laboratory, and each student is required to practically illustrate the subject taught as the lecturer proceeds. The percentage of pupils passing at the examination is exceptionally high from this school. The winter session commences a fortnight earlier than that of the medical schools.

**SCHOOL OF HOMŒOPATHY.**—Homœopathy has now a school of students, which is situate in Great Ormond Street, where lectures and instructions according to homœopathic principles are given by duly qualified members of the medical profession, and where students who believe in the *similia similibus curantur* theory can be taught according to their bent. The winter session at this school opens on October 1st.

**CHREIMAN PHYSICAL TRAINING COLLEGE.**—A college for the training of students in physical education has recently been opened at Gwendwr Road, Kensington, with branches at Brighton, Eastbourne, &c., where remedial treatment by physical exercise is undertaken under the advice of patient's physician, and lessons and exercises are given to those contemplating a study of the subject.

## II.—QUALIFICATION.

THERE are in England eight examining bodies which confer qualifications to practice medicine. Five of these are Universities granting degrees; two are Colleges of Physicians and Surgeons respectively, granting registrable diplomas; the remaining institution is the Society of Apothecaries. The following account of these institutions includes particulars of the regulations under which the various qualifications are granted:—

### THE ENGLISH UNIVERSITIES.

The distinction of a university degree carries with it so many advantages, social and professional, that every student who can possibly obtain so desirable a qualification will be consulting his best interests by straining every point in its favour. Of late years the facility for obtaining the highest class degrees have so much increased, that an earnest and hard-working student not afraid of a good deal of extra labour, and with even average abilities, may really gain for himself the distinguishing mark of culture conferred by graduation at one of the older seats of learning. The numerous scholarships open to general competition, and awarded at Oxford and Cambridge, &c., for proficiency in many of the subjects included in the preliminary medical curriculum, offer a ready means of meeting the extra expenses to be necessarily incurred at a university, as compared with the cost of ordinary qualification; and to this must be added the similar money prizes which, with only a slight additional labour, may be gained at the various hospital schools of medicine, and which will suffice to meet the major part of extra-academical outlay. Moreover, the liberal alterations introduced of late years into the regulations for the medical degrees of Durham University present a means whereby, with the sacrifice of less than twelve months of time spent "in residence" within the University bounds—and even this can be passed in regular medical study at the Newcastle-on-Tyne School of Medicine—any duly registered medical student can proceed to the examination for the M.B. degree of that University. On one point there is a common agreement among the universities, that, viz., they will admit no one to their earliest examinations who cannot show himself to have received a sound preliminary education in arts; and the necessity for this on the part of future medical practitioners is recognised no less now by all the examining boards of the Kingdom. Whatever the future

ambition of the student, it will be wisest for him to be prepared with a view to ultimate graduation at a university, as thus will he be most effectively fitted to pursue the path leading to that goal, should opportunities arise for doing so. We will now briefly detail the principal features peculiar to the different universities in respect of graduation at each.

#### Oxford.

Every student of medicine must pass all the examinations for the degree of B.A., and date the commencement of his medical studies from the final examination in arts or science. For the degree of B.M. two examinations must be passed, the first including Anatomy and Physiology (Human), Comparative Anatomy (chiefly the entozoa), and Physiology, Botany, Chemistry, theoretical and practical, and Physics, with Mechanics. All candidates, however, who have obtained honours in the School of Natural Science, or have passed the Honour examination in Chemistry, Mechanics, and Physics, are not required to offer these subjects again at the first M.B. At the second examination the candidate is examined in two of the ancient authors—Hippocrates, Aretæus, Galen, and Celsus—and in some one modern author, as Morgagni, Sydenham, or Boerhave, as well as in the Principles and Practice of Medicine and Surgery, the Diseases of Women and Children, &c., &c. The first, or scientific examination may be passed immediately by those who have gained a first or second class in the final Honour School of Natural Science; by all others at the end of two years; and two years must elapse after passing the first, prior to the final examination for the same degree, which cannot be taken until the lapse of sixteen terms from passing the final B.A. A dissertation has to be publicly read three years after obtaining the M.B. before being eligible for the M.D. The medical examinations take place annually in Trinity Term.

Scholarships of value from £60 to £100 are obtainable at Christ Church, Magdalen, and other Colleges by competitive examinations in natural science. Each year a Radcliffe Travelling Fellowship is competed for by those who, having taken a first-class at any of the public examinations of the University, or having obtained some University prize or scholarship open to general competition, propose to graduate in medicine. The Travelling Fellows receive £200 a year for three years, half this period being spent in study abroad.

The regulations relating to the M.B. degree of this University are about to undergo important modifications, but the revised scheme has not yet received the assent of Convocation. The above details are accurate for the present time.

#### Cambridge.

At the University of Cambridge, five years of medical study are required for the M.B., unless the student has graduated with honours as B.A., when four years suffice. He must have resided nine terms in the University, and have passed the "previous" examination in classics and mathematics. There are three examinations for this degree. The first is in chemistry, physics, and biology; the second in anatomy (human and comparative), physiology, and pharmacy; and the third, in the usual practical subjects; each examination is divided into two parts. Subsequently to the third examination an Act has to be kept, which consists in reading an original thesis followed by an oral examination on the subject of the thesis. The M.D. degree may be taken three years after the M.B. An Act has to be kept, with oral examinations, and an essay has to be written *extempore*. There is also a degree of Master in Surgery, for which the candidate has to attend extra courses of lectures on anatomy and surgery. An examination in so much of State Medicine as is required by medical officers of health will in future be held. The examination for certificates in sanitary science will begin in October. The names of candidates, who must be on

the Medical Register of the United Kingdom, and need not be already members of the University, should be sent to Professor Liveing, Cambridge, on or before September 28. The yearly expenditure of a student who keeps his terms by residence in a college is from £150 to £200 a year. This, however, may include all payments to the University and the College—all fees, as well as clothes, pocket-money, travelling expenses, &c. Non-collegiate students have only to pay the University fees, which are very small. They lodge and board as they like; their expenses, therefore, are entirely in their own hands.

#### London.

The medical degree of London University is given to all and every one who succeeds in satisfying the examiners of fitness to receive it. Women, as well as men, can proceed to it, irrespective of any consideration of residence or place of instruction, provided this has been obtained at a properly appointed hospital or hospitals.

Those students who intend to graduate at the London University should arrange their studies to pass the preliminary scientific examination *before commencing their regular medical studies*, taking a preliminary year for the purpose of preparation. In this way much knowledge will be gained, which will go to clear the way for first year's studies, which would otherwise be much encumbered.

The preliminary scientific examination is held twice a year on the third Monday in January and July, and no candidate is admitted to it unless he has completed his seventeenth year, and has passed the matriculation examination. The subjects on which he will be examined are—Inorganic chemistry, experimental physics, botany, vegetable physiology, and zoology. Candidates who shall pass in all these subjects, and shall also pass at the *same time* in the pure mathematics of the first B.Sc. examination, or shall have previously passed the first B.A. examination, shall be considered to have passed the first B.Sc. examination also. There are in this, as in every other stage of the graduate's career, examination for honours, which afford the student the opportunity of gaining highly-prized distinction in various branches, such as valuable scholarships, exhibitions, and prizes. The medical and scientific degrees of the University are—Bachelor and Doctor of Medicine, Bachelor and Master in Surgery, and Bachelor and Doctor of Science.

For the M.B. degree there are three professional examinations—namely, the preliminary scientific, the intermediate, and the final M.B. Before proceeding to the intermediate examination, which is held once a year, beginning on the last Monday in July, the candidate must have passed the preliminary scientific examination at least two years' previously, and must produce certificates—1. Of having completed his nineteenth year; 2. Of having been a student during two years at one or more of the medical institutions or schools recognised by this University, and of having attended a course of lectures on each of three of the following subjects: Descriptive and Surgical Anatomy, Physiology and Histology, Pathological Anatomy, Materia Medica and Pharmacy, General Pathology, General Therapeutics, Forensic Medicine, Hygiene, Obstetric Medicine, and Diseases peculiar to Women and Infants, Surgery, Medicine; 3. Of having dissected during two winter sessions; 4. Of having attended a course of Practical Chemistry; 5. Of having attended to Practical Pharmacy, and having acquired a practical knowledge of the preparation of medicines. Candidates are examined in Anatomy, Physiology and Histology, Materia Medica and Pharmaceutical Chemistry, Organic Chemistry. Candidates must show a competent knowledge in all the subjects. The examinations are conducted by printed papers and *viva voce* interrogation, by demonstration from preparations and specimens, and by dissections.

For the final or M.B. candidates must produce certi-

ificates:—1. Of having passed the intermediate examination in medicine at least two years previously; 2. Of having subsequently attended a course of lectures on each of two of the subjects for which he had not presented certificates at the intermediate examination; 3. Of having conducted at least twenty labours; 4, and 5. Of having attended the surgical and medical practice of a recognised hospital or hospitals, during two years, with clinical instruction and lectures on clinical surgery and clinical medicine; 6. Of having, after having attended surgical and medical hospital practice for at least twelve months subsequently to passing the intermediate examination in medicine, attended to practical medicine, surgery, and midwifery, with special charge of patients, in a hospital, infirmary, dispensary, or parochial union during six months, such attendance not to be counted as part of the hospital practice prescribed in 4 and 5; 7. Of having acquired proficiency in vaccination. The candidate must also produce a certificate of moral character from a teacher in the last school or institution at which he has studied, as far as the teacher's opportunity of knowledge has extended. Candidates are examined in General Pathology, General Therapeutics and Hygiene, Surgery, Medicine, Obstetric Medicine, and Forensic Medicine. The examinations include questions on Surgical and Medical Anatomy, Pathological Anatomy, and Pathological Chemistry. The examinations are conducted by printed papers and *viva voce* interrogations; by practical examinations in obstetric preparations and apparatus; by examination and report on cases of medical patients in the wards of a hospital; demonstrations from specimens and preparations. Candidates are expected to write prescriptions in Latin without abbreviations.

The regulations relating to the examination for honours, prizes, &c., and to the M.D., and B.S. examinations, may be obtained from the Registrar of the University, Burlington Gardens, W.

A special examination is held once in every year in subjects relating to public health, to which those candidates only are admitted who have passed the M.B. examination at least one year previously. Candidates will be examined in chemistry and microscopy, as regards the examination of air, water, and food; meteorology, geology, physics, and sanitary apparatus, vital statistics, hygiene, and sanitary laws, full particulars of which may be obtained from the Registrar.

All the medical degrees of the London University being open to women, valuable scholarships have been founded for their special benefit in connection with them.

#### University of Durham.

Two licences and three medical degrees are conferred by this University—viz., Licences in Medicine and Surgery, with degrees of Bachelor of Medicine, Master of Surgery, and Doctor of Medicine. A certificate of proficiency in sanitary science is also awarded.

With regard to the degree of Bachelor of Medicine, no one will be admitted to that degree unless he has kept one year's residence at the Durham University College of Medicine, and in the case of non-university men an additional Arts examination to the professional examination must be passed.

Every candidate must not be less than twenty-one years of age, and must produce certificates of age, of registration as a student in medicine in the books of the General Medical Council, of good moral conduct, and of attendance on the usual lectures on hospital practice. In addition to the certificate of registration he must produce proof of having passed a somewhat higher Arts examination than those usually possessed before registration.

Candidates, however, who, at the commencement of their professional education passed the Arts examina-



tion for registration only, may pass in the extra subjects required either before or after presenting themselves for the first examination for the degree, but must do so before presenting themselves for the second examination.

For the degree of Bachelor of Medicine there are three professional examinations, the first and second being held in September and April, the third in June and December. The first will commence on September 14th, 1885, and April 19th, 1886; the second on September 21st, 1885, and April 26th, 1886; and the third on December 7th, 1885, and June 21st, 1886. The subjects of the first examination are elementary anatomy, elementary physiology, chemistry and chemical physics, materia medica and medical botany. The subjects of the second examination are anatomy, physiology, materia medica, and pharmacy. The subjects of the third examination are medicine, surgery, pathology, midwifery, and diseases of women and children, medical jurisprudence, therapeutics, and public health.

Candidates will be admitted to each of those examinations after duly certified attendance at a recognised medical school on courses of instruction in the various subjects of the examination, as set forth in the schedules of certificates issued by the university. These may be obtained on application to the registrar of the University of Durham College of Medicine.

Each examination must be passed before the next can be proceeded with, and each must be passed in its entirety, except the first examination, which may be taken in two parts at different times, one part comprising elementary anatomy and elementary physiology, and the other part of chemistry, chemical physics, botany, and medical botany. Failure in one of the subjects comprised in either part of this examination will entail rejection in that part.

A candidate who has passed the first examination of the conjoint board in England of the Royal College of Physicians of London and the Royal College of Surgeons of England will be exempt from the first examination of the University of Durham except in the subject of chemistry, on which he will be re-examined.

A candidate who has passed the first and second examinations of the university will be exempt from the first and second examinations of the conjoint board in England, and will be entitled to present himself for the final examination of the Board on the completion of the necessary curriculum.

One of the four years of professional education must be spent in attendance at the College of Medicine, Newcastle-upon-Tyne. During the year so spent, the candidate must attend at least two courses of lectures in the winter session, and two in the summer session, together with the class and test examinations held in connection with those classes; and must also attend hospital practice and clinical lectures at the Infirmary. Candidates may fulfil this portion of the curriculum at any period before they present themselves for the final examination for the degree. They are not required to reside at Durham. The other three years of the curriculum may be spent either at Newcastle-upon-Tyne, or at one or more of the schools recognised by the licensing bodies.

The successful candidates for the first and second examinations for the degree of Bachelor in Medicine will be arranged in three classes, the first and second (honours) according to merit, and in the third or pass, in alphabetical order.

Candidates who have completed part of their curriculum elsewhere may pass their first examination previously to entering at Newcastle-upon-Tyne, and are recommended to commence their year of residence at Newcastle at the beginning of the winter session.

Full particulars relating to the M.D. (which is conferred under certain conditions without residence on

senior practitioners), B.S., and M.S. degrees may be obtained from the Registrar.

#### Victoria University.

The Degrees in the Faculty of Medicine are Bachelor of Medicine (M.B.), Doctor of Medicine (M.D.), and Master of Surgery (Ch.M.). All candidates for degrees in medicine and surgery are required to have passed examiners in the entrance examination in Arts, or to have passed such other examination as may from time to time be recognised for this purpose by the University.

The subjects of the entrance examination in Arts are:—(1) Latin; (2) Elementary Mathematics; (3) Elementary Mechanics; (4) English; (5 and 6) Two of the following:—(a) French; (b) German; (c) Greek; (d) mathematics (more advanced); (e) English history and elements of Modern Political Geography.

Before admission to the degree of Bachelor of Medicine a candidate is required to present certificates that he will have attained the age of twenty-one years on the day of graduation, and that he has pursued the courses of study required by the University regulations during not less than four years subsequently to the date of his registration as a medical student, two of such years having been passed in a college of the University, and one year at least having been passed in a college of the University subsequently to the date of passing the preliminary examination in Science. All candidates for the degree of Bachelor of Medicine must pass three examinations, namely—the preliminary examination in Science; the intermediate examination; and the final examination.

*Preliminary Examination in Science.*—The subjects of the examination are:—1. Chemistry. 2. Elementary Biology. 3. Physics.

Candidates for the preliminary examination in Science must have attended, during at least one year, courses, both of lectures and laboratory work, in each of the above-named subjects.

*Intermediate M.B. Examination.*—The subjects of examination are:—1. Anatomy; 2. Physiology (including Physiological Chemistry and Histology); 3. Materia Medica and Pharmacy.

Candidates for this examination must have passed the preliminary examination in Science, and have attended courses of instruction in anatomy for one winter session, in physiology for two winter sessions, in materia medica and pharmacy for one summer session. The certificates must show (1) that the human body has been dissected twice at least; (2) that laboratory instruction has been received in physiology; (3) that practical instruction has been received in materia medica and pharmacy.

*Final M.B. Examination.*—The examination is divided into two parts, which may be passed separately or on the same occasion; but the first part cannot be taken before the end of the third year, and the second part cannot be taken before the end of the fourth year of medical study, in accordance with the University regulations. The subjects of examination are as follows:—Part I.—1. Systematic surgery; 2. Pharmacology and Therapeutics; 3. General Pathology. Part II.—1. Systematic and clinical medicine, including mental diseases; 2. Practical and clinical surgery; 3. Obstetrics and diseases of women and children; 4. Morbid anatomy; 5. Forensic medicine; 6. Hygiene.

Candidates, on presenting themselves for the final examination, must have passed the intermediate examination, and must furnish certificates—1. Of having attended the medical and surgical practice of a hospital or hospitals, approved by the University, during at least three years, of which years two at least must be subsequent to the date of passing the intermediate examination, except when exemption has been granted by the General Board of Studies, after report from the Departmental Board of Medical Studies. 2. Of having attended, during at least twelve months, demonstrations in the



post-mortem theatre of a hospital; 3. Of having attended, under proper supervision, at least twenty cases of labour; 4. Of having, during at least three months, received, in either a general or special hospital, approved by the University, such clinical instruction in the diseases peculiar to women as shall be approved by the University; 5. Of having acquired proficiency in vaccination; 6. Of having attended courses of instruction, approved by the University, in a college of the University, or in a college or medical school recognised for this purpose by statute of the University, in the following subjects: *a.* Systematic medicine, two winter sessions; *b.* Clinical medicine, two years; *c.* Systematic surgery, one winter session; *d.* Practical surgery, one winter session; *e.* Clinical surgery, two years; *f.* Obstetrics and diseases of women and children, two summer sessions, or one winter session; *g.* Pharmacology and therapeutics, one winter session, or one summer session; *h.* General pathology and morbid anatomy, one winter session and one summer session; *i.* Forensic medicine, one summer session; *j.* Hygiene, one summer session.

The regulations relating to the M.D. and Ch.M. degrees can be obtained on application to the Registrar.

*Fees.*—No fee entitles to admittance to more than one examination. The fee for matriculation is £2, and includes the fee for the entrance examination in Arts. A fee of £1 is payable for any subsequent entrance examination; for the preliminary examination in Science £1, or for the intermediate examination for the degree of M.B. the fee for the final examination for the degree of M.B. is £2. A fee of £5 is payable on the conferring of the degree of M.B.

The entrance examination in Arts is held twice in each year, about the middle or end of June, and about the beginning of October. The preliminary examination in Science, the intermediate examination, and the final examination, are held in July and October. Those candidates only can present themselves in October who have matriculated since the corresponding examination in July, or have failed in that examination, or have been prevented from attending that examination by reasons satisfactory to the General Board of Studies. The examination for the degree of Master of Surgery is held in October.

#### *Royal College of Physicians of London.*

Under the arrangements entered into between the Royal College of Physicians and Surgeons, and resulting in the formation of a Conjoint Examination Board for England, neither College any longer confers its licence singly on students who commenced medical studies after October 1st, 1884. The M.R.C.P., however, is still given as formerly, and under the following conditions:—

The membership of the College is conferred after examination, which is conducted as follows:—Thursday: From 2 to 6, by written questions on medical anatomy, and on the principles of medicine. Friday: From 2 to 6, by written questions on the practice of medicine, including the principles of public health, and on psychological medicine. Saturday or Monday: the candidate's practical knowledge will be tested, either at the College, or in the medical wards of an hospital. Tuesday and Wednesday, by examination *visà voce*. This examination will commence on the last Thursday but one in January, April, July, and October.

Any candidate who has already obtained the degree of Doctor or Bachelor of Medicine at a University in the United Kingdom, in India, or a British Colony, or who shall have obtained a foreign qualification entitling him to practise medicine or surgery in the country where such qualification has been conferred, wherein the courses of study, and the examinations to be undergone previously to graduation, shall have been adjudged by the Censor's Board to be satisfactory, shall, if the Censors shall think fit, be admitted to the pass examination. The nature and extent of this examination shall, in the

case of each candidate, be determined by the Censors' Board.

Under certain conditions the membership is to be obtained by practitioners over forty years of age without previously passing the examination for the licence, of which proof must be given by all other candidates except graduates in medicine as above described. But Licentiate admitted before February 16, 1859, and extra Licentiate otherwise may be admitted Members by a vote of the College.

The fee for the membership is £31 10s.

#### *Royal College of Surgeons of England.*

In the same way as the Royal College of Physicians will no longer issue its licence separately, so the College of Surgeons grants its Membership only in conjunction with the Licence of the Physicians to all students whose registration dates on or after October 1, 1884, but for its *Fellowship* examination the rules in force last year still continue, and are as follow: Candidates must have attained the age of 25 years, and have been engaged in professional study during six years, and must produce certificates of attendance on specified lectures and hospital clinical courses. Two examinations must be passed, the first after the third winter session, in anatomy and physiology; and the second, after six years of study, in surgery, surgical anatomy, and pathology. Candidates not already members, or not holding registrable qualifications in Medicine and Midwifery, must pass an examination in these subjects also. The total fees are—for members of the College, £15 15s.; for non-members, £31 10s.

#### *Conjoint Examining Board in England.*

By an arrangement entered into between the Royal College of Physicians of London and the Royal College of Surgeons of England, there has lately been constituted an examining board in England, the examinations of which entitle those who succeed in passing them to register the two qualifications of L.R.C.P. Lond. and M.R.C.S. Eng. All students commencing their medical education on or after October 1st, 1884, and proposing to take either of these qualifications, is no longer permitted to do so separately, but is required to pass the three examinations, and pay the composition fees, entitling to the double diploma. Other candidates whose registration dates previously to the period named may still elect to take either diploma singly, under the old regulations; but, on the other hand, they may, if they please, come under the new rules, and, by passing the final examination of the Board, and paying the additional fee, acquire the right to the twofold qualification. Candidates must have attained the age of twenty-one years before being admitted to any part of the third or final examination, and must have passed at least three winter and two summer sessions in study at a recognised school or schools, and must have been engaged in medical studies during a whole period of not less than forty-five months. The certificates of attendance on lectures, &c., required, are as follows:—*Anatomy and Dissection*: Six months' lectures, twelve months' dissections. *Physiology*: Lectures six months, practical physiology three months. *Chemistry*, including *Practical Chemistry*, *Materia Medica*, *Pharmacy*, and *Botany*: No time is specified for these subjects, but certificates must be presented to show that instruction in them has been received, and such instruction may have been given before registration. *Morbid Anatomy*: Three months. *Medicine*: Six months. *Clinical Medicine*: Nine months. *Surgery*: Six months. *Clinical Surgery*: Nine months. *Midwifery and Diseases of Women*: Three months, twenty labours. *Clinical Study of Women's Diseases*: Three months. *Forensic Medicine*: Three months. *Hospital Practice*: Three winter and two summer sessions. *Hospital Appointments*: Clinical clerk six months,

dresser six months. Certificates of instruction in vaccination, of practical instruction in medicine, surgery, and midwifery, and of attendance at class examinations must also be produced.

Three examinations must be passed—the *first*, after registration; subjects, materia medica, botany, pharmacy; and at end of first year, elementary anatomy and physiology. The *second*, at the end of eighteen months; subjects, anatomy and physiology. These may be taken together or at different times. The *third*, or *final* examination, takes place not earlier than forty-five months after registration. Subjects: 1. Medicine, including Forensic Medicine and Public Health; 2. Surgery; 3. Midwifery and Diseases of Women. These three subjects may be passed at one time, or on two or three different occasions.

The fees are—at first examination £10 10s. Rejected candidates are readmitted after three months on payment of an additional three guineas for each part of the examination in which failure occurs. At the second examination £10 10s. After rejection in either subject an additional fee of £3 3s. is required. At the *third* examination £15 15s. Rejected candidates are not readmitted to examination till after the lapse of six months, and pay additional fees, as follows: Re-examination in Medicine or Surgery, £5 5s.; Midwifery, £3 3s.

Candidates who have passed a University examination in the subjects included under the first two examinations for the double qualification are admitted to the third or final on submitting the necessary certificates of study, &c.

#### *The Society of Apothecaries, London.*

The regulations relating to the examinations for the Licence of the Apothecaries Society of London have lately been modified in compliance with the recommendation of the General Medical Council, which decided that no qualification in the examination for which surgery had no place should be admitted to registration.

The examinations required for the Licence are two, each divided into written, practical, and oral. The primary is held on the first Wednesday and following day of every month, and may be passed at the end of the second winter session. The final is divided into two parts. Part I. is held on the second and fourth Wednesday and following day of every month, and includes Surgery and Midwifery (written); Part II. is held on every Wednesday and Thursday of every month, and includes Medicine, written and oral, and the *viva voce* in Midwifery, &c. Both may be passed at the end of the prescribed curriculum.

Candidates intending to offer themselves for examination must give seven days' notice, and deposit, at the same time, all the required certificates, with the fee, at the Office of the Beadle, where attendance is given daily, from 10 to 4, Saturdays excepted.

The examination in Midwifery includes obstetric instruments and their application, anatomy of the pelvis, and diseases of women and children, with their pathology. The written portion of this examination is held on every Wednesday, and must be passed one week antecedent to Part II.; and candidates must appear the day after passing for their oral examination in these subjects.

The fee for the Licence is six guineas, no part of which is returned in case of rejection.

#### HOUS OF THE INTRODUCTORY LECTURES

*To be delivered at the different Metropolitan Schools.*

St. Bartholomew's Hospital—None. Session commences October 1st.  
 Charing Cross Hospital—None. Session commences October 1st.  
 St. George's Hospital—T. Holmea, Esq., October 1st, at 4 p.m.  
 Guy's Hospital—None. Session commences October 1st.  
 King's College Hospital—Bishop of London October 1st, at 4 p.m.  
 London Hospital—Session commences October 1st  
 St. Mary's Hospital—Mr. A. Pepper, October 1st, at 3.30 p.m.  
 Middlesex Hospital—Dr. Fowler, Oct. 1st, at 3 p.m.  
 St. Thomas's Hospital—Mr. MacKellar, October 1st, at 3 p.m.  
 University College—Prof. Schafer, October 1st, at 4 p.m.  
 Westminster Hospital—G. Cowell, Esq., October 1st, at 3 p.m.

## Ireland.

### I.—EDUCATION.

THE system of medical teaching in Ireland differs from that in England in important particulars. In London each clinical hospital has its attached medical school, which is fully equipped, and which educates the students of that hospital, and very seldom any other. In Dublin the hospitals and schools are entirely separate (except that Sir Patrick Dun's Hospital is officially connected with Trinity College), and a student of any hospital is free for the whole or any part of his course at any school or hospital he pleases. As might be expected, religion, social rank, and locality of residence have their influence in causing certain classes of students to resort to schools and hospitals suitable to their condition. For instance—the Catholic University school is necessarily in association with the Mater Misericordiarum and St. Vincent's Hospitals, whose administration is of the same religious denomination. But scholastic or collegiate regulations impose no restrictions as to place of study, and the pupil is absolutely free to do as he pleases in this respect. In London, the student bargains with his hospital and school—in the first instance—for a complete course of instruction, for which he pays—in whole or in part—in advance, and his entire study is conducted within the one institution. In Dublin, on the contrary, the student enters for hospital, and for courses of study separately, and takes the course at any school he pleases which "gives best value." The teaching system—especially in Dublin—has recently entered on a new phase, by reason of the thorough and most necessary reforms contained in the new scheme of education and examination which the Irish College of Surgeons has decreed. Under the new arrangement—

1. The student is not allowed, as heretofore, to defer his examination in *general education* until the eve of his final examination for his qualification to practise, but must pass his "preliminary," and register as a medical student not later than a fortnight from his commencing medical study.

2. The student is no longer obliged or allowed to defer, as in times past, his first professional examination until the end of his third year of study. He has to pass an examination at the end of each of his four years, and his course of education is thus graduated from the elementary subjects to those more advanced and practical.

3. It is no longer possible for the student to complete his course of study in a less period than three years and nine months, but the first of these years is devoted to preliminary scientific studies, which may be worked at without coming to a medical school. No lecture or hospital attendances are required during this first year, but the student must prove that he has not been idle by passing an examination at its termination.

4. The payment of the yearly fees for lectures, hospital, &c., cannot any longer be deferred beyond one year, as the proof of attendance must be produced for the examination which is to be passed at the end of that period.

5. Actual attendance at lectu e and hospital are stringently enjoined, and no certificate of study is accepted unless it sets forth an attendance of at least two-thirds of the course.

These reforms have effected a most salutary change in the Irish medico-educational system.

#### LODGING AND LIVING OF IRISH MEDICAL STUDENTS.

There is, unfortunately in Dublin, no proper organisation for the domestic accommodation of medical students. For those who are passing through Trinity College rooms and "commons," or meals, are provided at fixed rates. Those who can afford to pay £6 6s. or £7 7s. per month for their lodging and maintenance, may find accommodation in the family of the teacher to whom they are apprenticed, or some other medical man who receives boarders, in which case they become members of the family for the time being, and subject to its discipline. The majority of Dublin students, however, take a lodging in some economical locality, or they "chum" with some other student for the purpose. It is usual to contract with the lodging-house keeper for board or partial board, but some students cater for themselves. On the whole, the domestic arrangements of the Dublin student are unsatisfactory, cheerless, and not calculated to encourage home comforts, or home discipline. A Medical Student's Club, now located in Harcourt Street, Dublin, has within the last three years, done much to mitigate the loneliness of the Dublin student, but much more is needed.

#### COST OF EDUCATION IN IRELAND.

Should the student proceed on his own account, the lectures necessary for the diplomas of the Colleges of Physicians and Surgeons in Ireland would amount to about £75; hospital attendance, according to the new scale of fees, £36; lying-in hospital, from £4 4s. to £7 7s. These, with the examination fee of £5 5s. for matriculation, and £5 5s. for each of the four annual examinations, amounting altogether to £26 6s. for the College of Surgeons, and £15 15s. for the College of Physicians, represent the essentials. Thus, the absolute payment will amount to somewhere about £100, taking the minimum mode of payment. In addition to this sum are to be considered the payment for "grinding" or "coaching," by no means necessary to any industriously inclined student. The fixed sum under the old system for private teaching was usually £18 18s., *i.e.*, £9 9s. at commencement, and £9 9s. after passing first half of the examination, for the surgical and medical qualifications, and £5 5s. for the pharmacy, &c. Should the candidate "grind" for the army and navy examinations, a fee varying from £10 10s. to £21 is, we believe, usual. Should the candidate perform operations on the subject as a practice, they will cost something extra. So that, assuming the extras or voluntary costs are incurred, the total will vary, say from £140 to £160 on a moderate scale.

This sum, or something like it, will secure to a pupil the advantage (?) of being "apprenticed" to a teacher, who will undertake all monetary responsibility for his education, and *may* be able to give him some special advantages as his own pupil at hospital, but the so-called apprenticeship is very generally a simple contract for the payment of fees, and involves but little of that special teaching which is due by a master to a true apprentice, and as it deprives the student of his independence in selecting the schools and hospitals which suit him best, we advise him not to be an apprentice unless he knows very well, indeed, the master to whom he entrusts himself. Most of the apprentice holders will accept payment by instalments.

#### DATES OF ENTRY IN IRELAND.

The entry of names and commencement of study in

Ireland is supposed to date from the 1st of October in each year, but the Session really does date from the 1st of November, and the entry of names may be delayed by the dilatory until the 15th of the same month, but it should be recollected that no credit is given for studies or attendances until the entry is regularly made.

The student begins work, attending hospital each morning at nine o'clock, and occupying his day from half-past eleven to five between lectures and discussions. His vacations are a fortnight at Christmas and a week at Easter, and he finally returns home at the end of July.

#### MEDICAL SCHOOLS AND HOSPITALS IN DUBLIN.

THE clinical hospitals of Dublin are ten in number, exclusive of the Cork Street Fever Hospital, two lying-in hospitals, two Ophthalmic hospitals, two Dental hospitals, the National Children's Hospital in Adelaide Road, and other special institutions. Some of the clinical hospitals, though they have no actual or official connection with any school, are in close affinity with certain teaching bodies, while others, again, are without any special connection with any school. While, however, such affiliation of a school or hospital may exist, it should be remembered that the Dublin schools and hospitals are open to all comers, and the student is competent to attend any hospital and any school he wishes.

Most of the Irish Licensing bodies require attendance on hospital for 27 months (*i.e.*, three winter sessions of 6 months, and three summers of 3 months) within the four years of study. The fee at all general hospitals is £8 for the winter, and for the summer £6.

*The Names of the Professors, Lecturers, and Hospital Staff of the following Hospitals and Schools are not included in this column, being found in the Advertisement of each Institution in another part of this Issue.*

THE SCHOOL OF PHYSIC is a medical school formed by an amalgamation of the Schools of Trinity College and of the College of Physicians. The School is governed jointly by the Provost and Senior Fellows of Trinity College, and by the President and Fellows of the College of Physicians, and is situated in the College Park. Some of the Professors in the school are *ex officio* medical officers of the Sir Patrick Dun's Hospital. The Arts students of the University have certain advantages in attending at the School, but it is freely accessible to all students, and the instruction provided occupies a high rank. In their junior sophister year medical students may drop languages out of their arts course and in their senior sophister year may drop any one of the other courses. Every student of the school must be matriculated by the Senior Lecturer, for which a fee of 5s. is payable, but he need not attend any of the Arts courses unless he desires to obtain a licence or degree in medicine or surgery. No student is permitted to matriculate unless he has passed the entrance examination in Arts in Trinity College, the preliminary examination of the Royal University of Ireland, of the Royal College of Surgeons in Ireland, or some other examination recognised by the General Medical Council. No student can be admitted for the Winter Courses after the 25th November.

Two Medical Scholarships are given annually in the School of Physic, value £20 per annum each, tenable for two years, the examinations for which are held each year in June, in the following subjects:—Anatomy and institutes of medicine, comparative anatomy, chemistry, materia medica, botany, and experimental physics. Three-fourths of the lectures must be attended, and a daily roll is called by each Professor.

THE ROYAL COLLEGE OF SURGEONS' SCHOOL OF SURGERY is attached by charter to the Royal College of Surgeons, and has existed as a department of the College for nearly a century. It is carried on within the College build-

ings, and is specially subject to the supervision and control of the Collegiate Council, who appoint the professors, and regulate the methods of teaching pursued in the school. By the order of the Council, and with the sanction of the Fellows of the College, the school has been recently enlarged, reconstructed, and fitted with the most approved appliances. The anatomical department has been completely remodelled, and a number of additional demonstrators have been appointed. The lighting and heating of the dissecting-room have received particular attention. A valuable series of permanent typical dissections have been placed in position round the room, in order that the student may be enabled to study the accurately displayed parts, and compare his own work therewith. A new laboratory has been constructed for the special accommodation of students in practical physiology. Each student is provided with a microscope, re-agents, and all other necessaries for making, staining, and mounting microscopic sections. He is, while so engaged, instructed in the minute anatomy of the tissues, and is enabled during the course to form and retain for his own use a complete cabinet of about one hundred typical specimens.

**THE CARMICHAEL COLLEGE OF MEDICINE.**—The school buildings are entirely new from their foundations, and the directors have provided all the most recent improvements, and to render every department fully adequate to the requirements of the most advanced teaching of medicine and surgery. The school is situated in immediate proximity to the Meath and Adelaide Hospitals, and is connected by its teachers not only with these hospitals, but also with the Richmond, Whitworth, and Hardwicke, the Rotunda, and the City of Dublin. The dissecting-rooms and the physiological laboratory are spacious, well ventilated, and admirably lighted, and are completely furnished with every requirement for the practical training of students in physiological and histological research. The bone room, in which bones, anatomical preparations, &c., are kept, and a students' reading-room has been added to the accommodation of the school. Two scholarships, the "Mayne" and the "Carmichael," each value £15, and prizes to the value of £97, on the foundation of the late Mr. Carmichael, are offered annually.

**THE LEDWICH SCHOOL** was founded in 1810 by the well-known Dr. Kirby, and since then has fully sustained its prestige. Its name was bestowed upon the school as a tribute of respect to the late T. H. Ledwich, who sacrificed a life in an unceasing effort to promote its welfare. It is situated in Peter Street, not five minutes' walk from the College of Surgeons, the Meath, St. Vincent's, Coombe Lying-in Hospital and Mercer's Hospital, and in the same street with the Adelaide Hospital and the Carmichael Medical School, and ten minutes' walk from the Catholic University School, the School of Physic, and the City of Dublin Hospital.

**THE CATHOLIC UNIVERSITY SCHOOL** is situated in Cecilia Street, Dame Street. Most of its Professors are physicians or surgeons of the Mater Misericordiae, St. Vincent's, or Jervis Street Hospitals, and its courses of study qualify for admission to all the licensing bodies. The University itself does not grant degrees in medicine or surgery, being as yet unchartered, but the School is instrumental in the education of a large proportion of the Catholic students of Ireland. The University grant an Exhibition of £20, a gold medal, value £7, and class prizes.

**Houses of residence for Students.**—The Rev. Dr. Egan, F.R.U.I., University College, 86 Stephen's Green, S., Dublin, has kindly promised to advise parents and guardians in the selection of houses of residence.

The hospitals most closely connected with this school are the Mater Misericordiae, in Eccles Street; St. Vincent's, in St. Stephen's Green; Jervis Street Hospital; and House of Industry Hospitals.

#### CLINICAL HOSPITALS.

**RICHMOND, WHITWORTH, AND HARDWICKE HOSPITALS.**—The accommodation of these hospitals is as follows:—Hardwicke Hospital, 120 beds; Whitworth Hospital, 82 beds; Richmond Hospital, 110 beds—total, 312 beds. They are Government Institutions, and under the supervision of the Lord Lieutenant. These hospitals are visited each morning at 9 o'clock by the physicians and surgeons, and in addition to the usual bedside instruction, clinical lectures are delivered on the most important cases. Special instruc-

tion is also given on various branches of medicine and surgery. The Truss Establishment, for the distribution of trusses to the ruptured poor of Ireland, is connected with these hospitals. There is a very large ophthalmic and aural dispensary, and the respective surgeons give instruction in these important subjects. Eight resident clinical clerks and dressers are appointed each half-year, and provided with furnished apartments, fuel, &c., &c. These appointments are open not only to advanced students, as formerly, but also to those who are qualified in medicine or surgery. A house-surgeon for the Richmond Hospital is elected biennially, and receives a salary. The Richmond Lunatic Asylum, containing 1,000 beds adjoins these hospitals. The Introductory will be given by Dr. Thornley Stoker.

**CITY OF DUBLIN HOSPITAL** is situated in Upper Baggot Street, about ten minutes' walk from the Royal College of Surgeons and Trinity College. There are special wards for ophthalmic and aural diseases, on which subjects a special course of lectures is delivered. There is a special ward for diseases of women, and a course of lectures given on diseases peculiar to women; there is also a ward exclusively for children. The Drummond wing is set apart for fever and other contagious diseases. Clinical assistants to the physicians and dressers to the surgeons are appointed from the most deserving of the class. A house-surgeon is elected annually, and medical and surgical pupils are appointed by examination.

**THE MEATH HOSPITAL**, which is also the public infirmary of the county of Dublin, containing 120 beds, and now in the 128th year of its existence, ranks among the oldest of the charitable institutions of Dublin. It is situated on the southern side of the city, upon about three acres of ground, formerly called "The Dean's Vineyard." The original Meath Hospital, situated on the Coombe, was opened in 1753. The foundation stone of the new Meath Hospital, on the Coombe (now the Coombe Lying-in Hospital) was laid out by Lord Brabazon, 10th October, 1870; this hospital was, in 1774, constituted the County Dublin Infirmary by Act of Parliament. The present building, in Heytesbury Street, was opened in 1822, since which time the building has undergone considerable enlargements and improvements. In 1830 the theatre for operations and lectures was erected. 1852-53 the Collis Wards were added as a memorial to Maurice Collis, twenty-five years surgeon to the hospital. In 1865 the "Smyly Ward," built for the special accommodation of children, was opened.

**THE ADELAIDE MEDICAL AND SURGICAL HOSPITALS** are in Peter Street, next door to the Ledwich School, and within a few minutes' walk of the Carmichael Medical College, the College of Surgeons, and Trinity College. From the 1st of October the physicians and surgeons visit the wards, and give instruction at the bedside at the advertised hours. There is a large detached fever hospital and also wards for infants and children. Operations are performed, except in cases of urgency, at 10 a.m. on Tuesdays and Thursdays. Special hours are devoted to clinical instruction in the diseases peculiar to women, and students are individually instructed in the use of the stethoscope, ophthalmoscope, laryngoscope, and microscope. Three resident pupils are selected half-yearly. Prize examinations, including examinations for the Hudson Scholarship, £30, and a gold medal, and a senior prize of £10, and a silver medal, are held at the termination of the session. The large dispensaries afford facilities for the study of eye, ear, throat, and cutaneous diseases, as well as of minor surgery and dentistry.

**SIR PATRICK DUN'S HOSPITAL** is situated on the south-eastern side of the city, and about half a mile from the University School of Physic. It was founded by the School of Physic Act in 1800, and is now governed by the directions laid down in that statute and in the School of Physic Amendment Act, 1867, and it is officered exclusively by the professors and examiners in that school. Formerly all University students were compelled to attend this hospital, which was a purely medical institution, but some years ago the obligation was removed, and the hospital was opened for surgical cases. It is now perfectly free to all students.

**MATER MISERICORDIÆ HOSPITAL.**—This is one of the largest and best provided hospitals in Dublin, and is in great measure under the management and patronage of the Catholic Hierarchy; it contains 230 beds; 60 beds are reserved for fever and other contagious diseases. A special course of lectures on fever will be given during the Session.

A ward has been assigned for the treatment of ophthalmic diseases in accordance with the requirements of the licensing bodies. The Leonard prizes, value of £30, will be given at the end of the winter season. The Introductory will be given on October 30th, by Dr. Murphy.

**MERCER'S HOSPITAL**, William Street, founded A.D. 1750.—This hospital, which is intimately associated with the Ledwich school, though it educates students of all schools, is situated in the centre of the metropolis, in the midst of a densely-crowded population, and its doors are opened at all hours for the reception of accidents and of acute cases. Dispensaries are held daily and are largely attended. Special instruction is given in cutaneous, infantile, gynaecological and ophthalmic diseases. From the large number of accidents which, from its position, come to the hospital, students are offered ample opportunities of rendering themselves familiar with the nature and treatment of disease in its various forms, and of attaining dexterity in the dressing and manual operations of minor surgery.

**ST. VINCENT'S HOSPITAL** was established in 1834 by the Sisters of Charity, some of whom had studied the system of the Parisian hospitals, after which it was modelled. The hospital has 160 beds constantly full, and each sister has charge of about twelve patients. In connection with it is the convalescent home at Linden Grove, Blackrock. The clinical instruction in medicine and surgery is given by Dr. Quinlan, Dr. Mapother, Dr. Cox, Dr. J. S. McArdle, and Surgeon-Major Tobin. A special ward for the treatment of the diseases of women has been opened under the care of Dr. J. A. Byrne, gynaecologist to the hospital. The ophthalmic department is conducted by Mr. D. Redmond. The resident officers consist of a house-surgeon and three resident pupils. The hospital is visited daily at 9 a.m., and patients are admitted at 10 a.m. Accidents and urgent cases, however are admitted at all hours. Special arrangements have been made to afford facilities to the students for the study of infective fevers.

**DR. STEEVENS'S HOSPITAL**, containing beds for 250 patients, is situated close to the Kingsbridge Terminus of the Great Southern and Western Railway, occupying a position in the centre of one of the busiest manufacturing districts of the city otherwise unprovided with medical institutions. Immediately adjoining is St. Patrick's (Swift's) Asylum for the Insane. There is accommodation for residence of two medical and six surgical pupils, besides whom the house-surgeon receives house pupils. The fees payable for the privilege of residence are twenty guineas, winter; fifteen guineas, summer, six months, which includes the fee for hospital practice for the corresponding terms, and the students in addition to their rooms and furniture are provided with coals and gas. The hospital is easily accessible by two lines of tramway, one of which terminates at the Kingsbridge station within one minute's walk of the hospital.

**JERVIS STREET HOSPITAL, DUBLIN**.—Jervis Street Hospital is the oldest established in Dublin. Founded in 1716, the demands on the charity rapidly outgrew its space, so that it was rebuilt on a much larger scale in Jervis Street in 1803. Again its accommodation failed to keep pace with the ever-increasing number of patients seeking its aid, and a new foundation was determined on. The new hospital will be publicly opened on the 29th September. It is one of the largest surgical hospitals in Ireland, and from its proximity to the quays and principal factories and the large railway depôts presents unrivalled opportunities for the study of every form of surgical injury. Resident pupils and dressers are selected from among the more attentive of the advanced students without the payment of any additional fee. Twelve interns are appointed annually, and are provided with apartments, &c., free of expense. Special certificates are given to the resident pupils and dressers who have performed their respective duties to the satisfaction of the physicians and surgeons. Gold and silver medals will be given after examination held at the close of the summer session. Certificates are recognised by all the licensing boards and examining bodies in the United Kingdom. Operation days Tuesday and Friday at 10 a.m. Instruction at the bedside will be given each morning from 8 till 11 a.m. The hon. secretary of the medical staff will forward a prospectus on application.

#### SPECIAL HOSPITALS.

The special hospitals of Dublin are the Rotunda, Coombe,

and Holles Street Lying-in Hospitals, Cork Street Fever Hospital, St. Mark's Ophthalmic Hospital, the National Eye and Ear Hospital, two Dental Hospitals, the Throat Hospital, and the Orthopaedic Hospital, the Childrens Hospitals in Adelaide Road and in Temple Street.

**THE ROTUNDA HOSPITAL**.—This is the largest and best Lying-in Hospital in the United Kingdom, is every year becoming more appreciated as a school of midwifery, and of late, more especially, as affording peculiar advantages both to the student and to the practitioner, for acquiring a thorough knowledge of gynaecology. It contains two distinct departments—viz., the lying-in hospital, into which some 1,200 cases of labour are admitted annually; and the hospital for the treatment of diseases peculiar to women, into which some 500 patients are now admitted during the course of the year. The present master, Dr. Macan, who was appointed in 1882, was previously well known as Lecturer on Midwifery in the Carmichael College, and Gynaecologist to the City of Dublin Hospital. There is a large extern maternity in connection with the hospital, 1,700 women being during the past year attended at their own homes. Every facility is afforded for the study of the special departments of medicine to which the hospital is devoted, and both students and midwives are granted a diploma on passing an examination. A clinical clerk, at a salary of £50 per annum, is appointed every six months from among the students who have attended the full course of instruction in the hospital. A considerable number of female pupils are also yearly trained as nurse tenders and midwives.

**COOMBE LYING-IN HOSPITAL**.—This hospital, which was rebuilt, considerably enlarged, and refurnished some years ago, contains 65 beds. It was founded in 1826 by Mrs. Boyle, and was incorporated by Royal Charter in 1867, thus enabling its medical officers to issue diplomas qualifying the holders to practise midwifery. This hospital is situated in the centre of a district densely populated by the lower orders, and thus affords the amplest opportunities for practice. It receives about 800 labour cases within its walls, while those attended as extern amount to more than 2,000 in number. Moreover, the chronic hospital for the reception of cases of the disease of females gives admission to about 200 patients annually. The fee for attendance is £3 8s. for six months as extern, and £18 18s. as internal pupil. During that period the student attends on given days and nights in each week, and takes charge in his turn of any case that may be admitted to the labour wards, or may call for his assistance outside. Two resident pupil midwifery assistantships and a clinical clerkship are obtainable half-yearly by all pupils who have obtained their midwifery diplomas from the hospital, and special certificates are given. Lectures are delivered in the hospital, and clinical instruction is given daily at the bedside. Clinical instruction is given daily by the master and his assistants. Nurses who take out the usual hospital course of six months, receive special instruction in midwifery, and can obtain their diplomas on the termination of the course.

**CORK STREET FEVER HOSPITAL AND HOUSE OF RECOVERY** is the only special Fever Hospital in Dublin. It contains 200 beds, and is supported mainly by an annual Government grant, supplemented by voluntary contributions. A certificate of attendance on fever being now required of candidates for the licence to practise medicine of the King and Queen's College of Physicians in Ireland, arrangements have been made whereby the exceptional advantages connected with this institution can be utilised for purposes of clinical teaching. All particulars may be obtained on application to the Registrar and Resident Medical Officer.

**DUBLIN ORTHOPÆDIC HOSPITAL**, Great Brunswick Street, containing 30 beds for the treatment of every class of deformities and the practice of orthopaedic surgery. The institution is under the management of Mr. Swan.

**NATIONAL ORTHOPÆDIC AND CHILDREN'S HOSPITAL** for the treatment of club-foot, contractions and distortions of the limbs, spinal and other bodily deformities, and all non-infectious diseases peculiar to children, 7 Adelaide Road, Dublin. The hospital, with which the Pitt Street Children's Hospital has been recently amalgamated, is capable of containing 30 beds, for the reception of cases of deformity and all other forms of surgical disease. There is a large general dispensary for extern patients held daily from 10 to 11.

**ST. MARK'S OPHTHALMIC HOSPITAL AND DISPENSARY FOR DISEASES OF THE EYE AND EAR.**—This hospital was founded by the late Sir William Wilde, and contains room for 50 beds. Clinical lectures are delivered on the mornings of Mondays, Tuesdays, Thursdays, and Fridays, at 11 o'clock, and operations are performed on Wednesdays and Saturdays at the same hour. In this hospital, which is the largest of its kind in Ireland, about 700 operations are annually performed.

**NATIONAL EYE AND EAR INFIRMARY, Molesworth Street.**—This hospital contains 26 beds. Clinical instruction in diseases of the eye, including the use of the ophthalmoscope, and a systematic course of lectures is given daily. Operations at 12 o'clock. Instruction in aural surgery is also given. The certificate in clinical ophthalmology from this hospital is recognised by the Board of T.C.D. Students may enter their names for the three months course any day from 1st October to 1st April.

**THE DENTAL HOSPITAL OF IRELAND, 29 York Street,** will re open for the new session on the first Monday in October. Courses of Lectures on special subjects required for the dental curriculum will be given at the hospital, viz., lectures on dental surgery, dental anatomy, mechanical dentistry, and metallurgy. Students will be admitted to these and to the practice of the hospital on the same conditions as are in force at the Dental Hospital of London. These conditions can be obtained from Mr. William Shea, the Hospital Registrar. In addition to the courses for the dental curriculum, the shorter courses for surgeons of three and six months hospital practice will be continued. In connection with the Dental Hospital has been opened the laboratory of the Hibernian Dental School. Here mechanical dentistry is taught on the open, or American system, each pupil is allotted his own bench, and every effort is made to assist and train him in mechanical dentistry. This laboratory is under the supervision of the Royal College of Surgeons in Ireland.

## II.—QUALIFICATION.

THE Medical Licensing Bodies of Ireland are five in number, and, as a rule, medical students gravitate into one or other of four classes:—*a.* Those who enter Trinity College, and take a full graduation in Arts in addition to their professional degrees. *b.* Those who take the Licence of the College of Surgeons with that of the College of Physicians or of the Apothecaries' Hall. *c.* Those who will take their qualifications at the new Royal Irish University, because graduation in Arts is not necessary in that institution. *d.* Those who pursue their studies in Ireland, but who, either to escape the extended course of study required in Ireland, or to save the consequent fees, or because they cannot pass the Irish examination, migrate to Edinburgh or Glasgow for their licences. Almost all these emigrants come from the Queen's Colleges, and the greater number of them from Belfast, while the Dublin students qualify, as a rule, in Dublin.

The Irish licensing bodies are as follows:—

### THE UNIVERSITY OF DUBLIN.

which grants the degrees of M.B. and B.Ch. to students who have obtained their Arts degree, and the higher degrees of M.D. and M.Ch. to those who have held for at least three years the grade of M.B. and B.Ch. It does not grant degrees to any but full graduates in Arts, consequently its degrees hold the highest rank of social and educational qualifications, and are sought for by those who look forward to occupying the best positions in the profession. But it grants a few Licences in Medicine and Surgery to candidates who have put in two years in Arts.

The expense of obtaining the degree of Bachelor in Medicine and Bachelor in Surgery in the University of Dublin is approximately as follows:—Lectures, £63 15s. 6d.; Hospitals, £44 2s.; Degree Fees, £31—£138 17s. 6d.

The expense of the degree of Bachelor in Arts, amounting altogether to £83 4s., should be added to the foregoing, making the total cost £222.

The University also grants a midwifery degree (M.A.O.) to its own medical graduates, at an additional fee of £5.

### QUALIFICATIONS FOR DEGREES AND LICENCES.

**Bachelor in Medicine.**—Candidates must be graduates in Arts, and may obtain the degree at the same commencement as the B.A., or at any subsequent one. The medical education of a Bachelor of Medicine is of four years' duration, and comprises the following lectures:—

**Winter Courses.**—Anatomy; physiology; practical anatomy; surgery; chemistry; practice of medicine; midwifery; heat, electricity, magnetism.

**Summer Courses.**—Botany; materia medica and pharmacy; practical histology; medical jurisprudence; comparative anatomy. Hospital attendance on a medico-surgical hospital during three courses of nine months each, with clinical lectures including actual attendance on fever; six months' practical midwifery; six months' dissections; and three months' laboratory instruction in chemistry are required. The courses may be attended in any recognised medical school. The fee for the *Licent ad Examinandum* is £5. The fee for the degree of M.B. is £11.

**Doctor in Medicine.**—A Doctor in Medicine must be M.B., or qualified to take that degree for three years. He must also read a thesis before the Regius Professor of Physic. Total Fee for this degree £13.

**Bachelor in Surgery** must be B.A., have spent four years in the study of surgery and anatomy, and passed the M.B. examination. The curriculum comprises the following, in addition to the course for the M.B.:—Theoretical and operative surgery, one course; dissection, two courses; ophthalmic surgery, one course. Candidates are required to perform operations on the dead subject. Fee for the *Licent ad Examinandum*, £5. Fee for the degree of Bachelor in Surgery, £5.

**Master in Surgery** must be a B.Ch. of three years' standing, and must read a thesis. For the degree of Master in Surgery, £11.

**Master in Obstetric Science.**—A Master in Obstetric Science must have passed the M.B. and B.Ch. Examinations, and produce certificates of having completed the following curriculum, in addition to the courses for M.B. and B.Ch. A Summer Course in obstetric medicine and surgery. Graduates of Medicine of M.D. standing are not required to attend this course. Fee for the degree of M.A.O., £5.

Candidates for the licence in medicine or surgery must be matriculated in medicine, and must have completed two years in Arts.

**Licentiate in Medicine.**—The course and examination are the same as for the M.B. An L.M. on proceeding to the degree of B.A., may become an M.B. on paying the fees without further examination. Fee for the *Licent ad Examinandum*, £5. Fee for the licence in medicine, £5.

**Licentiate in Surgery.**—The course and examination necessary for the licence in surgery is the same as for the degree of Bachelor in Surgery. Fee for the *Licent ad Examinandum*, £5. Fee for the licence in surgery, £5.

### THE ROYAL UNIVERSITY OF IRELAND.

This institution entered on its work as a licensing body in 1882. The degrees of the University are granted on one year's Arts, *i.e.* the matriculation examination of this University (none other will suffice) and a "first University examination" at the termination of the first year. The cost of the M.B. and M.Ch. of the University, with all the necessary curriculum, is about £69. The examinations are conducted not only in Dublin, but at certain local centres.

The University confers the following medical degrees: Bachelor of Medicine, M.B.; Doctor of Medicine, M.D.:



Master of Surgery, M.Ch.; Master of Obstetrics, M.A.O.; in Sanitary Science, a special diploma.

All degrees are open to persons of either sex. The examinations for women are held apart from those for men, but upon the same days.

The University examinations commence on the third Tuesday in September.

Candidates for any degree must have passed the Matriculation examination of the University. *Students from other Universities are included.*

#### THE MATRICULATION

examination is conducted not only in Dublin but at certain local centres selected by the Senate.

Every candidate must send in to the secretaries his name and address, and pay a fee of 10s.

The following are subjects:—

I. Latin. II. Any of the following languages:—Greek, French, German, Italian, Spanish, Celtic, Sanskrit, Hebrew, or Arabic. III. English language. IV. Elementary Mathematics. V. Experimental Physics.

Candidates for all degrees must pass the First University Examination.

The course for the degree of M.B., M.Ch., M.A.O., and the Diploma in Sanitary Science, extend over at least four years. Candidates will be required, in addition to the First University Examination, to pass the following Examinations:—*a.* First Professional Examination. *b.* Second Professional Examination. *c.* The Degree Examination. They may, however, pass the First University Examination at the same time as the First Professional Examination.

Students will be admitted to this Examination after one Academical year from Matriculation. Fee £1.

Candidates at this Examination will be required to answer in the following subjects:—

I. Latin. II. Any other of the following languages, viz.: Greek, French, German, Italian, Spanish, Celtic, Sanskrit, Hebrew, or Arabic. III. English language and literature. IV. Mathematics. V. Experimental Physics.

The first period of Medical Study shall comprise—*a.* Chemistry, six months; *b.* Practical Chemistry, three months in a chemical laboratory; *c.* Botany, with Herborization for practical study, and Zoology; *d.* Anatomy and Physiology; *e.* Practical Anatomy; *f.* Materia Medica. The second period—*a.* Anatomy and Physiology, including Practical Physiology and Histology; *b.* Practical Anatomy; Theory and Practice of Surgery; *d.* Midwifery and Diseases of Women, six months, and Vaccination; *e.* Theory and Practice of Medicine; *f.* Medical Jurisprudence and Mental Diseases.

Candidates are further required to have attended during the First period—Medico-Chirurgical Hospital, a winter of six months; and during the Second period—Practical Midwifery, Midwifery Hospital, six months, or six months at a Midwifery Dispensary where similar clinical instruction is given (the certificate must state that the candidate has attended at twenty labours); Medico-Chirurgical Hospital, eighteen months, including either three winters, or two winters and two summers.

Candidates must also before the Degree Examination produce certificates—(1) of personal attendance on fever cases; (2) of having compounded under an apothecary or pharmaceutical chemist for at least three months; (3) of instruction in vaccination; (4) of having attended for three months in a recognised Lunatic Asylum where clinical instruction on Mental Diseases is given.

#### FIRST UNIVERSITY EXAMINATION IN MEDICINE.

The Fee for this Examination is £1.

The subjects—*a.* Zoology; *b.* Botany; *c.* a Modern Language (French or German).

Candidates who have passed in a Modern Language at the ordinary First University Examination are exempt from presenting this subject.

#### SECOND UNIVERSITY EXAMINATION IN MEDICINE.

The second University Examination in Medicine comprises the following subjects:—Anatomy, Physiology, Materia Medica, and Chemistry. Before being admitted to this Examination each student must produce satisfactory evidence of having completed the course recommended for study during the first period. Fee £1.

#### EXAMINATION FOR THE M.B. DEGREE.

Fee £3. Each candidate must produce certificates of

having completed all the prescribed courses. The Examination comprises the subjects recommended for study during the second period, and includes Examination in Clinical Medicine and Clinical Surgery.

#### EXAMINATION FOR THE M.CH. DEGREE.

Conferred only on graduates of Medicine of the University. Fee £5. The examination comprises Theory and Practice of Surgery, including Operative and Clinical Surgery.

#### EXAMINATION FOR THE MASTER OF OBSTETRICS.

Conferred only on graduates in Medicine of the University. Fee £2. The Examination comprises Theory and Practice of Midwifery, and the use of obstetrical instruments and appliances.

#### EXAMINATION FOR THE DIPLOMA IN SANITARY SCIENCE.

Conferred only on graduates in Medicine of the University. Fee £2. The Examination will embrace the following subjects:—Climate, Chemistry, Geology, Physics, Vital Statistics, Hygiene, Sanitary Law. The Examination in Chemistry shall include a practical part on the chemical and microscopical examination of air, water, food, poisonous substances used in manufacture, &c. The Examination in Physics shall embrace the reading of plans, sections, scales, &c., in connection with buildings, sanitary constructions, &c.

#### EXAMINATION FOR THE M.D. DEGREE.

Fee £5. The degree of Doctor may be conferred on any candidate who has obtained the M.B., and has produced a certificate of having been for the last two years engaged in hospital or private medical or surgical practice, or in the military or naval medical service, provided that the candidate shall submit to the medical examiners a thesis composed by himself, and approved by them. No thesis will be approved which does not contain some original or personal observations in Practical Medicine, Surgery, Midwifery, or in some of the sciences embraced in the curriculum, or else a full digest and exposition of the opinions and researches of others on the subject selected by the candidate, accompanied by precise references to the publications quoted.

Candidates settled for a period of two years in the colonies or foreign countries may, on satisfying the Senate to that effect, and complying with the conditions above described, have the degree conferred upon them in absence.

Those candidates who were students in Medicine in the Queen's University at the date of its dissolution shall be entitled, if they so desire, to obtain the degree of M.D., instead of the degree of M.B., upon passing the Degree Examination.

#### THE ROYAL COLLEGE OF SURGEONS'

licence, or L.R.C.S.I., is universally sought for by those students who do not resort to a University. Great and important changes have been made in the system of granting these licences within the past three years. Henceforth every candidate must pass four professional examinations—one at the end of each year of study—as follows:—*a.* Preliminary scientific; *b.* Preliminary professional; *c.* Theoretical; *d.* Practical. The preliminary scientific (*a*) may be studied for at home; the other examinations involve teaching in a medical school. The College holds the only extra-university preliminary examination, save that of the Apothecaries Hall. It grants the higher qualification of Fellow, or F.R.C.S.I., to those who are specially qualified and specially examined for that diploma, and it also confers a midwifery diploma on examination by a special Court of Examiners.

We substitute the new scheme, compulsory upon all students who commenced their studies after July, 1882, for the old regulations (which may be found in the Irish Medical Directory).

We call the special attention of students who intend taking the L.R.C.S.I. to the fact that for the future they *must* pass their preliminary examination and register themselves at the Branch Medical Council, 35 Dawson Street, within fifteen days of the time at which they enter on medical study, otherwise their lecture and hospital certificates for courses commenced before they have done so will not count.

The Matriculation Examination of the Royal University and the pass in all the requisite subjects at the Intermediate Examination are now recognised as equivalent preliminary examinations.

*Attendance on Lectures &c.—Abstract of the Ordinance of the Council.*—Winter courses shall consist of not less than 50 Lectures, and Summer not less than 30 Lectures.

No Lecture Certificate shall be received unless the number of attendances certified thereon shall be at least three-fourths of these numbers. As regards Hospital, the number of daily attendances certified shall be not less than 80 for Winter, and 40 for Summer. The Courses of Medical Study required for each examination shall be set forth in a "Schedule." The Lectures and the Registrars of Hospitals shall sign a declaration upon such Schedule that the entries therein are correct.

*Fees Payable for the L.R.C.S.I. (exclusive of Midwifery Hospital).*—Total for Lectures, £63. Twenty-seven months Hospital, £37 16s. Fees on Examinations (£5 5s. on Matriculation, and £5 5s. for each of the four Annual Examinations) £25 5s. Total, £127 1s.

Every candidate shall produce evidence—1. Of having before entering on medical studies, passed the preliminary examination of the College, or an equivalent examination in general education, recognised by the General Medical Council; and 2. Of having been registered by that Council as a student in medicine. Certificates of medical study will not be recognised by the College if the date of commencement of the course to which the certificate refers is more than fifteen days prior to such registration.

This College recognises as the commencement of professional study:—1. Attendance on the practice of a hospital or other public institution recognised by the College for that purpose; or, 2. Instruction as pupil of a legally qualified surgeon, holding the appointment of surgeon to a hospital, general dispensary, or union workhouse, or where such opportunities of practical instruction are afforded as shall be satisfactory to the Council; or 3. Attendance on lectures on anatomy, physiology, or chemistry, by lecturers recognised by this College.

The letters testimonial of the College shall not be granted to any candidate at an earlier period than forty-five months subsequent to his registration as a medical student; or to anyone who has not attained the age of twenty-one years.

*Matriculation as Pupils of the College.*—Any student may be registered as a pupil in the College books on payment of a matriculation fee of £5 5s., for which credit will be given subsequently in his examination fee. No student can be admitted as a candidate to examination until he shall have been so enrolled and passed the preliminary examination.

*Examinations.*—Every candidate must pass a preliminary examination, and four professional examinations. Candidates who possess a diploma or degree in either medicine or surgery, or who have passed a sufficient examination in these subjects, may be exempted from compliance with this rule.

Candidates must return their names, fees, and certificates 14 days before examination.

*Preliminary Education.*—All students must pass their preliminary examination before entering upon their professional studies.

The preliminary examinations are held quarterly, viz., on the third Wednesday in January, July, and October, in the following subjects, with permission to the student to select French, German, or Greek:—1. English language, including grammar and composition; 2. Latin, including grammar, translation from specified authors; and translation of easy passages not taken from such authors; 3. Elements of mathematics, comprising (a) Arithmetic, including vulgar and decimal fractions; (b) Algebra, including simple equations; (c) Geometry, including the first book of Euclid, with easy questions on the subject matter of the same; 4. Elementary mechanics of solids and fluids, comprising the elements of statics, dynamics, and hydrostatics; 5. Physics, as may be found in Ganot's Popular Natural Philosophy. The examination in physics may be passed either at the preliminary or the first professional examination.

*Alternative subjects*—one to be selected by the student:—1. Greek—the Gospel of St. John, or the First Book of Xenophon's Anabasis, or the Dialogue of Lucian, entitled "Menippus, or the Necromancy;" 2. French—Fénélon's "Télémaque;" 3. German—Schiller's "Wilhelm Tell."

*Fees.*—Registered pupils of the College free. Non-registered pupils, £1 1s. Rejected candidates, whether registered pupils or not, shall pay a further fee of £1 1s. for each re-examination.

*Professional Examinations.*—The first, second, and third professional examinations shall be held in the July and October of each year. Should the student fail to pass in July he may present himself at the examination held in October.

The examination of each year must be passed before a new session can be entered on.

*First Professional Examination.*—Candidates must, before admission to the first preliminary examination, produce evidence of having passed the preliminary examination, and of having been registered as students.

Candidates are recommended to attend a course of lectures on practical anatomy, and one on chemistry, before this examination.

The examination shall include the following subjects, viz.:—1. Physic, if not passed at the preliminary examination; 2. The elements of chemistry, as may be found in Roscoe's Lessons in Elementary Chemistry, from chap. i. to xiii., inclusive; 3. Botany, as may be found in Oliver's Lessons in Botany, Part I., with descriptions of the following plants:—The buttercup, poppy, pea, strawberry, foxglove, and dandelion; 4. Anatomy—human osteology; 5. Practical Pharmacy—elementary.

*Fees.*—The fee for this examination shall be £5 5s., in addition to the registration fee of £5 5s. Neither of these fees shall be returned in case of rejection, but the candidate on paying an additional sum of £2 2s. shall be admitted to re-examination.

*Second Professional Examination.*—Candidates must produce evidence of having passed the first professional examination, also certificates of having subsequently attended: Hospital, nine months; Winter Courses: Practical anatomy, with demonstrations and dissections; physiology; surgery; chemistry (unless attended in first year); Summer Courses, three months: practical chemistry, practical physiology, and materia medica.

*Fees.*—The fee for this examination shall be £5 5s. Candidates who are rejected will be admitted to re-examination on paying an additional fee of £2 2s.

Candidates shall be examined in: 1. Anatomy—bones, joints, muscles, and topographical anatomy of the viscera of the chest, abdomen, and pelvis; 2. Histology, and the physiology of the circulatory, respiratory, and digestive systems; 3. Surgery—the signs, terminations and treatment of inflammation, wounds, hæmorrhage, burns, and scalds, ulcers, and bandaging; 4. Chemistry; 5. Materia medica.

*Third Professional Examination.*—Candidates must produce evidence of having passed the second examination; also certificates of hospital; nine months as an extern pupil, or six months as a resident pupil. Winter Courses: Demonstrations and dissections, practical anatomy (unless attended in the first year), surgery, medicine. Summer Course, three months: Medical jurisprudence.

*Fees.*—The fee for this examination shall be £5 5s.; and for re-examination, if rejected, £2 2s.

Candidates shall be examined in: 1. Anatomy; 2. Physiology; 3. Surgery, not including operative, clinical, and ophthalmic surgery, which are reserved for the final professional examination.

*Fourth, and final, Professional Examination.*—The fourth examination shall be held in July and October, and in the following April. Candidates must produce evidence of having passed the third examination; also of having attended hospital nine months as extern pupils, or six months as resident pupils, unless a certificate to that effect has been accepted in the third year. Winter Courses: Dissections and demonstrations; midwifery, a midwifery hospital, or maternity, for six months, and of having been present at thirty labours. (May be attended in the third or fourth year, winter or summer.) Operative surgery. Practical instruction in vaccination. (May be attended at any time after registration.)

*Fees.*—The fee for this examination shall be £5 5s.; and £2 2s. for re-examination, if rejected.

Candidates shall be examined in: 1. Surgery, clinical, ophthalmic, and operative, with surgical anatomy; 2. Medicine; 3. Midwifery and diseases of women; 4. Medical jurisprudence.

THE KING AND QUEEN'S COLLEGE OF  
PHYSICIANS

grants its licence, L.K.Q.C.P.—the usual medical qualification of the Irish student—which is almost always taken by the young surgeon immediately after his passing at the College of Surgeons, and for it the same curriculum of study is sufficient. The College in 1878 established a higher qualification of "Member," for which there is a special examination, and there is also the still higher grade of Fellow of the College, to which admission is by ballot, without examination or curriculum.

The cost of obtaining the L.R.C.S.I., with the L.K.Q.C.P.I., and the Licence in Midwifery, is nearly as possible as follows:—

Lectures, &c. . . . .	£65	0	0
Hospital . . . . .	37	16	0
Diploma fees, L.R.C.S. . . . .	26	5	0
Diploma fees, L.K.Q.C.P. and Lic. Mid. . . . .	16	16	0
	£145	17	0

A certificate of study in vaccination is now required. A course of attendance at a midwifery hospital is required or the midwifery diploma. With these additions, the total expense of the Dublin double diploma may be set down at £155.

THE MEMBERSHIP OF THE KING AND QUEEN'S COLLEGE  
OF PHYSICIANS.

II.—Members alone are eligible to the Fellowship. They have the use of the reading rooms and library.

III.—Licentiates admitted before December 12th, 1878, are entitled to be admitted Members on the College without payment or examination, or giving six weeks' notice, in writing, to the Registrar.

IV.—Every candidate for membership must produce evidence—1. Of being 25 years of age. 2. Of being a licentiate of the College for three years at least; or, a licentiate of one year's standing, if also a graduate of arts; or a licentiate of one year's standing, if also a registered practitioner of seven years' standing at the time of his obtaining the licence. 3. Of professional conduct and moral character. 4. That he is not engaged in trade; and that he does not dispense medicine, or make any engagement with a chemist or any other person for the supply of medicine; nor practice medicine or surgery in partnership, by deed or otherwise. (Candidates for the membership by examination must, in addition to the above show proof as follows):—5. Of having been for six months resident physician, or resident pupil, in a recognised hospital; or for same period as clinical clerk in the medical wards, or in medical charge for at least twelve months, of any public institution for the treatment of the sick. 6. Of having paid the fee of 20 guineas.

V. Every candidate must pass examination in the following subjects:—1. Principles of Medicine, including Pathology, Medical Anatomy, and Medical Chemistry. 2. Practice of Medicine, including Principles of Public Health. 3. Clinical Medicine.

*Oral Examination.*—This examination includes the investigation of morbid specimens, the qualitative analysis of animal products, the detection of poisons, and the use of the microscope.

LICENCES IN MEDICINE AND MIDWIFERY.

I.—Examinations for either licences of the College in medicine and midwifery are held in the week following the first Friday in each month, except August and September.

II.—Every candidate for either licence must return his name to the registrar, and lodge his certificate, bank receipt of fees, and his schedule, at least *four* days before the first Friday in each month.

THE L.K.Q.C.P.I.

Every candidate is required to produce satisfactory evidence—

1. Of character, from a Fellow of the College, or from two registered practitioners.

2. Of having passed an examination in general education held by some of the recognised examining bodies.

3. Of having been engaged four years in the study of medicine.

4. Of having attended lectures on the following subjects at recognised schools:

Practical Anatomy, two courses. Physiology or Institutes of Medicine, one course. Chemistry, one course. Practical Chemistry, one course. Materia Medica, one course. Medical Jurisprudence, one course. Practice of Medicine and Pathology, one course. Surgery, one course. Midwifery, one course.

5. Of twenty-seven months' attendance at a recognised medico-surgical hospital, in which clinical lectures and clinical instruction in medicine are given, the attendance not to be for more than nine months in any one year, and of having for not less than three months studied fever in a recognised clinical hospital containing fever wards, and recorded, from daily personal observation, at least five cases of fever to the satisfaction of the attending clinical physician, as attested by his signature. The word "fever" includes the following diseases only, viz.:—Typhus, typhoid or enteric fever, scarlet fever, small-pox, measles.

6. Of having attended practical midwifery and diseases of women for six months at a recognised lying-in hospital or maternity; or, where such hospital attendance cannot have been obtained during any part of the student's course of study, of having been engaged in practical midwifery under the supervision of a registered practitioner holding public appointments, not less than twenty labour cases to be actually attended.

7. Of having discharged the duties of medical clinical clerk during six months, or of having taken notes, to the satisfaction of the physician in charge of the case, and certified under his hand, of at least six separate medical cases—including different varieties of acute and chronic disease—in the wards of a recognised hospital; and of having attended, during the whole period of his attendance on hospital practice, demonstrations in the *post mortem* room of a recognised hospital.

III.—The professional examination is divided into two parts—

First part—Anatomy, physiology, practical histology, chemistry, and materia medica.

Second part—Practice of medicine, clinical medicine, pathology, medical jurisprudence, midwifery, hygiene, and therapeutics.

IV.—Any registered practitioner of *five* years' standing shall be admitted to examination for the licence of the College, on producing his certificate of registration, with satisfactory reference, and shall have the privilege of being exempted from the examination by printed questions.

THE LICENCE IN MIDWIFERY.

Candidates for the licence in midwifery who are not licentiates in medicine may be admitted to examination on the following qualifications:—

(1) The degree or licence from any University or College in the United Kingdom; (2) Testimonials as to character; (3) Certificates of having attended (a) a course of lectures on midwifery in a school recognised by the College; (b) practical midwifery and diseases of women, for six months, at a lying-in hospital, or maternity, recognised by the College; or, where such hospital attendance cannot have been obtained during any period of the candidate's course of study, of having been engaged in practical midwifery under the supervision of a registered practitioner holding a public medical appointment, the certificate in each case to state that not less than twenty labour cases have been actually attended.

Candidates who are already licentiates in medicine of the College, or who have passed the examination for such licence, may be admitted to examination for the licence in midwifery on lodging their fees, and signifying their

wish to the registrar a week at least before such examination.

Any registered practitioner of *five years' standing* shall be admitted to examination for the licence in midwifery on producing his certificate of registration, with satisfactory reference; and he shall have the privilege of being exempted from the examination by printed questions.

#### A CERTIFICATE IN SANITARY SCIENCE

is granted to licentiates of the College, or other registered medical practitioners, who shall pass an examination in the following subjects—viz., *ætiology and prevention of disease, sanitary law and engineering, chemistry, vital statistics, and meteorology with climatology.*

Examinations for this certificate are held on the Thursday following the first Friday of January, April, July, and October, and at such other times as the President shall appoint.

Every candidate for the certificate must return his name to the registrar a week before examination, and lodge a testimonial of character from a fellow or member of a recognised College.

#### FEES FOR LICENCES AND EXAMINATIONS.

Licence in medicine, 15 guineas, which may be divided as follows: For examination at the termination of the first period of study, 5 guineas. For final examination for the licence, 10 guineas.

N.B.—The fee for the licence to graduates in Medicine and Arts of any University in the United Kingdom—*five guineas.*

Licence in midwifery, 3 guineas.

Fee for examination for the licences in medicine and midwifery, if obtained within the interval of a month, 16 guineas—to be lodged in one sum.

Fee for special examination for the licence in medicine, 20 guineas.

Fee for special examination for the licence in midwifery, 5 guineas.

Fee for the certificate in sanitary science, in the case of Licentiates in Medicine of the College, 5 guineas, for other candidates, 10 guineas.

#### THE IRISH APOTHECARIES' COMPANY

grants a registrable licence (L.A.H.), which is accepted by the Local Government Board and by the Army and Naval Boards as a medical qualification, and which, in addition, entitles the holder to keep open shop and sell drugs in Ireland. It is taken in lieu of the licence of the College of Physicians by students to whom the money cost of their qualification is vitally important, or who intend to open an establishment in some of the provincial towns for the dispensing of medicines. The cost of the L.A.H., with the necessary curriculum of study, is about £59, that of the L.R.C.S.I., combined with the L.A.H. and with a licence in midwifery, is about £130.

#### THE ARTS EXAMINATIONS.

The Apothecaries' Hall does not hold a Preliminary Arts Examination, but accepts the Certificate in Arts granted by all bodies recognised by the Medical Council, and also the Certificates in Arts of the Intermediate Examination Boards in Ireland, provided the subjects of examination are the same as those required by the General Medical Council.

#### THE PROFESSIONAL EXAMINATION.

The examination for the Licence is divided into three parts. They commence on the first Monday in January, April, July, and October, and are conducted by *printed papers and orally.*

First part on the first Monday in the respective months, at eleven o'clock a.m., and on the Tuesday succeeding at the same hour. Subjects—*Materia Medica and Pharmacy, including compounding and dispensing, Monday. Chemistry, including the rudiments of Light, Heat, and Electricity; Medical Botany, Structure and*

*Functions of Plants and classification; the Elements of Biology and Human Osteology, Tuesday.*

Second Part: Subjects—Anatomy, practical and descriptive; Physiology, theoretical and practical; Histology and Microscopic Anatomy, *second Monday* in the month. Pathology, including Morbid Anatomy; Regional Anatomy; Practical Chemistry in a Laboratory; Vaccination, *second Tuesday.*

Third Part: Subjects—Medicine (principles and practice); Surgery (principles of, and *minor Surgery*), *third Monday.* Midwifery and Diseases of Women and Children; and General Therapeutics, *third Tuesday.* Forensic Medicine; Mental Disease; and Hygiene, *third Wednesday.* Clinical Medicine and Surgery, *Thursday.*

Candidates must give seven days' notice, and lodge Certificates, and the Fees, with Mr. Wright, at the Hall, Mary Street.

Candidates are eligible for the *First Part* at the end of *second year* of study; and for the *Second Part* at the end of the *third year*; and for the *Final* after the completion of study.

FEES.—The Fee for every examination and re-examination is Two Guineas; half to be returned in case of failure. Ten Shillings is the charge for "the Licence of the Hall."

Candidates who have entered upon their studies prior to 1st of October, 1884, will be admitted to examination on the regulations previously in force, but the Candidate must, in future, pay the fees above.

Rejected Candidates are remitted to their studies for *three months* in the case of the two first Parts; and for *six months* in case of rejection at the Final Examination.

M.D.'s of a University, Licentiates of a College of Physicians or Surgeons, who have also spent twelve months at *practical Pharmacy*, with a duly qualified Apothecary or a Registered Medical Practitioner holding a public Medical Appointment, may obtain the Licence by undergoing an Examination—the former two in Pharmacy, and the latter in Medicine and Pharmacy.

#### THE PHARMACEUTICAL SOCIETY OF IRELAND.

The above Society was instituted by the Pharmacy Act (Ireland) in 1875, 38 & 39 Vict., cap. 57. The pharmaceutical chemist is not allowed to prescribe. In this respect he differs from the apothecary. All persons who keep open shops for compounding prescriptions must hold the licence of the Pharmaceutical Society or the Apothecaries' Hall. Pharmaceutical chemists under the Act are entitled to hold the office of apothecary to district lunatic asylums, county gaols, and, by a recent order of the Local Government Board, may also hold workhouses and dispensaries. The Society, according to their calendar, which was corrected to the 31st December, 1883, had 234 licentiates.

The following are the Regulations for Candidates for the Qualification of Pharmaceutical Chemist:—

#### PRELIMINARY EXAMINATION.

Subjects of Examination: Latin, to translate into English, and parse, *Cæsar, First Book, or Æneid, First Book.* English, to write on a subject selected by Examiner, and from dictation. Arithmetic, to end of decimals, and to describe weights and measures of the Pharmacopœia, and of the Metric System. Chemistry and Botany, *Reynold's Experimental Chemistry, Part I., and Browne's Botany—Elementary Science Manuals.*

Candidates must not be under sixteen.

Fee £2 2s.

Preliminary Examinations are held on the first Mondays of January, April, July, and October. Other recognised Preliminary Examinations are accepted.

#### PHARMACEUTICAL EXAMINATION.

Candidates must have attained the age of twenty-one years, and must have been practically engaged in compounding for at least two years, in the establishment of

a Pharmaceutical Chemist or Apothecary. Examinations are held on the first Wednesday of January, April, July, and October. Subject of Examination: Botany, Materia Medica, General and Pharmaceutical Chemistry, Practical Pharmacy.

Fee Five Guineas.

Addendum to Regulations.—Candidates must forward a Certificate in Practical Chemistry, of three months' duration, in a school laboratory; and that they have been present on at least three-fourths of the working days of said Course.

### THE QUEEN'S COLLEGES, BELFAST, CORK, AND GALWAY.

THESE three important academic institutions were the special schools of the Queen's University. They have ceased to have any such relation to a central examining body, but educate students for all colleges and degrees, and are maintained, as hitherto, by a handsome Government grant. The same curriculum as that heretofore adopted will be continued. The various exhibitions and scholarships will still be available. Each college has the disposal of about £450 per annum in scholarships. The curriculum is generally well adapted for preparation for the new university examinations. The Colleges are well adapted for high-class technical education, having lecture-rooms provided with every appliance necessary in the modern training of a medical student. The great want in the Colleges of Cork and Galway is a summer session. This necessitates the loss to the student each year of three available working months, and deprives him of his practical hospital work in the summer session, both general and special. The courses of lectures in the winter session must be diligently attended, no student obtaining a certificate who has not put in two-thirds of a course. The winter session commences on November 1st, and ends May 31st. The scholarship examinations are held in October. A detail of the prizes and exhibitions in arts and medicines, the names of the professors, and other information, will be found in the advertisements of this issue, and full details may be had on application to—

*Belfast.*—John Purser, M.A., Registrar.

*Cork.*—Alexander Jack, M.A.

*Galway.*—Edward Townsend, M.A.

### TECHNICAL EDUCATION FOR IRELAND.

ROYAL COLLEGE OF SCIENCE, STEPHEN'S GREEN, DUBLIN.

THIS College supplies a complete course of instruction in science, applicable to the industrial arts, especially those which may be classed broadly under the heads of Chemical manufactures, Mining and Engineering. A diploma of Associate of the College is granted at the end of the three years' course. There are four Royal scholarships of the value of £50 each yearly, with free education, including laboratory instruction, tenable for two years. Two become vacant each year. They are competed for by the associate students with certain restrictions at the end of the first year. The chemical, physical, and biological laboratories and drawing school are open daily for practical instruction. The session commences on Monday, October 5th.

### DENTAL LICENCES.

THE Council of the Irish College of Surgeons has recently adopted and promulgated the following code of regulations. In future the candidate will not be examined except they show a defined course of study or are admitted by the College after a special investigation of their claim to come in *sine curriculo*.

"Every candidate who is not thus admitted must be registered by the General Medical Council as a student, and pass a preliminary and three professional examinations.

"The preliminary examination of the candidate shall be the same as that for the letters testimonial.

"The professional examination of each year must be passed before a new session can be entered on.

"The subjects and order of the first professional examination are identical with those of the second professional examination for the surgical licence of the College (*See above*). The fee for this examination shall be £5 5s.

"The candidate is required, before admission to the second professional examination, to produce evidence of having passed the first professional examination, also certificates of having subsequently attended surgical department of a general hospital nine months. Winter courses: Demonstrations and dissections, practical anatomy, surgery, medicine.

"The subjects and order of the second professional examination shall be identical with those of the third professional examination for the surgical licence of the College. The fee for this examination shall be £5 5s.

"For the third and final professional examination the candidate is required to produce evidence of having attended on dental surgery and pathology and dental mechanics, each two courses; dental anatomy and physiology and dental metallurgy, one course. Of having attended for two years a dental hospital. Of having served for at least two years in a public dental laboratory, or three years under the instruction of a registered dentist.

"The candidate holding a diploma in surgery shall produce one course of each of the dental subjects, half the hospital attendance, and half the laboratory work.

"The fee for the final examination for licentiates in surgery of the College and for dental students, £7 7s. For candidates holding a surgical diploma other than that of the College, £12 12s.

"The subjects of examination are—1. Dental surgery. 2. Dental mechanics. 3. Dental anatomy and physiology. 4. Metallurgy and physics.

"EXAMINATIONS *sine curriculo*.—Candidates who were in practice before 1878, whose names are on the Dental Register, may be admitted to examination if they shall fill in the schedule of application as follows:—

"1. The name, age, and address.

"2. A certificate of his moral and professional character, signed by two registered medical practitioners and by two registered dentists.

"3. The date of his commencing practice, and whether such practice has been carried on in conjunction with any other business, and if so, with what business?

"4. Any certificate he may have of general education, or degree in arts or medicine.

"5. The particulars of professional education.

"The fee for this examination shall be £21.

"Candidates who have been admitted by curriculum to the licence in dentistry can, by an additional year's study, obtain all the certificates required for the letters testimonial of the Royal College of Surgeons."

NOTE.—Our advertising columns, of which an index will be found at the end of the editorial matter, will supply further information, with the names of the staff, &c., attached to the foregoing schools.

### INTRODUCTORY LECTURES IN THE DUBLIN SCHOOLS AND HOSPITALS.

Royal College of Surgeons—Dr. Hamilton, October 26, at 1 p.m.

University School of Physic—None.

Catholic University School—None.

Ledwich School—None.

Carmichael School—None.

Richmond Hospital—None.

Meath Hospital—Dr. Foot, November 2, at 10 a.m.

City of Dublin Hospital—None.

Adelaide Hospital—No information.

Mercer's Hospital—None.

Mater Misericordiae Hospital—Dr. Murphy, October 30, at 11 a.m.

St. Vincent's Hospital—Dr. Cox, October 26, at 11 a.m.

Jervis Street Hospital—None.

Steevens's Hospital—None.

Rotunda Hospital—None.

Coombe Hospital—None.

St. Mark's Hospital—None.

Sir P. Dun's Hospital—None.



## Scotland.

IN a few days the portals of our educational institutions will be opened. A considerable percentage of the young men of the country will be thrown into a state of commotion and perplexity as to their equipment for the battle of life. Anxious parents will be conning over university calendars, "Student's numbers," and corporation prospectuses, in order to determine how a portion of possibly hard-earned savings may be best invested in the interests of their sons, and the representatives of various colleges and schools, will not fail to indulge in honeyed phrases and flattering prospects. Before now, however, we have known the public Syren of the commencement of medical study to be transformed into the private Cassandra at the end of it. There can be no doubt that the profession of medicine is overcrowded in common with other avocations in life; but as human beings multiply at such a ratio, some walk in life has to be selected be the consequences what they may.

Scotland has long taken a prominent and, comparatively speaking, a greater share in the education of medical men than any other portion of the kingdom. The following circumstances seem to determine this. Her universities and extra-mural institutions are in more close relationship with the great bulk of the people than those of any other part of the kingdom, from the fact that a professional education can here be acquired at a cheaper rate. So far this is a matter for national congratulation, as learning has thus been diffused, and men have risen from the humblest walks of life who have shed lustre on the three professions, and have benefited their race and age accordingly. While we thus accord credit to the universities of Scotland and to the gentlemen who represent "the finest profession in the world," we must not be understood as maintaining that a condition of educational perfection has been attained to. In learning as in everything else there is no inertia, and its various institutions must accommodate themselves to the wants of the age, and be made subservient to the greater good of science, no less than to the greater good of the people. When any system has become effete, the best law that can be enacted with regard to it is its abrogation. Hence many of the best laws upon the statute-book of our country are those repealing previous pernicious and unjust ones. When the universities of Scotland were established, the population of the country was not a third of what it is now, and many other avenues in life were open to the enterprise and ambition of her youth, the consequence being that so few presented themselves at the universities, that lecturers had to be appointed by the Crown, receiving a salary, on condition of their teaching gratuitously. From this has sprung the clamant abuses now chargeable against these institutions, for gradually the "regents" disappeared, their right to teach was lost from disuetude, and step by step those who received grants from the Crown in order that they should teach gratuitously began to charge students, and to such a pitch has this abuse arisen in these times, that one such is enabled to make an income of £4,000 out of six months' work of one or two hours daily.

What is now contended is that the right to impart

knowledge is inalienable in every properly educated graduate, that if so inclined he has a perfect right to make it a marketable commodity; and that it is neither for the public weal nor calculated to advance science that the Crown should set aside a few favoured individuals from whom alone knowledge qualifying for graduation is to be obtained. On these points our present limits do not allow us to dilate. And we will content ourselves with the following quotations from that illustrious Scotchman, Adam Smith, in a letter written to the no less illustrious Cullen in 1774:—"When a man has learned his lesson very well, it surely can be of little importance where or from whom he has learnt it. \* \* \* Monopolists very seldom make good work, and a lecture which a certain number of students must attend whether they profit by it or no is certainly not very likely to be a good one. \* \* \* I have satisfied myself that the present state of degradation and contempt into which the greater part of these societies (universities) have fallen in almost every part of Europe arises principally, first from the large salaries which in several universities are given to professors, and which render them altogether independent of their diligence, &c."

It is significant of the long life of national abuses that it is over a hundred years since these weighty and wise words were written, and that the power of the universities is as strong as ever, and the heel of academic oppression presses as grievously as ever on the unsanctified man of science.

All the faults and shortcomings of the universities notwithstanding (and they are not viewed as such by students), university education is becoming popular in Scotland, and extra-mural teaching is now suffering to a corresponding degree. The reasons are obvious. By recent enactments on the part of the corporations, if a student desires a double qualification, he must possess himself of three licences, and the cost of these is greater than that of a double qualification from the universities. There is the further advantage from the point of view of the student, he is being taught by teachers who will examine him for his degrees, and who are thus not likely to "pluck" him, more especially if he take the supplementary "practical class." These regulations have struck a serious blow at extra-mural teaching.

### THE UNIVERSITIES.

THE fees for the degrees in all four of the Scotch Universities are the same—viz., £15 15s. (£5 5s. being payable at each of the three examinations), C.M. £5 5s. (in addition to the fees of M.B.), M.D. £5 5s. (in addition to the fees of M.B.), and £10 for Government stamp.

### UNIVERSITY OF EDINBURGH.

This is a qualifying and teaching body, and has complete Faculties of Arts, Theology, and Law, equally with Medicine. Prior to commencing medical studies the student must pass a preliminary examination.

*Subjects of Examination from October, 1885, to March, 1886, both inclusive.*—1. English: The examination will include—(1.) Writing a passage of English from dictation; (2.) English composition with the correction of sentences of bad English; (3.) Questions in English grammar, with analysis of sentences and the derivation and definition of some common English words; (4.) Questions in geography and history, especially in the history of the British Islands and of English literature. 2. Latin: For October, 1885, and March, 1886, Livy, book xxii. An easy passage from a Latin



prose author, and a single passage of English (translated from a Latin author) to be re-translated into Latin—the more difficult Latin words being given. 3. Arithmetic: The common rules, including vulgar and decimal fractions. 4. Elements of Mathematics: Geometry, Euclid, books i., ii., and iii., or Wilson's "Elementary Geometry," books i., ii., iii. The elementary rules of algebra, including simple equations. A knowledge of geometry alone or of algebra alone will not be sufficient. 5. Elements of Dynamics (Mechanics): Elementary kinematics, statics, kinetics, and hydrostatics. Text Book: Blaikie's "Elements of Dynamics."

No candidate shall be admitted to a professional examination who has not passed a satisfactory examination on at least two optional subjects in addition to the subjects mentioned above. 1. Greek: For October, 1885, and March, 1886, Xenophon, "Cyropaedia," book v. 2. French: For October, 1885, and March, 1886, A. Dumas, "La Tulipe noire," chaps. i.-xv. 3. German: For October, 1885, and March, 1886, M. Homann, "Deutsche Märchen," i.-xii. 4. Higher Mathematics: Geometry, Euclid, books i.-iv., book vi., and the propositions of book xi., usually given in the modern editions, or Wilson's "Elementary Geometry," books i., ii., iii., v., and Wilson's "Solid Geometry and Conic Sections," book iv., section 1—Algebra, elementary trigonometry, and conic sections. Text Book for conic sections, Wilson's "Solid Geometry and Conic Sections," book v. 5. Natural Philosophy: Text Book recommended—Balfour Stewart's "Elementary Physics." 6. Logic. For October, 1885, and March, 1886, either Fowler's "Deductive Logic, Intro.," parts i., ii. (chap. i.-iv. and vii., viii.), iii. (chap. i., ii., iii., and viii.), and "Inductive Logic," chap. i., ii. (secs. 1 and 2), iii., iv.; or Prof. Campbell Fraser's "Selections from Berkeley," Editor's "Introduction" and "Principles of Human Knowledge," part i., secs. 1-44. 7. Moral Philosophy: For October, 1885, and March, 1886, "Ethical, Theory, Sermons," 1, 2, 3, and Professor Calderwood's "Handbook," pp. 1-43, 123-152, 165-202.

The University confers three degrees, medical and surgical qualifications being granted—M.B., M.D., and C.M. The C.M. is not conferred unless the M.B. be taken at the same time. For the degrees of M.B. and C.M. four years of professional study must be completed after passing an examination in preliminary education recognised by the Medical Council. A degree in Arts of any British University is held to supersede the preliminary examinations. Of the four years of professional study, one must be passed in the University of Edinburgh, and another of such four years must be in some other university entitled to grant the degree of M.D. The M.D. degree is conferred on Bachelors of Medicine who have attained the age of twenty-four years, and who present a thesis to be approved by the Medical Faculty. The lectures of several extra-mural lecturers in Edinburgh, as well as those at the London medical schools, and such teachers in the provincial schools approved by the University Court, are recognised, subject to certain conditions. The total fees for graduation, including lectures, &c., are about £120. For regulations as to scholarships see "Edinburgh Medical School Guide."

*In Public Health.*—The University confers two degrees—a Bachelor and a Doctor of Science in Public Health.

#### UNIVERSITY OF ST. ANDREW'S.

This University confers the degree of M.D. (certain exemptions being made to ten practitioners yearly), M.B., and C.M. Two years of study of each candidate must be in one or more of the following Universities—viz., the University of St. Andrew's, Glasgow, Aberdeen, Edinburgh, Oxford, and Cambridge; Trinity College, Dublin; Queen's College, Belfast; Queen's College, Cork; and Queen's College, Galway. The degree of M.D. is conferred on any registered practitioner above the age of forty whose professional position is such as to entitle him to that degree, and who shall on examination, satisfy the examiners of the sufficiency of his professional knowledge; provided always that degrees will not be conferred under this section to a greater number than ten in any one year. The examinations are held yearly towards the end of April.

#### UNIVERSITY OF GLASGOW.

This is both a teaching and examining body. It confers three degrees, viz., Bachelor of Medicine, Master of Surgery,

and Doctor of Medicine. Before graduating the student must have been engaged in medical study for four years, one of which must have been spent at the University of Glasgow, and the others at some university or school recognised by the Glasgow University. The *annus medicus* is constituted by two courses of 100 lectures each, or by one course of 100 lectures and two of 50 each. Two preliminary examinations must be passed, one before commencing study, and the other before appearing at the first professional examination. A degree in Arts (not honorary) exempts the student from these examinations.

*Public Health.*—A special examination is held in the subjects relating to Public Health, and a certificate granted by the University.

*Bursaries tenable by Medical Students.*—Glasgow can boast of a goodly number of these, some of which have been recently added; these are: the Brisbane Bursary of £50 yearly, held for four years by a student of medicine who is a Master of Arts. The Walton Bursary, of £36 yearly, held by a medical student (a native of England being preferred) for four years. The Logan Bursary, of £15 yearly, tenable by a medical student for four years. Two Rainy Bursaries, value £20 per annum each, open to medical students who have just completed their second year of professional study, and tenable for two years. The Armagh Bursaries, three in number, amounting each to £25 yearly for three years, open to students of divinity, law, and medicine who have taken the degree of M.A. The Macfarlane Bursary, value £40 per annum, and tenable for three years, open to students who have attended the first session of their professional study in the University of Glasgow, and who have passed in all the seven subjects of the preliminary examinations for M.B. The Marshall Bursary, value £20 per annum, and tenable for four years, open to students entering the Medical Faculty, and awarded by competition on the subjects of Preliminary Examination. Four Lorimer Bursaries, two of the value of £25 each, and two of the value of £18 each. The Davidson Bursary, value £35, tenable by a medical student for three years. Two Merchants' House Bursaries, value £26 each, tenable for four years. There is also the Kerr Bursary, of £20 for chemistry, and a Ferguson Bursary of the value of £70, tenable for three years.

Both at the University of Glasgow and the University of Edinburgh numerous "extra-classes" are taught, which are *virtually* as compulsory as the regular classes of the curriculum. The expense of education is thus greater than at first sight appears, and must of course be taken into account.

#### UNIVERSITY OF ABERDEEN.

This University is entitled to confer degrees in all the Faculties, and is a teaching body as well. The curriculum of study is nearly the same as in the University of Edinburgh. One year must be passed at Aberdeen. Another of such four years must be either in this University or in some other University entitled to give the degree of M.D. The Medical Session of each year, or *Annus Medicus*, being constituted by two courses of not less than *One Hundred Lectures* each, or by one such course, and two courses of not less than *fifty Lectures* each. With regard to fees each candidate for the degree of M.B. must pay a fee of £5 5s. in respect of each of the professional examinations. If he desires to be admitted to the degree of M.B. only he will not be required to pay any further fee in addition to the £15 15s.; but on admission to the degree of C.M. he must pay a further fee of £5 5s. in addition to the fees for the M.B. degree. Besides the Royal Infirmary, students have the opportunity of attending several other local institutions. Perpetual fee for hospital practice is only £6. The professional examinations are held twice in each year, namely, in April and July, directly after the close of the winter and summer sessions.

Substantial encouragement to medical students is offered at this University in the form of bursaries.

*The Degree of M.D.*—The degree of Doctor of Medicine may be conferred on any candidate who has obtained the degree of Bachelor of Medicine, and is of the age of twenty-four years, and has been engaged subsequently to his having received the degree of M.D. for two years in attendance in an hospital, or in military or naval medical service, or in medical or surgical practice. Provided always that the degree of Doctor of Medicine shall not be conferred on any person

unless he be a graduate in Arts, or unless he shall before or at the time of his obtaining the degree of Bachelor of Medicine, or thereafter, have passed a satisfactory examination in Greek and in Logic or Moral Philosophy; and in one at least of the following subjects, namely, French, German, Higher Mathematics, Natural Philosophy, and Natural History.

### THE COLLEGES.

The Royal College of Physicians of Edinburgh, the Royal College of Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons of Glasgow, have made arrangements by which, after one series of Examinations, the student may obtain the Diplomas of the three Co-operating Bodies.

The general principle of this Joint Examination is, that it shall be conducted by a Board, in which each body is represented in those branches which are common to both medicine and surgery; but that the College of Physicians shall take exclusive charge of the Examination in Medicine; and the College of Surgeons, along with the Faculty of Physicians and Surgeons of Glasgow, of the Examination in Surgery.

*The Three Co-operating Bodies grant their single qualification only to Candidates who are already registered as possessing another and opposite Qualification in Medicine or Surgery as the case may be.*

*Regulations of the Conjoint Board of the Royal College of Physicians of Edinburgh, and the Royal College of Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons, Glasgow.*—The candidate must produce certificates of having attended the following separate and distinct courses of lectures; the certificate distinguishing the sessions and the schools in which the courses were severally attended:—Anatomy, one course, six months. Practical anatomy, one course, twelve months. Chemistry, one course, six months. Practical or analytical chemistry, one course, three months. Materia Medica, one course, three months. Physiology, one course, six months. Practice of medicine, one course, six months. Clinical medicine, one course, six months. Principles and practice of surgery, one course, six months. Clinical surgery, one course, six months. Midwifery and the diseases of women and children, one course, three months. Medical jurisprudence, one course, three months. Pathological anatomy, one course, three months. The candidate must also produce the following certificates:—(a) Of having attended six cases of labour under the superintendence of the practitioner who signs the certificate, who must be a registered medical practitioner (b) Of having attended, for three months, instruction in practical pharmacy. The certificate to be signed by the teacher, who must be a member of the Pharmaceutical Society of Great Britain, or the superintendent of the laboratory of a public hospital or dispensary, or a registered practitioner who dispenses medicine to his patients, or a teacher of a class of practical pharmacy. (c) Of having attended for twenty-four months a public general hospital containing, on an average, at least eighty patients. (d) Of having attended, for six months, the practice of a public dispensary specially recognised by any of the co-operating bodies; or, of having been engaged for six months as visiting assistant to a registered practitioner. (e) Of having been instructed in vaccination. The certificate to be signed by the teacher, who must be a public vaccinator authorised by the Privy Council to grant the same.

*First Examination, Fee, £5 5s.*—The first examination shall embrace Chemistry (the examination in chemistry will embrace the following particulars: chemical physics and the principal non-metallic and metallic elements, and their more common combinations, together with the chief carbon compounds, especially the albuminous, saccharine, and oleaginous; the candidate will also be examined practically in testing; practical chemistry), Elementary anatomy (by elementary anatomy is meant anatomy of the bones, joints, muscles, and chief blood vessels); and Histology (by histology is meant microscopic recognition of the simple tissues); and shall take place not sooner than the end of the first year, including a winter and a summer session. Candidates who desire to pass the first professional examination must apply to the Inspector of Certificates on or before the Friday preceding the day of examination, and must produce certificates of attendance on one course of chemistry, one course of practical chemistry, one course of anatomy, and nine months practical anatomy.

*Second Examination, Fee £5 5s.*—The second examination shall embrace anatomy, physiology, materia medica and pharmacy, and shall not take place before the termination of the summer session of the second year of study. Candidates must produce to the Inspector certificates of attendance on the prescribed courses of anatomy, practical anatomy, physiology, and materia medica. He must also produce a certificate of having passed the first examination.

*Final Examination, Fee £15 15s.*—The final examination shall embrace the principles and practice of medicine (including therapeutics, medical anatomy, and pathology); clinical medicine; the principles and practice of surgery (including surgical anatomy, operative surgery, and surgical pathology); clinical surgery; midwifery (including gynaecology); medical jurisprudence; and hygiene; and shall not take place before the termination of the fourth year of study.

The following will be the periods of the conjoint examinations in Edinburgh and Glasgow respectively, for the year 1884-5:—Edinburgh, 1884: October 14th, Wednesday, first professional, written; 17th, Saturday, first professional, oral; 16th, Friday, first professional, oral; 17th, Saturday, first professional, oral; 19th, Monday, second professional, written; 20th, Tuesday, second professional, oral; 21st, Wednesday, second professional, oral; 23rd, Thursday, final, written; 23rd, Friday, and following days, final, oral. Edinburgh, 1885: January 14th, Wednesday, first professional, written; 15th, Thursday, first professional, oral; 16th, Friday, first professional, oral; 17th, Saturday, first professional, oral; 19th, Monday, second professional, written; 20th, Tuesday, second professional, oral; 21st, Wednesday, second professional, oral; 22nd, Thursday, final, written; 23rd, Friday, and following days, final, oral. Glasgow, 1885: April 8th, Wednesday, first professional, written; 9th, Thursday, first professional, oral; 10th, Friday, first professional, oral; 11th, Saturday, first professional, oral; 13th, Monday, second professional, written; 14th, Tuesday, second professional, oral; 15th, Wednesday, second professional, oral; 16th, Thursday, final, written; 17th, Friday, and following days, oral. Edinburgh: April 22nd, Wednesday, first professional, written; 23rd, Thursday, first professional, oral; 24th, Friday, first professional, oral; 25th, Saturday, first professional, oral; 27th, Monday, second professional, written; 28th, Tuesday, second professional, oral; 29th, Wednesday, second professional, oral; 30th, Thursday, final, written; May 1st, Friday, and following days, oral. Edinburgh: July 8th, Wednesday, first professional, written; 9th, Thursday, first professional, oral; 10th, Friday, first professional, oral; 11th, Saturday, first professional, oral; 13th, Monday, second professional, written; 14th, Tuesday, second professional, oral; 15th, Wednesday, second professional, oral; 16th, Thursday, final, written; 17th, Friday, and following days, final, oral. Glasgow: July 22nd, Wednesday, first professional, written; 23rd, Thursday, first professional, oral; 24th, Friday, first professional, oral; 25th, Saturday, first professional, oral; 27th, Monday, second professional, written; 28th, Tuesday, second professional, oral; 29th, Wednesday, second professional, oral; 30th, Thursday, final, written; 31st, Friday, and following days, oral.

*Subjects at Preliminary Examination.*—(1) English language, including grammar and composition; (2) English history; (3) modern geography; (4) Latin, including translation from the original, and grammar; (5) elements of mathematics, comprising (a) arithmetic, including vulgar and decimal fractions; (b) algebra, including simple equations; (c) geometry, including the first two books of Euclid or the subjects thereof; (6) elementary mechanics of solids and fluids, comprising the elements of statics, dynamics, and hydrostatics; (7) one of the following optional subjects:—(a) Greek; (b) French; (c) German; [(d) Italian; (e) any other modern language; (f) logic; (g) botany; (h) elementary chemistry.]

The following are the names and addresses of the Inspectors of Certificates:—In Edinburgh: Dr. Alexander James, 11 Albyn Place. In Glasgow: Mr. Alexander Duncan, 242 St. Vincent Street.

#### *Royal College of Physicians, Edinburgh*

This, like the sister College of London, is exclusively a qualifying body. Each applicant for the professional examinations must previously have passed the Arts examination of the College or one of the preliminary examinations recog-

nised by the General Medical Council. The preliminary examination in General Education for the diploma of each College during the year 1885 will embrace the following subjects.

Part I.—1. English language, including grammar and composition; English History; modern Geography. 2. Arithmetic, including vulgar and decimal fractions. 3. Algebra, up to simple equations. 4. Geometry, first two books of Euclid, or the subjects thereof. 5. Latin, including translation and grammar. 6. Elementary mechanics of solids and fluids, comprising the elements of statics, dynamics, and hydrostatics.

Part II.—Optional subjects, of which one only is required to be passed:—I. Greek. 2. French. 3. German. II. The examination in English History will embrace the period from 1608 to 1714 inclusive; and in modern geography, the geography of Great Britain and its dependencies, and the principal physical features and political divisions of Europe and Asia. In Latin the books prescribed are Ovid, *Fasti*, Book I.; and Cicero, *De Finibus Bonorum et Malorum*, Books I. and II. Besides translations from either of these, at the choice of the candidate, the examination will include grammar, translation of a passage from an unprescribed author, and translation of a passage from English into Latin, the more difficult words being supplied. In Greek, the books prescribed are Demosthenes, *De Corona*, first half; Sophocles, *Philoctetes*. Besides translations from either of these, at the choice of the candidate, parsing, derivation of English words from Greek, and translation of a passage from English into Greek are required. In French, the book prescribed is Souvestre, *Un Philosophe sous les toits*. Parsing and translation from English into French are also required. In German, the book prescribed is Lessing *Minna von Barnhelm*. Parsing and translation from English into German are also required. III. The examinations will be held in the Hall of the College of Physicians, 9 Queen Street, on the following days, beginning each day at 1 p.m.:—Saturday, October 10th, Monday, October 13th, and Tuesday, October 18th. The subjects of the first day's examination will consist of English History, geography, and Latin; of the second day's examination, arithmetic and algebra; and on the third day's examination, of geometry and elements of mechanics; and the optional subjects. Each candidate shall pay a fee of 10s. previous to the examination; and in the event of his being unsuccessful he shall pay a fee of 10s. for each subsequent examination at which he is present. Candidates are required to give their names and pay their fees to John Broome, Officer, Royal College of Physicians, Edinburgh, not less than two days prior to the day of the examination. Candidates at a distance should send their fees by post-office order. Exemption is made in the case of masters or bachelors of arts of any British University, and certain recognised foreign Universities. Candidates who may have already passed the first professional examination of any body approved of by the College will, on completion of their studies, be admitted to the second part of the examination.

*The Fellowship* is conferred only by election, and the candidate must have been a member of the College for at least one year previously, and have attained the age of twenty-five years.

*The Membership* is conferred only on licentiates of the College or graduates of a British or Irish University after an examination in medicine and therapeutics, and in another branch of medical science to be selected by the candidate. Under certain conditions as to age and professional standing, candidates may, however, be admitted without examination.

*The Licence*.—The regulations are nearly the same as those for the joint examination for the Scotch double qualification. The separate diploma will not now be granted unless to candidates possessing a surgical diploma.

The professional examination will be divided into two parts, according to the following arrangement of subjects:—1. Anatomy, physiology, chemistry; 2. *Materia medica* and pharmacy, pathology and pathological anatomy, practice of medicine, surgery, midwifery, medical jurisprudence, clinical medicine. No candidate will be admitted to the first examination until the end of his second winter session, or to the second until he has completed four years of professional study. The examination will be partly oral, partly in writing. Qualified practitioners may obtain the

licence by passing a written and oral examination in the subjects of the second examination.

*Qualification in Public Health*.—The College now confers a certificate of competency in public health. The examinations are held in April and October. Fee, £10 10s.

*Fees*.—The fee payable by a licentiate is £15 15s. In the case of unsuccessful candidates the fee is returned, minus the expenses of examination. The fee to be paid by a member is £31 10s. When a licentiate is raised to the rank of member, he pays £21, or £15 15s., according to the date of his licence. When a member is raised to the rank of a fellow, the fee is £31 10s., exclusive of stamp-duty, which amounts to £25. All candidates for the fellowship or the membership must lodge their fees and the amount of stamp-duty payable at the time to Government, with the treasurer, previous to presenting their petitions.

#### *Royal College of Surgeons of Edinburgh.*

Candidates for the licence of this college must have followed a course of study in some University, or in an established school of medicine, or in a recognised provincial school. This in future will not be given as a separate licence, except to those who already possess a medical qualification, or who have already entered for either of the professional examinations for the single qualification of the College. Fee £15 15s.

*Preliminary Examination*.—All candidates for the licence of the College must have passed the complete preliminary examination prescribed by the General Medical Council, and have their names inscribed on the register of medical students at the commencement of their medical studies. The preliminary examination of certain recognised bodies is accepted by the College.

*Professional Study*.—Candidates must have been engaged during four years after the preliminary examination in general education in professional study, which shall include not less than four winter sessions, or three winters and two summers' attendance at a recognised medical school.

*Professional Examination*.—The professional examination is divided into two—the one oral, the other written. The first examination embraces anatomy, physiology, and chemistry, and for this candidates may appear at the end of their second winter. The second examination embraces surgery and surgical anatomy; also medicine, midwifery, *materia medica* and medical jurisprudence; and does not take place prior to the termination of the winter session of the last year of study.

*The Fellowship* is conferred, from and after October 15th, 1884, except under certain conditions as to age and professional standing, only on candidates who have passed a special examination, and have obtained a diploma from this College, or from either of the Colleges of Surgeons of England or Ireland, or the Faculty of Physicians and Surgeons of Glasgow, and who are twenty-five years of age. The subjects for examination are for A. Those who are already Licentiates of the College: On Clinical and Operative Surgery, and one optional subject. B. Those who are not Licentiates of the College: On Clinical and Operative Surgery, Surgical Anatomy, and one optional subject. And such supplementary subjects as have not, in an adequate manner, been included in the examination for the registrable surgical qualification possessed by such candidate, and which are required in the examination for Licentiates of this College. The optional subjects shall embrace—(a) Surgery special branches; (b) Advanced Anatomy and Physiology; (c) Pathology and Morbid Anatomy; (d) Midwifery and Gynaecological Medicine and Surgery; (e) Medical Jurisprudence and Hygiene; (f) Practice of Medicine and Therapeutics.

The following will be the periods of examination for the year 1885-6.

1. FIRST PROFESSIONAL EXAMINATIONS FOR LICENCE AND FELLOWSHIP.—Tuesday, October 6th, 1885. January 26th, 1886. April 13th, 1886. July 13th, 1886.

2. SECOND PROFESSIONAL EXAMINATIONS.—These will take place immediately after the conclusion of the First Professional Examinations, at each of the above mentioned periods. The fee for the fellowship is £30.

*Dental Diploma*.—Every candidate for the dental diploma must have attended the general lectures and courses of instruction required at a university or an established medical or dental school recognised by the College as qualifying for the diploma in surgery. This diploma may, in certain

cases, be given for examination, but *sine curriculo*. The fee is £10 10s.

**Double Qualification of the Royal College of Physicians and Surgeons.**—Candidates who have already entered for any of the professional examinations of the double qualifications, will be admitted to examinations under the old regulations, provided they present themselves before October 1886. These examinations will be held four times a year, viz., in October, January, April, and July, along with the Second and Final Examination, as specified on pages 12 and 13 of the regulations. For these examinations the candidates' names must be entered and the fees paid not less than one week before the first day of the examinations. Fee £21.

**Faculty of Physicians and Surgeons, Glasgow.**

The Faculty grants a licence in surgery and a fellowship by examination only. The licence will, however, not be granted separately, except under the conditions of the Edinburgh College. In conjunction with the Edinburgh College of Physicians it grants a double qualification, only under the conditions above stated for the Edinburgh Colleges. The regulations and fees are the same as the Edinburgh Colleges.

**School of Medicine, Edinburgh.**

This, constituted by the whole body of lecturers licensed by the Colleges, meets for the purposes of teaching in separate buildings, of which Surgeons' Hall, and Minto House are the chief.

The lectures of this School qualify for the University of Edinburgh, and the other Universities, and the Royal Colleges of Physicians and Surgeons, Edinburgh, London, and Dublin, and the other medical and surgical boards.

For further details, see "Edinburgh School Guide."

**Surgeons' Hall.**—The chemical laboratories are under the care of Dr. Macadam. Medical jurisprudence—Dr. Littlejohn. *Materia Medica*—Dr. Mionet. Dissecting-rooms—Dr. J. M. Brown. Physiological Laboratories—Dr. James.

**Minto House.**

This school is a part of the Edinburgh Extra Academical School of Medicine, and in it the following means are afforded for practical instruction:—

The dissecting-rooms are open daily from 9 a.m. till 4 p.m., under the superintendence of Mr. Symington and assistants.

The chemical laboratories are open daily from 9 a.m. till 5 p.m. for instruction in practical and analytical chemistry, under the superintendence of Mr. J. Falconer King, Mr. Hunter, and assistants.

The *materia medica* museum and laboratory are open daily, under the superintendence of Dr. Craig.

Clinical instruction in diseases of women and in the minor gynecological operations is conducted in the Western Dispensary and Obstetrical Museum, under the superintendence of Dr. Halliday Croom.

The botanical laboratory is under the direction of Mr. McAlpine, B.Sc. Lond.

The physiological laboratory is open daily from 10 a.m. till 4 p.m., under the superintendence of Mr. James Hunter.

The dissecting rooms and chemical laboratories open on October 1st.

**Edinburgh Royal Infirmary.**

Clinical instruction is afforded at this institution under the supervision of professors of the University and the ordinary physicians and surgeons of the Infirmary. Special instruction is given on diseases of women, physical diagnosis, and diseases of the eye and ear. Separate wards are devoted to fever, venereal diseases, diseases of women, diseases of the eye, &c. The perpetual fee, in one payment, is £12; the annual fee, £6 6s.; half-yearly, £4 4s.; quarterly, £2 2s. Separate payments for two years entitle the student to a perpetual ticket. No fees are payable for any surgical or medical appointment.

**Dispensaries in Edinburgh.**—At these institutions students may take out the necessary practice required by the examining bodies.

Clinical instruction in diseases of the ear at the Ear Dispensary, on Mondays and Thursdays at Twelve noon; at the Western Dispensary, on Wednesdays and Saturdays, at 5 p.m.

**Dental School and Hospital, Edinburgh.**—The hospital

practice and lectures qualify for the dental diplomas of the Royal College of Surgeons, England, Royal College of Surgeons, Edinburgh, and Royal College of Surgeons, Ireland, and Glasgow Faculty. For further information apply to James Robertson, 4 Lindsay Place, Edinburgh, or to Mr. W. B. Macleod, Dean of the School.

**Aberdeen Royal Infirmary**

Contains about 250 beds. Consulting Physician: Dr. A. Harvey. Physicians: Drs. J. W. F. Smith Shand, R. Beveridge, Angus Fraser. Physicians' Assistant: Dr. D. R. Mackinnon. Surgeons: Messrs. A. Ogston, J. O. Will, R. J. Garden, and John Hall. Surgeons' Assistant: Dr. James Taylor. Ophthalmic Surgeon: Dr. Alexander D. Davidson. Pathologist: Dr. James Rodger. Chloroformist: Dr. P. Blaikie Smith. Dental Surgeon: Dr. Williamson. Pathologist and Curator of the Museum: Dr. J. Rodger. Treasurer and Secretary: Mr. W. Carnie.

**Glasgow, Anderson's College.**

This is exclusively a teaching body, and thirty years ago enjoyed even a greater popularity than it does now. In addition to its offering excellent opportunities for acquiring a good medical education, instruction is given in the other branches of a liberal education, advantage of which might profitably be taken by medical students generally. The expenses of this institution are exceedingly moderate, the fees for all lectures and hospital practice required of all candidates for the double qualification of the Scotch Colleges being only £48. Anatomy is very efficiently taught at this school, and extensive opportunities for dissection are afforded. Complaint is made by students that there is no regular demonstrator of anatomy to supervise the dissecting by the junior students.

In connection with the College there are five hospitals and dispensaries for special diseases, to all of which students are admitted.

The Summer Session at this College begins on the first Tuesday of May and closes about the middle of July. A lectureship on aural surgery has been established. Lectures on dental anatomy and surgery are also given four times weekly. The fee for two years' hospital practice required by the curriculum for the dental licence is £10 10s. Fees for dental lectures are £2 2s. each course.

Fees for hospital practice and clinical lectures, first year, £10 10s.; second year, £10 10s.; afterwards free. For six months, £6 6s.; three months, £4 4s. Students who have paid 20 guineas at another hospital for its perpetual ticket are admitted six months for £2 2s., or one year for £3 3s. Vaccination certificate, recognised by Privy Council, £1 1s.

**Glasgow Royal Infirmary School of Medicine.**

The winter session will commence on October 29th. Courses of lectures are given on all the subjects required by the licensing bodies for qualification, and lectures are also given on practical physiology, operative surgery, aural surgery, dental surgery, and diseases of the eye. Students have unusual facilities for the study of anatomy, the supply of subjects being practically unlimited.

**Appointments.**—There are five physicians and five surgeons' assistants. The appointments can be held for six or twelve months, and are open to students who have passed all their examinations except the last, or to gentlemen who have a qualification in medicine or surgery. Clinical assistants are elected from the students.

**Class Fees.**—For each course, first session, £2 2s.; second session and perpetual, £1 1s. Students who have attended a first course elsewhere can enter on the second course on payment of £1 1s. Anatomy, first winter session, £4 4s.; summer session, £1 11s. 6d.; second winter session, £4 4s. Afterwards the fee for lectures and practical anatomy is £1 1s. per session. Lectures on diseases of the ear, £1 1s.; with clinic to those who are not students at the hospital, £2 2s. Clinique on dental surgery, free to students of the hospital; to others, £5 one year; perpetual, £10. Lectures on diseases of the eye, £1 1s. Lectures on dental surgery, £2 2s.

**Glasgow Western Infirmary.**

This large and well appointed infirmary is practically under the aegis of the University of Glasgow. It contains upwards of 400 beds, and there are special wards for diseases

of women and diseases of the skin. Students are enrolled for attendance in the clinical classes of any of the physicians or surgeons, instruction being given by clinical lectures and demonstrations on specified days in each clinique. The hour of visit is 9 a.m. The pathological department is under the charge of Dr. Joseph Coats, and Dr. Lindsay Steven is attached to this department as pathological chemist. There is a thoroughly equipped out-patient department, diseases of the throat, aural diseases, and diseases of women and children being attended to. There are eight resident assistants in the infirmary, one being attached to the wards of each of the physicians and surgeons. They are appointed at the beginning of each session from those who have completed their course. Fees: 20 guineas for a life ticket, admitting to the infirmary and to the clinical instruction; or the fee may be paid in two equal instalments during the first and second years. Fee for six months, 7 guineas; and for three months, 4 guineas.

#### *Glasgow Western Medical School, Hillhead.*

The winter session of this school, which has a staff of five lecturers, will open on November 1st. The school is situated close to the University and the Western Infirmary, where students obtain their clinical lectures and hospital practice. The class-rooms are open for work from the beginning of October till the end of July.

The lectures qualify for the University of Glasgow, the Faculty of Physicians and Surgeons, Glasgow, and other corporations.

*Class Fees.*—For each course of lectures, first session, £2 2s.; second session, £1 1s. Students who have attended a first course elsewhere pay £1 1s. Anatomy, £3 3s.; Practical Anatomy, £2 2s. Anatomical Demonstrations, £1 11s. 6d. Diseases of Ear and Throat, £1 1s. 0d. Fee for requisite Hospital Attendance and Clinical Instruction, £21.

#### *Glasgow Dental Hospital and School.*

This hospital, situated in George Street, gives instruction to students in all subjects qualifying for the dental diploma, and is open daily from 8 to 10 a.m. for the extraction of, and all operations upon, the teeth free. The following are the staff:—Honorary Consulting Surgeon, Dr. Morton; Dental Surgeons, J. Austin Biggs, W. S. Woodburn, L.D.S., John Foulds, L.D.S., James Cunningham, sen., L.D.S., J. R. Brownlie, L.D.S. Eng., Dr. Taylor, L.D.S.; Assistant Dental Surgeon, W. F. Martin, L.D.S.

### REGISTRATION OF MEDICAL STUDENTS.

According to the General Medical Council's Regulations in reference to the registration of students in medicine,

Every medical student must be registered, but not until he has passed his preliminary examination, and has produced evidence that he has commenced medical study. The commencement of the course of professional study shall not be reckoned as dating earlier than fifteen days before the date of registration—in other words, if a student enters for lectures on November 1st, he *must* register as a student before November 16th, or he will not get credit for the lectures. Each of the registrars in England, Ireland, and Scotland keep a register of medical students, and forms for registration are to be had from them or from the school registrars. The several Branch Councils—and in England the Executive Committee, if its meeting be more convenient and the case be urgent—have power to admit special exceptions to the foregoing regulations as to registration, for reasons which shall appear to them satisfactory.

### THE SERVICES.

#### THE MILITARY AND NAVAL MEDICAL SERVICES.

To obtain admission to these Services it is necessary that the candidate—

1. Shall possess diplomas in both medicine and surgery.
2. Shall be, as regards physical capacity, in a condition to pass the examination of his sight, hearing, and general health of body, to which he will be subjected if he should be successful at the competitive examination.
3. Shall pass a competitive examination, held twice yearly, in February and August, at Burlington House, London, and thereby, not only shall show himself competent to practise, but shall obtain a place amongst those for whom vacancies in the service are available. He may pass and be declared qualified for appointment, but, nevertheless, will not be appointed unless he takes a high position amongst the competitors.
4. Shall serve a probation of six months, studying special military subjects at Netley Hospital.
5. Shall, after his probation, pass a promotion examination out of Netley into the Service.

#### I.—THE ARMY MEDICAL DEPARTMENT.

A candidate must possess two diplomas or licences, one in Surgery and one in Medicine; he must be registered. His age on appointment not to exceed 28 years. On passing satisfactorily through the Army Medical School at Netley, he obtains his commission, the order of precedence being in that of merit at the final examination. Medical officers, soon after being gazetted to the Service, are sent to Aldershot and other large stations for instruction in ambulance and army hospital corps duty.

Promotion to the rank of Surgeon-Major to be after twelve years' service, three of which abroad; but for distinguished service promotion to be irrespective of seniority. To the rank of Brigade Surgeon promotion to be by selection for ability and merit, provided the Surgeon-Major has had eight years' foreign service in all. From Brigade Surgeon to Deputy Surgeon-General, and from the latter rank to that of Surgeon-General. Promotion to be by selection. If appointed as Honorary Physician or Honorary Surgeon to Her Majesty, a medical officer, if under the rank of Deputy Surgeon-General, shall, if duly qualified, be promoted to that rank.

On completion of ten years' service a medical officer may retire on a gratuity or pension, if specially recommended by the Commander-in-Chief and Secretary of State for War. If retiring voluntarily before the age of 55, he is liable to be called upon to serve in the case of national emergency. A Brigade Surgeon, Surgeon-Major, or Surgeon, shall be placed on the retired list at 55 years of age. A Deputy Surgeon-General or Surgeon-General at 60. A step of honorary rank is attainable on retiring after twenty years' full pay service. Exchanges are permitted. Good service pensions are granted in larger numbers than heretofore. Sick leave may be allowed for six months, and in special cases for a second period of the same extent—that is, a year in all. Temporary half-pay is granted under particular circumstances to medical officers incapacitated for duty by illness.

Non-effective pay, or gratuity in lieu thereof, is granted. To a medical officer of 10 to 18 years' service a sum of £1,250 to £2,500; Surgeon-Major from 20 to 30 years' service, £1 to £1 5s. 0d.; Brigade Surgeon, £1 7s. 6d. to £1 10s.; Deputy Surgeon-General, £1 15s.; Surgeon-General, £2.

Retired medical officers, and medical officers of the Militia, are eligible for employment up to the age of 65, receiving during the time of such employment a consolidated salary in place of retired pay.

The following tables, showing the rates of pay and

half-pay, will probably be acceptable to students who entertain any intention of entering the Army Medical Service:—

Rank.	Rates of Pay.	Gratuities.
Surgeon on probation ... ..	£0 8 0 ...	—
	Annual.	
Surgeon ... ..	200 0 0 ...	—
„ after 5 years' service ... ..	250 0 0 ...	—
	Daily.	Gratuity.
„ 10 „ ... ..	0 15 0 ...	£1,250
Surgeon-Major ... ..	1 0 0 ...	—
„ after 5 years' service ... ..	1 2 6 ...	£1,800
„ 18 „ ... ..	— ...	£2,500
„ 20 „ ... ..	1 5 0 ...	£1 0 0
„ 25 „ ... ..	1 7 6 ...	1 2 6
„ 30 „ ... ..	— ...	1 5 0
Brigade Surgeon ... ..	1 10 0 ...	—
„ after 5 years in rank ... ..	1 13 0 ...	—
„ after 20 years' service ... ..	— ...	1 7 6
„ 30 „ ... ..	— ...	1 10 0
Deputy Surgeon-General ... ..	2 0 0 ...	1 15 0
Surgeon-General ... ..	2 15 0 ...	2 0 0

By a recently promulgated regulation surgeons promoted to be surgeons-major on completing twelve years' full pay service will, before being promoted, be required to pass an examination intended to test their progress and proficiency in all those branches of knowledge which are essential to their continued efficiency as medical officers, which may be taken at any time between the fifth and tenth year of service. Medical officers possessing the following qualifications will be exempted from examination in medicine, surgery, and hygiene respectively, provided they have obtained their qualifications five years subsequent to their entry into the service:— (a) The Fellowship of a College; (b) The diploma in Hygiene and State Medicine, or any corresponding diploma of any University. A certificate will be required from a recognised teacher of surgery in any medical school at home or abroad in which operative surgery is taught, showing that the medical officer has gone satisfactorily through a complete course of operative surgery during the period within which the examination must be taken, and that he is a competent operator.

II.—THE INDIAN MEDICAL SERVICE.

By recent regulations the conditions of service, pensions, and honorary rewards in the Indian Medical Department have been in a great measure assimilated with those of the medical branch of the general army. It is right, however, that we allude to the fact that rumours are in circulation regarding further changes in the constitution of the Indian Department.

The examination usually takes place in February and August, when candidates are examined in the following compulsory subjects:—a. Anatomy and Physiology. b. Surgery. c. Medicine, including Therapeutics, the Diseases of Women and Children. d. Chemistry and Pharmacy, and a Practical Knowledge of Drugs. The examination in Medicine and Surgery is in part practical, and includes operations on the dead body, the application of surgical apparatus, and the examination of medical and surgical patients at the bedside. The eligibility of each candidate will be determined by the examinations in these compulsory subjects only.

Optional Subjects.—Candidates who desire it will be examined in French, German, and Hindustani, Comparative Anatomy, Zoology, Natural Philosophy, Physical Geography, and Botany, with special reference to *Materia Medica*; and the number of marks gained will be added to the marks in the obligatory part of the examination, and position on the list of successful competitors will thus be improved in proportion.

Probation at Netley Hospital.—The competitor who obtains a place in the ordinary service is obliged to undergo probation of four months at Netley Hospital, where he attends the following lectures:—Pathology, by Dr. Aitken; Military Surgery, by Dr. Longmore; and Clinical and Military Medicine, by Dr. Maclean; Military

Hygiene, Dr. de Chaumont. The lectures on Military Surgery include gunshot and other wounds; duties of army surgeons in the field, during sieges, on transport, &c., and other special subjects. Those on Military Medicine refer to the tropical and other diseases of the British possessions and colonies, and to the losses by disease. The lectures on Hygiene relate to the examinations of water, air, food, and clothing, &c., of the soldier, his duties and exercise, and the circumstances affecting his health, meteorology, statistics, and prevention of disease. The lectures on Pathology have reference chiefly to the scientific examination of tropical diseases, and of the other complaints which the army surgeon is especially called on to investigate. The candidates also attend the wards of the hospital under the Professor of Medicine and Surgery, to make themselves acquainted with the system of recruiting, and the modes of keeping the Army Medical Returns. They are also called on to make post-mortem examinations, to operate on the dead body, and to pass through laboratory practice on the modes of recognising the qualities and adulterations of food, and on microscopic examination of morbid tissues, &c. During his preliminary training here the student is understood to be in Her Majesty's Service; he wears uniform, is under military discipline, and receives pay as already stated. A sum of money, equal to the half-yearly interest on £1,200, the surplus from the "Herbert Memorial," is at the end of each session awarded to the candidate who has the highest number of marks, the fortunate young man who wins the "Blue Ribbon of Netley" being tolerably certain to be well provided for.

III.—NAVAL MEDICAL SERVICE.

The arrangements, time, and places for examination, the declaration to be made, and documents produced, the subjects and method of examination, and the subsequent probation at Netley, are to all intents exactly the same as those quoted above for the Army and Indian Medical Services:—

1. Every candidate must be not under 21 nor over 28 years of age. He must produce a birth certificate, or a declaration made from one of his parents; also a certificate of moral character, signed by a clergyman or magistrate, or by a Professor of the College at which he was educated. 2. He must be registered under the Medical Act as possessing two diplomas. 3. He must be free from organic disease, and will be required to make a declaration that he labours under no disease or weakness, or any other imperfection that can interfere with the most efficient discharge of the duties in any climate. His physical fitness will be determined by a Board, who are to certify that his vision comes up to standard, which will be ascertained by test-types. 4. Every candidate, immediately after passing this examination, will receive a commission as a surgeon in the Royal Navy, and will undergo a course of practical instruction in naval hygiene, &c., at Haslar Hospital.

A surgeon on first admission to the Naval Medical Service will have to provide himself with uniform and an outfit. The cost of these may roughly be said to be between £100 and £120. Many men buy their uniform separately from a naval tailor and outfitter, and their white clothing, strong white trousers, &c., elsewhere. Instruments have to be provided, and in the above amounts of from £100 to £120 they are included. They cost about £14 or £15. Deductions are of course made considerably in these cases for cash.

With regard to the cost of living. The monthly subscription in most ships is £3 per month for three meals a day. Anything else is extra. Wine, beer, and liquors generally are of course not included in the above amount of £3, and the amount of the officer's wine list will depend on his personal tastes and entertainments. There are two nights a week in most ships called guest nights, when the officers frequently ask their friends to dine with them, and for each friend it is usual to pay 2s. 6d. to the



messman. Then there are mess guests, invited by the mess, and shared for equally, as the case may be, among the officers. These guests may be the captain of the ship, the gun-room officers, or any one invited by the officers generally. In many large ships there are band subscriptions, about 15s. a quarter, newspaper subscriptions, &c.; and in reference to the above statement about mess guests, entertainments, such as dances and afternoon parties, &c., are frequently given. Of course, the expenses are generally greater in a large ironclad than in a sloop or gunboat, and will naturally be more according to station, the Mediterranean station, for example, being more expensive than the West Coast of Africa or the Pacific; but the expenses of a naval officer generally will of course depend very materially on his personal habits or tastes.

In naval hospitals the mess subscription is somewhat larger, probably about £3 15s. per month, that is, at the home hospitals of Haslar or Plymouth. In marine infirmaries, or divisions at Portsmouth, Plymouth, or Chatham, the expenses are in accordance with the mess, and are considerably more than on board ship. Surgeons have an allowance while holding these appointments of £39 per annum in lieu of provisions, &c., and for fire and light.

Servants on board ships are marines, and ward-room officers of the rank of surgeon have half a servant, or one between two, and it is usual to pay them 10s. a month, according as the master may see fit, but in reality they can only claim 6s. However, the extra 4s. is not generally grudged to them, as a good servant on board ship is a great benefit to his master, and materially conduces to his comfort. Washing is done on shore. On foreign stations the cost of this varies greatly. At Malta it is cheap, 1s. 3d. to 1s. 6d. per dozen of all articles; and it may be mentioned that in providing his outfit what are called whites will be required for foreign stations by the surgeon, such as white trousers, white vests (uniform), white jackets, for dinner in warm weather, &c. The expenses of all these will be, or ought to be, included in the estimate already mentioned of £100 to £120.

#### IV.—ENGLISH POOR-LAW MEDICAL SERVICE.

The English Poor-law Service differs in many respects from the Irish. Each parish in England and Wales has its guardians of the poor, and these parishes are grouped together to form unions. The unions are divided into districts for medical relief. A union medical officer therefore has the care of a district, and sometimes of a workhouse as well; sometimes only a workhouse. He is elected by the guardians of the union, and the appointment confirmed by the Local Government Board. He must have both a surgical and medical qualification, and be registered, and is required to name a duly-registered practitioner to whom application can be made in case of his absence from home; he can name his assistant or partner as his substitute. As a general rule, the guardians may not assign to any medical officer a district which exceeds in extent an area of 1,500 acres, or which contains a population exceeding 15,000 persons. This does not apply to Wales, but no such district may be assigned to a medical officer residing more than seven miles from any part of a parish included in such district. A medical officer is entitled to a fee of not less than 10s., nor more than 20s., for attending a woman in or immediately after childbirth, and to a fee of £2 where great difficulty has occurred in delivery, or long subsequent attendance has been necessary. Many of the salaries of Poor-law appointments are very low—often so out of proportion to the work done that the medical officer must give his services for nothing, or next to nothing, as he has to provide all medicines, instruments, &c., except trusses, cod-liver oil, and quinine, for which he sends a statement to the guardians, who pay him the cost price; the paupers have to put up with those medicines that cost the least. In London and large towns some boards of guardians provide dispensaries, where the paupers are supplied with

medicines, which relieves the medical officer from much labour and expense. It ought to be compulsory on all boards of guardians to provide dispensaries, and where this cannot be done, as in country districts, to provide all drugs, &c.

*Clubs.*—In England and Wales (more especially in the manufacturing districts) the medical practitioner derives much of his income from clubs, which pay him from 3s. to 4s. per head yearly, for which he visits and supplies medicines, &c.; the average payment for each visit amounts to the large sum of about 6d. Parish appointments are often sought for by young men as an introduction to practice, or by older men to prevent opponents setting up in the district.

#### V.—THE IRISH POOR-LAW MEDICAL SERVICE.

The newly-qualified medical practitioner who may elect to try his luck in the Irish provinces sets his hopes in the great majority of instances upon obtaining one or more Poor-law medical appointments in some district where there is hope of private practice. There are 163 workhouses and about 808 dispensary medical officers, besides apothecaries. The number of vacancies that occur annually averages 100. The salary in this service averages about £103 15s.; and when it is taken into consideration that in the vast majority of rural districts it is necessary to keep a horse, and in some a boat as well, the average area being from forty to sixty square miles, it is plain that there will not be a large margin left from the public emoluments. The medical officer is also *ipso facto* the registrar of births, marriages, and deaths, and medical officer of health for the district, under the Public Health Act passed in '73 and amended in '78.

The former office, in country districts, yields between £5 and £10 a year, and the emoluments of the latter appointment in very few cases reach £20, averaging about £12. The medical officer is also vaccinator for the locality, and is required to vaccinate every one who wishes to come. For each patient his fee of 2s. is paid, along with his salary, by the guardians, and the sum total of these fees varies, according to the population of the district, from £4 to £100, an average for the provinces being about £10. Despite the miserable salary, and the very many discomforts of dispensary life, these appointments are generally eagerly sought for—firstly, because they afford the new comer a certain, though hardly-earned salary, to supplement his private earnings; and, secondly, because, if not secured by the new comer, they would of necessity bring a competitor for office into the field, and inasmuch as private income is of far greater import than public earnings, country medical practitioners are obliged to undertake the public duty in order to save themselves the monopoly of their private emoluments.

*Appointments.*—The qualifications required by the Poor-law Commissioners are a Licence in surgery or a Diploma in medicine, and a Diploma in midwifery; the candidate must also be twenty-three years of age.

The appointment lies with the Dispensary Committee, who elect by vote. As politics and religious feeling ran high in Ireland, these elements enter largely into the election of Poor-law medical officers. Family interest also possesses great weight.

The candidate will do well to bear these facts in mind, as his personal attendance on the day of election will be required, and whatever other qualification he may have, he will then find that his compatibility in these respects with the majority of the committee is essential; and, accordingly, he had better first make himself acquainted with the local peculiarity, whatever it may be, before he enters on his candidature, otherwise, in all probability, any expenditure that he may make in the matter will be simply thrown away.

*Duties.*—The duty of the dispensary doctor is twofold. He is to attend his dispensary on a given day or days in the week. Frequently there are two dispensaries in the

district, separated from each other by several miles, and he will have perhaps to attend two days a week. He has also to visit at any hour of the day or night a sick person for whose relief a visiting ticket has been issued by a member of the committee or the relieving officer, and to continue his attendance as often as may be necessary to the termination of the same. Moreover, he has a great many registry books to keep and a multitude of returns to make, and in the majority of districts he has to make up all the medicines for the poor.

The pressure of these duties is in the greatest degree dependent on the goodwill of the members of his committee. If the medical man be a favourite with his masters, they will give him very little trouble with "scarlet runners," as the visiting tickets are, from the colour of the paper on which they are printed, humorously called, and will be unwilling to trouble him even with cases deserving of personal attendance.

If, on the other hand, it is his misfortune to come in contact with some of the half-bred committee men, who know nothing of the treatment fit for an educated gentleman, or cherish a personal spite, the discharge of his duties may become simply unbearable. He may be peremptorily summoned, in any weather, at any hour, and to any distance, to a case which he may probably find to be altogether trivial, or to a person whom he may know to be perfectly well able to pay—aye, even to the committeeman's own brother or daughter.

**Workhouse Hospitals.**—The number of unions in Ireland is 163, to each of which is attached a medical officer, who is appointed and controlled by the Board of Guardians in the same manner as the dispensary surgeon is by his committee. The salary is usually better than that of the dispensary doctor, and the duties of a more easy and satisfactory description, inasmuch as they are confined to daily attendance at the workhouse hospital, and no night visits out of doors or any long journeys across the country are involved.

**Superannuation.**—A Poor-law medical officer may now receive a pension not exceeding two-thirds of his salary on being incapacitated from illness or old age. This grant is strictly at the discretion of the guardians; nevertheless, it has been given in most cases in which physical incapacity has been clearly proved. There are now about sixty ex-medical officers receiving superannuation allowance, whose average term of service before pension was twenty years, and whose allowance averages about £60. Their average age at retirement was sixty-three.

Complete information as to fees, emoluments, duties, and appointments of Irish Poor-law medical officers will be found in the "Irish Medical Directory" for 1884.

#### VI.—SCOTCH POOR-LAW MEDICAL SERVICE.

Practically these appointments, once made, are held *ad vitam aut culpam*, while in terms of the strict letter of the law they are but yearly appointments. Arbitrary dismissal is, however, guarded against by the powers of the Board of Supervision. It is expected that soon parochial medical appointments will be *legally* placed on the footing of permanent ones; and that a retiring allowance will be provided for the medical officers, as is the case in Ireland. The emoluments received from the local boards vary according to the number of paupers, size of the parish, and often the local exigencies requiring the residence of a medical man. Salaries may be said to range, on an average, from £30 to £100 per annum. In remote and thinly-peopled districts the landed gentry and large farmers assess themselves in sums varying from £3 to £20 to make up an adequate income to the doctor, which, however, must be held in lieu of fees for medical attendance. Should such attendance, however, be much in excess of any such sum, the doctor is usually safe in trusting to the honour and generosity of the Highland gentleman, for this arrangement is more peculiar to the Highlands of Scotland. The young

doctor has more speedy and easy access to "good society" in the country than in large cities; and perhaps better society than the latter: and should he be worthy of it he is certain to command respect and courteous treatment, and, with limited ambition and sporting tastes, to lead a useful and happy life.

#### PARTNERSHIPS, ASSISTANCIES, &c.

**Partnerships in General Practice.**—Many men, looking over the voluminous accounts of college curricula and university regulations, either for themselves or their sons, may naturally draw a deep sigh over the work to be done or the money to be spent, and exclaim, "What then?"

Of course, the full and complete reply to this question would fill a volume or two; but we may briefly indicate what can and what cannot be done, *as a rule*. There are many exceptions, but we advise no one to think that he will escape the general rules which affect the mass of men.

First, there is private practice as a destiny and ultimatum. In Ireland and Scotland it is generally found that private practice worth having only exists in large towns; elsewhere in these two divisions, medical men live chiefly on their appointments. In England this is not so; the appointments are subordinate to the practice everywhere; the succession to a practice can be very generally secured by purchase; but this is not so in Ireland or Scotland. But in England there are practices that cannot be bought; no money will command the highest class of practice; it is a personal thing which attaches to a man, and cannot be transferred. Partnerships are regarded as safe introductions to practice; but apart from the notorious charges for partnership, we regard them as greatly over-estimated in value.

For a partnership a considerable amount of capital is absolutely necessary, for the following reasons:—1. A share in a partnership, if of any value, is not likely to be had for less than £1,000. 2. A junior partner has to live upon his own resources until the money *earned* in the practice after the date of his entry is paid, *i.e.*, until the first year's bills have gone out and been honoured by the patients.

**Assistantships.**—An assistantship is a capital discipline for any man. Such engagements are not what they used to be, the assistant in a medical practice being now treated as a gentleman.

Medical assistants may be divided into two classes—qualified and unqualified; but the salary which either will obtain is far more a question of actual experience than of the diploma which may be held in any given instance. The experience obtained by an assistant in England, even though unqualified, may be sufficient to enable him to obtain a far higher salary than many gentlemen of much higher qualifications, but who are without knowledge of English practice.

To act as "locum tenens" it is essential that previous experience of practice should have been obtained, a full knowledge of dispensing being absolutely necessary, dress and personal appearance going also a long way towards securing an engagement.

**Colonial and Ship Appointments.**—There are certain appointments, however, which are obtained without difficulty which are often inquired about. The postal service to and between the West India Islands is an unhealthy service, but is not a bad one for men who can control themselves. The salary and perquisites are equal to about £200 a year, with board and lodging. If a man lives through a few years, and does not fall a victim to the many temptations which present themselves, he may ultimately get promotion into the Cape or Brazilian lines, which is regarded as a very good service.

To the Peninsular and Oriental Steam Company it is

almost impossible to obtain entrance except by the personal influence of the directors. The same may be said of other steam lines which are popular. We have known candidates to wait with their names put down for two years without being sent for.

In conclusion, it may be stated that, whilst we have indicated generally the portals to success *after* the diploma has been obtained, we have no intention of ignoring the fact that men of decision of character, good antecedents, and high qualifications can and do secure distinguished positions in the profession, and occupy a large space in the eye of the world. But genius is the heritage of the few, and the great majority of men will do well to moderate their ambition, and seek to do their duty in the customary spheres of life in which many noble hearted men have lived, worked and died, leaving the world somewhat better than they found it.

#### INDEX TO THE ADVERTISEMENTS OF MEDICAL COLLEGES, SCHOOLS, &c., IN THE UNITED KINGDOM,

On reference to which the Prospectus, Names of Teachers, Hospital Staffs, &c., will generally be found.

ENGLAND.	
Bethlem Hospital.....	39
Bristol University College Medical School.....	40
Central London Throat Hos- pital.....	34
Charing Cross Hospital.....	36
Chelsea Hospital for Women.....	35
Christman College.....	17
Dental Hospital of London.....	34
Durham University.....	40
Guy's Hospital.....	38
Homoeopathic Hospital.....	34
Hospital for Consumption.....	38
Hospital for Diseases of the Throat, Golden Square.....	34
Hospital for Women, Soho.....	38
King's College, London.....	36
Leeds School of Medicine.....	37
Liverpool University College.....	19
Liverpool Royal Southern Hos- pital.....	39
London Hospital.....	39
London School of Medicine for Women.....	28
Manchester, Owen's College.....	41
Middlesex Hospital.....	37
National Dental Hospital.....	34
Royal London Ophthalmic.....	39
Royal Normal School of Science School of Anatomy (Cooke's).....	33
St. Bartholomew's Hospital.....	37
St. George's Hospital.....	36
St. Mary's Hospital.....	37
St. Thomas's Hospital.....	38
South London School of Phar- macy.....	36
University College, London.....	36
Victoria University.....	41
Westminster Hospital.....	38
Yorkshire College of Science.....	40
IRELAND.	
Adelaide Hospital.....	54
Carmichael College of Medicine.....	45
Catholic University.....	42
City of Dublin Hospital.....	53
Coombe Lying-In Hospital.....	49
Dental Hospital of Ireland.....	46
Dr. Steeven's Hospital.....	41
Jervis Street Hospital.....	43
King and Queen's College of Physicians.....	48
Ledwich School of Surgery.....	44
Mater Misericordiae Hospital.....	54
Meath Hospital and Co. Dublin Infirmary.....	46
Mercer's Hospital.....	49
National Eye and Ear Infirmary.....	48
National Orthopaedic Hospital of Ireland.....	43
Queen's College, Galway.....	55
Queen's College, Belfast.....	43
Queen's College, Cork.....	55
Richmond, Whitworth, and Hardwicke Hospitals.....	47
Rotund Hospital.....	44
Royal College of Science, Ire- land.....	47
Royal College of Surgeons in Ireland—School of Surgery.....	52
Sir Patrick Dun's Hospital.....	52
Sir Patrick Dun's Hospital Maternity.....	51
St. Vincent's Hospital.....	50
St. Mark's Ophthalmic Hosp.....	55
University of Dublin.....	51
SCOTLAND.	
Aberdeen University.....	56
Anderson's College, Glasgow.....	56
Edinburgh University.....	58
Edinburgh Royal College of Physicians.....	57
Edinburgh Royal College of Surgeons.....	56
Edinburgh Royal (Dick's) Veterinary College.....	57
Edinburgh Royal Infirmary.....	57
Glasgow Faculty of Physicians and Surgeons.....	56
Glasgow Royal Infirmary Med. School.....	58
Glasgow University.....	56
Glasgow Western Medical School.....	58

### Notices to Correspondents.

The Editor desires to thank those gentlemen attached to the various Medical Schools for supplying him with the information from which the foregoing pages have been composed.

As this number is devoted exclusively to information necessary for students intending to join one or other of the various medical schools, and for those who, having passed their curriculum, are about to enter the ranks of the profession, the ordinary matter which fills our columns is necessarily deferred till next week.

Should any of our readers desire to present this number to a patient or friend who contemplates sending his son to a medical college, our Publisher will be happy to supply him with a duplicate free of cost.

#### THE BRADLEY FUND—(SIXTH LIST).

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Will you kindly acknowledge the enclosed additional list of subscriptions?

I remain, Sir, yours faithfully,

RICHARD JEFFREYS.

Fastwood House, Chesterfield, September 14, 1885.

Mr. Thomas Smith ..	£5 0 0	Dr. T. Kilner Clarke ..	£1 1 0
Dr. W. H. Ransom, F.R.S.	2 2 0	Dr. James Hardie ..	1 1 0
Dr. William Carter ..	1 1 0	Dr. James Dunscombe ..	1 0 0
Mr. Chas. E. Crossley ..	1 1 0	Mr. Geo. C. Franklin ..	0 10 6
Dr. A. Bostock Hill ..	1 1 0	Mr. James Taylor ..	0 10 6
Dr. Thomas Stevenson ..	1 1 0	Mr. Alfred Kershaw ..	0 10 6
Dr. Walter G. Smith ..	1 1 0	Mr. John Halliday ..	0 10 0
Dr. Robert H. Clay ..	1 1 0	Dr. Richard Fetch ..	0 10 0
Dr. Geo. W. Balfour ..	1 1 0	Dr. Thos. H. Watson ..	0 10 0
Mr. W. C. E. Taylor ..	1 1 0	J. M. ..	0 10 0
Dr. Chas. T. Aveling ..	1 1 0		

#### HISTORY OF THE PROGRESS OF LARYNGOLOGY.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Will you allow me to state my opinion that my views upon voice mechanism should at least have received mention by Mr. Gordon Holmes in the valuable papers which have appeared in your columns? The views to which I refer have now appeared in four journals since they were first published in the *Students Journal and Hospital Gazette* in 1876. They met with obloquy from the pen of Mr. Holmes in the *Lancet* in 1879, but they were nevertheless, in 1881, granted a prominent position in that international review upon the speaking and singing voice named *The Voice*, published in Albany, New York.

I may remark that, so far as I am aware, no attempt has ever been made by means of argument to refute the views I hold upon voice mechanism until last year, when, in *The Voice*, Mr. John Howard, of Chicago, made an attempt, with a result which I leave readers of that journal to decide.

I am, Sir, yours, &c.,

Clayton-le-Moors.

C. E. ILLINGWORTH, M.D.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—To my remarks on the invention of the laryngoscope the following note appears:—"The history of attempts at laryngoscopy prior to Garcia having been given at length by Windsor, Guillaume, Mackenzie, Fauvel, and others, need not be recapitulated here." Your correspondent Mr. Jabez Hogg need be under no apprehensions as to Avery's labours should be forgotten, for, if he will turn to any of the text-books on the laryngoscope, he will find his procedures described at length, usually with illustrations of the apparatus he used. As Fauvel remarks, however, "Avery did not publish his discovery, of which nothing was known in the medical world till after those of Truick and Czermak." Wishing not to crowd my history with unimportant information, I omitted all mention of Avery and several others, as indicated in the note quoted above.

I am, Sir, yours, &c.,

10 Finsbury Sq., London, E.C.

GORDON HOLMES.

### Births.

- BROOMFIELD.—September 15, at 30 York Street, Dublin, the wife of Humphrey Broomfield, F.R.C.S.I., of a daughter.
- COGHLAN.—September 8, at Granagh House, Waterford, the wife of Dr. F. F. Coghlan, of a son.
- HEUTSCH.—September 15, at 4 Portland Place, Peckham, the wife of J. P. Heutsch, M.R.C.S., of a daughter.
- MOORE.—September 13, at 5 Cavendish Row, Dublin, the wife of Dr. M. J. Moore, of a son.
- WADDY.—September 13, at Lower George's Street, Wexford, the wife of Dr. J. P. Waddy, of a son.

### Marriages.

- FOX—MACDOT GALL.—September 16, at St. James-town, Ros-shire, Fortesque Fox, M.B. Lond., of Strathpeffer Spa, to Katherine Stewart, daughter of the Rev. W. S. MacDougall, of James-town, N.B.
- STOKES—DYMOND.—September 16, at St. Nicholas Church, Tooting, Francis A. Stokes, L.R.C.P. Lond., M.R.C.S. Emg., of Upper Tooting, to Edith, only daughter of John Neate Dymond, of Manor Lodge, Tooting Graveney.

### Deaths.

- BOOKER.—August 15, at Steynsburg, South Africa, William A. Booker, M.D., J.F., eldest son of Thomas Booker, Clonlennon, Co. Meath.
- DALY.—September 16, at 41 Waterloo Road, Mark Wetherby Dalry, F.R.C.S.I., at an advanced age.
- GAY.—September 15, at Hampstead, John Gay, F.R.C.S., late Member of the Council of the Royal College of Surgeons of England, aged 72.
- GUY.—September 10, at his residence, Gordon Street, Gordon Square, London, Wm. A. Guy, F.R.C.P. Lond., F.R.S., Consulting Physician to King's College Hospital, aged 75.
- MACDOWEL.—September 15, at 5 Haddington Terrace, Kingstown, Benjamin George MacDowel, M.D., Physician to the Queen in Ireland, aged 64.
- THOMSON.—September 14, at Elgin Road, Addiscombe, William Thomson, M.D., L.R.C.S. Ed.
- WADE.—September 11, at the residence of his brother-in-law, Blenheim, Monmouthshire, John Joseph Wade, M.D., late of Galway.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 30, 1885.

## CONTENTS.

<b>ORIGINAL COMMUNICATIONS.</b>	
The Physiology and Management of Placenta Prævia. By Robert Barnes, M.D., F.R.C.P. Lond., Consulting Obstetric Physician to St. George's Hospital.....	299
The Nature and Treatment of Gout. By Dr. W. Ebslein, Professor of Medicine and Director of the Medical Clinic at the University of Göttingen.....	300
The Emergencies of Surgery. Being a Course of Lectures delivered in the Meath Hospital and County Dublin Infirmary. By Lambert Hepenstal Ormsby, M.D., F.R.C.S., Lecturer on Clinical and Operative Surgery, Surgeon to the Meath Hospital and County Dublin Infirmary, Surgeon to the Children's Hospital, &c.....	302
Lecture on Hemostyptics. By Dr. D. Antonio Morales Perez. Translated from the Spanish by Alfred S. Gubb, L.R.C.P. Lond., M.R.C.S., Resident Medical Officer French Hospital, London.....	304
<b>CLINICAL RECORDS.</b>	
An Epidemic of Sore Throat and Diphtheria. By William Neale, L.R.C.P. Ed., L.R.C.S.I. Medical Officer to the Mountmellick Infirmary.....	305

BRIEF NOTES FROM OUR EXCHANGES....	305
<b>SANITARY DEPARTMENT.</b>	
Reports of Medical Officers of Health for 1884.....	306
<b>LEADING ARTICLES.</b>	
THE FIRST OF OCTOBER.....	308
IRISH MEDICAL BARONETRIES.....	309
THE ETIOLOGY AND TREATMENT OF CHOLERA.....	309
<b>NOTES ON CURRENT TOPICS.</b>	
An English Welcome to Dr. Parrish.....	311
The International Medical Congress.....	311
A Curious Case.....	312
The Dangers of Morphia.....	312
Electrolytic Treatment of Stricture.....	312
Manchester Health Lectures.....	313
Aid for Indian Women.....	313
Medical Education in the United States.....	313
A Tax on Cape Practitioners.....	313
The Electoral Franchise and Medical Relief.....	313
The Parasites of Fresh-water Fishes.....	313
Development and Decay of White Blood Corpuscles.....	314
Sad Death of Mr. Canton.....	314
Bacteriotherapy.....	314
Chromatology of Actines.....	315

Clinical Teaching in the Cork Workhouse	315
Another Medical Candidate for Parliament	315
A New Hæmorrhagic.....	315
Inoculation for Hydrophobia.....	315
Pregnancy after Double Ovariectomy.....	315
EDINBURGH.....	316
<b>CORRESPONDENCE.</b>	
The Method of Evolution and Germs.....	317
"Spinning in Asylums".....	317
The Whitson-Franks' Controversy on Drainage Tubes.....	317
Private Practice by Resident Superintendents of Irish Asylums.....	317
<b>OBITUARY.</b>	
Dr. W. A. Guy, F.R.S.....	318
John Gay, F.R.C.S.....	318
<b>LITERATURE.</b>	
Transactions of the Academy of Medicine in Ireland.....	318
Pass Lists.....	319
Medical News.....	319
NOTICES TO CORRESPONDENTS.....	320

## Original Communications.

### THE PHYSIOLOGY AND MANAGEMENT OF PLACENTA PRÆVIA.

By ROBERT BARNES, M.D., F.R.C.P. Lond.,  
Consulting Obstetric Physician to St. George's Hospital.

The very interesting papers on Placenta Prævia of Drs Murphy and Braxton Hicks (*Medical Press*, September 2, 9, 1885) fitly call attention to the practical modes of dealing with a complication of pregnancy, which, until the publication of my Lettsomian Lectures, and my Lectures on "Obstetric Operations," had been regarded as one of the gravest dangers in obstetrics.

Dr. Murphy and Dr. Hicks have discussed the subject of treatment chiefly upon the empirical ground of the value of particular measures, that is, dilatation of the cervix uteri, detachment of the placenta from the lower segment of the uterus, and the bi-polar method of turning. These proceedings are all of proved value. But rightly to apply them in order, time, and manner, we must seek for our guide in the physiology and natural process of placenta prævia. In this way we shall arrive at a method of treatment at once rational, and, in the best sense, empirical.

The theory of placenta prævia first enunciated by me in 1847, developed more fully in my Lettsomian Lectures, 1857, in my "Lectures on Obstetric Operations," 1870, and in the "System of Obstetric Medicine and Surgery," by myself and Fancourt Barnes, 1885, has stood the severest tests of clinical experience and keenest criticism. The memoir of Dr. Murphy bears direct clinical testimony to the principles I have laid down. He gives a series of twenty-five cases treated without a death. In the summary of sixty-nine cases observed by me down to 1864, and quoted by Dr. Murphy, there occurred a series of twenty-nine cases without a death. I think it may safely be affirmed that these results are in striking contrast with all previous records. This is eminently a case in which

successful therapeutics proves the truth of the theory upon which it is based.

But recently a remarkable confirmation of this theory comes from an independent authority, working from a distinct point of departure. By a process of physiological reasoning and clinical observation I had demonstrated that the uterus presented three zones differently endowed; that the lower zone was the true seat of placenta prævia; and that there was a physiological line of demarcation between prævial and lateral placenta. This lower circle or physiological boundary-line between safe and dangerous placental attachment has been (1876) demonstrated anatomically by Bandl. Thus, clinical, physiological, and anatomical study confirm each other, and concur to demonstrate what really constitutes placenta prævia.

*Parvis componere magna.* May I, with unbounded veneration for the illustrious discoverers of the planet Neptune, recall the history of that discovery in illustration of the more modest history of placenta prævia? There is this point of similarity: In both cases the physical demonstration was preceded and indicated by theoretical research and induction. The calculations of Adams and Leverrier to account for the aberrant motions of Uranus made certain the existence of a planet, whose mass and place in the heavens they described with such precision that Galle, turning his telescope to the spot, actually saw it. To resume my argument. The rational management of a case of placenta prævia depends upon the observance of the law that hæmorrhage frequently ceases when all the placenta that is strictly prævial is detached. Not that this detachment is always sufficient *per se*. Concurrent contraction of the uterus and other factors are necessary, and several measures must commonly be called into action in aid of the efforts of Nature, in combination or in succession. Let us take these in order. Assuming, first, a case in which serious hæmorrhage is going on whilst the cervix uteri is not dilated enough to admit the finger, we have a choice of two proceedings—1. To puncture the membranes; or 2. To dilate by my bags. The puncture is often the best thing to do first; and this because it is in many cases sufficient to arrest

the hæmorrhage. The uterus under its retractile or spring-like energy of form-restitution detaches the placenta from the dangerous zone, and closes the bared uterine vessels. It is a proceeding that can be adopted even at the earliest stage, before other measures can be executed.

2. Take a case where the bags can be used at once. Dilatation by their help may be made before rupturing the membranes. There is rarely much bleeding whilst the bag is *in situ*; its intra-uterine portion presses upon the lowest portion of the bleeding zone; it provokes uterine energy, and thus, having opened the way, we proceed, thirdly, to the essential measure of detaching by the finger the placenta from the lower zone of the uterus. This accomplished, the hæmorrhage will often stop, and it may be wise to wait awhile. But if bleeding continue, we proceed, fourthly, to the delivery of the child. This is generally best effected by Hicks' method of bi-polar turning. The placenta is then expressed. And should hæmorrhage still continue, uterine contraction failing, the course is to inject, first, hot water, and, that failing, a solution of perchloride of iron, the uterus being compressed by the hand. The case is now one of ordinary post-partum hæmorrhage.

It thus appears that no one proceeding is the proper method of treatment, but that several proceedings are pressed into the service according to the indications. The one of prime necessity is the detachment of the placenta. Turning comes in occasionally and incidentally. And here I may remark that Dr. Murphy's reproach that Hicks' method has found less favour in England than abroad is hardly correct. I took great pains by making special illustrations to call attention to its merits, and confirmed his claim to originality in the first edition of the *Obstetric Operations* in 1870. I there particularly said, referring to placenta prævia, that "the bi-polar method here finds one of its most valuable applications." Since then the method has been fairly recognised by Leishman and Playfair. Hicks' own illustrations are given in Lusk. It is referred to with less appreciation in the German and French text-books. Spiegelberg especially is behind the day in the application of this method to the treatment of placenta prævia. And, indeed, the teaching of this author is distinctly retrograde—he would carry us back to the *accouchement forcé*.

His first rule is to wait, hoping that the bleeding may stop, and the period of instant danger be tidied over until the normal term of gestation is reached. "But if the bleeding continues or becomes profuse, we must step in and deliver as quickly as possible by turning and extraction. The delivery is now often remarkably quick, when the cervix seems but slightly canalised, in virtue of its great relaxation and the slight development of the musculature at the lower segment of the uterus, especially in pluriparæ. One must not be frightened by the word '*accouchement forcé*,' since it is mostly found on trial that it is very little forcible."

This is the old purely empirical treatment under which so many disasters have occurred, and which made placenta prævia a word of terror.

## THE NATURE AND TREATMENT OF GOUT.

By Dr. W. EBSTEIN,

Professor of Medicine and Director of the Medical Clinic at the University of Göttingen.

Non fingendum, aut excogitandum, sed invenendum quid Natura faciat aut ferat.—Bacon

(Continued from page 251.)

### CHAPTER V.—(Continued.)

#### *Gout of the Human Subject from a Clinical Point of View.*

As regards the facts of chemistry that may be adduced in favour of the participation of the muscles and bones

in the gouty process, we know as far as the muscles are concerned that the number of the known nitrogenised products of tissue-change which are constantly present in the muscles of the mammals is limited to kreatin, which is met with in every kind of flesh and to certain xanthinoid bodies. The xanthinoid bodies are in any case amongst the most prominent of the products of tissue change that are observed in the muscle fluids of the mammalia.

To this group belong, as is already known, *hypoxanthin*, or *sarkin*, *xanthin*, and *uric acid*, to which is to be added as a member apparently less frequently met with, *guanin*. Perhaps to these some other hitherto less known bodies belong. The formulæ of hypoxanthin and xanthin differ from that of uric acid only in that sarkin contains O, xanthin O<sub>2</sub>, and uric acid O<sub>3</sub>. Guanin can be procured from xanthin by the substitution of O for N H. It is scarcely to be doubted that a genetic connection exists between these xanthoid bodies, so that by continued oxydation hypoxanthin may become xanthin, and this again uric acid. Notwithstanding this, up to the present, none of the xanthoid bodies have been demonstrated in normal muscular tissue by Strecker, Scherer, and Städeler, except hypoxanthin and xanthin. As regards the occurrence of uric acid in the normal muscular tissue of mammals, this, as Meissner has taught, has never been demonstrated, and since the publication of his *grundlegenden* work no observation has appeared that in any way alters matters. The opposing statements of several manuals may, as we shall quickly see, be otherwise explained. Once only has it happened to Meissner to demonstrate exceedingly small quantities of uric acid in the muscles of a fowl fed with beef. On the other hand, we know decisively that uric acid occurs in diseased muscle. As was stated above, uric acid was demonstrated by Carius and Liebig in the muscles of an alligator. We possess unfortunately so far no chemical examinations of the muscles in gout of the human subject. Such examinations are a great desideratum, and will be made on the first opportunity, which is here, however, not a very frequent occurrence. In the meantime much has been gained in knowing through Neukomm that *uric acid is present in human muscle* in other diseases. Neukomm found *uric acid* in the muscular tissue of the pectoralis and serratus anticus of a girl æt. 19, who died of typhus, and a remarkable quantity of kreatinin, together with some kreatin; urea and leucin were not demonstrable; from the heart of a female who died of syphilitic cachexia he was able to obtain kreatin, urea, *uric acid*, and xanthin in smaller quantity.

As regards the condition of bone in gout, Bramson in agreement with Marchand found in the apparently healthy bone of a gouty individual (who in addition to this suffered from pulmonary phthisis) in comparison with the bones of a healthy individual a diminution of the earthy phosphates and carbonates. With this fact only verified in two cases, which Bramson seeks to explain by supposing that with the increase of lactic acid in arthritic individuals these earths are carried out of the system by the urine, not much is obtained for our purpose. Moreover, it stands opposed to the investigations of Stokvis in the relations of the urinary phosphates. This observer found in a case of gout that the phosphoric acid in combination with earths was much diminished in comparison with the other phosphoric acids, not only during the gouty attacks, but also in the intervals between them.

The marrow of bones interests us far more on account of its analogy to the spleen. In the meantime, from the few chemical examinations that are before us we only get the result, that not only, as Salkowski has already shown, hypoxanthin and formic acid together with a higher fatty acid, probably butyric, are present in aqueous extracts of bones in leucæmia, but that also in normal marrow hypoxanthin can be proved to be present as is shown by the investigations of P. Heymann. Whether uric acid occurs in marrow there are no investigations to show as far as



my observation reaches. *Can hypoxanthin or xanthin be converted into uric acid in the system?*

Herr Jaffé of Königsberg related to me on the occasion of a conversation on these questions an unpublished experiment performed for the purpose of ascertaining whether sarkin could be converted into uric acid in the animal body. This investigator fed a dog with 0.3 gm. of sarkin which he found again in the urine mostly as such. The uric acid was apparently not increased; a quantitative analysis was, however, not made. Whatever these experiments may yet result in, the negative result obtained will not shake the possibility that sarkin and xanthin may become converted in the system into uric acid, as there may well be certain conditions under which this change may be accomplished. That this cannot be accomplished experimentally by introducing the material into the stomach does not allow the conclusion that this change does not take place in the system.

As regards the muscles especially, as it has been proved that uric acid is really present in diseased human muscle we are on more level ground. It will be our problem now to offer proof that uric acid is present in the muscles in gout of the human subject. If it is allowed to draw conclusions from analogies it appears to be not improbable that when the chemical conditions of marrow are rendered more clear by more frequent examinations uric acid will be proved to be present along with hypoxanthin, as in muscle. I hold this not simply as a *pium desiderium* that has had its origin in the occasion and in the interest of my hypothesis as to the pathogenesis of gout, but as an almost necessary postulate. For if marrow is to be ranged histologically and functionally by the side of the spleen, about which no one is in doubt, then one should *a priori* be permitted to count on the possibility that the marrow of bones also belongs to the uric acid forming organs.

Whilst according to the foregoing I am inclined to claim for muscular tissue and bone or bone marrow an essential participation in the development of primary articular gout, I deny any active participation to connective tissue which has been placed in the foreground by some authors. I first mention here as the most distinguished and decided of the representatives of this theory Cantani. Amongst the tissues that produce uric acid in gout he places cartilage and the peri-articular tissues (ligaments, tendons, &c.) in the front rank. Senator also appears inclined to the view that at least a part of the uric acid is formed in the cartilaginous tissue; he speaks as follows: "That in cases of gout the depositions take place first and by preference in the cartilaginous tissue and thus in the non-vascular parts, and in the joints lying farthest towards the periphery is to be explained by the fact that at least a portion of the uric acid is most likely formed in the tissues and then conveyed into the lymph; then also perhaps for the reason that this has a lower solvent power than the sanguineous fluid."

I believe, and I have already mentioned the subject, that in the cartilage itself and in the connective tissue no uric acid at all is formed. I look upon *cartilaginous tissue as well as the other connective substances as solely or almost solely conducting tracts for the fluids, but not as independent workshops* for animal tissue change, and I agree perfectly with Bartels, who says that in the cartilaginous and fibrous tissues only the conditions for the separation of uric acid from the nutrient fluids are particularly favourable. I do not believe that tissues with such little change of fluids are entrusted with such weighty functions. There is certainly no great difficulty in conceiving through what channels in gout a part of the uric acid formed in the muscles and marrow of bones finds its way into the non-vascular cartilaginous tissues. I shall shortly return to this. Another portion of the uric acid formed in the extremities may quickly pass into the blood-vessels, for, as is known, as the investigations of Garrod and Salomon show, uric acid can be proved to be present in the blood, during an attack of gout, but

not at other times. The two investigators differ in their results regarding the quantities of uric acid present in the blood during an attack of gout, which Salomon found to be far less than Garrod. As already stated, in regard to the main point, viz., that uric acid is present in the blood during the attack, they are at one. Salomon, in addition, says on the occasion that in the blood drawn in venesection in gout, just as is usual after being digested twenty-four hours in the warm chamber xanthin and hypoxanthin are formed whilst the minute quantities of uric acid disappear. His hope that evidence would be given of some abnormal decomposition, especially an increase of the uric acid present, was not fulfilled.

If I now add a word on the way in which the uric acid compounds reach the articular cartilage, we must assume that they are conveyed to it along with the nutrient material from the adjacent bone. In the marrow of bone itself, in cases of gout, regular nodules of urates have been found. They are retained at the free edge of the articular cartilage, for a fringe of crystalline urates is first seen appearing just below this in articular gout. It is here that they are met with most freely when in the course of time still larger portions of the articular cartilage are occupied by them.

The opinion of Cornil and Ranvier should not pass unnoticed, which, differing from the view at present in the ascendant, is to the effect that very probably the cartilage is nourished by the fluids given off by the vessels of the synovial membrane, and that it does not receive its nourishment from the bones. But that the urates reach the articular cartilage in cases of cartilaginous gout from the articular cavity is according to the position of things as little to be accepted as that urates enter the cavity of the joint from it. This is shown by Garrod, whose anatomical experience on the subject of gout is very great, who has expressly remarked that even when the joint is affected in a high degree by gout the cavity remains free from depositions, and that relatively large amounts of soda urates are not generally found in the joints.

But in primary articular gout it is not alone the cartilage that is implicated. One thing must be placed in the foreground in the clinical history of articular gout, that in the typical attack of gout independent of the cartilage of the joint, the participation of which *intra vitam* we simply *a priori* assume on the basis of well-grounded anatomical observation—the other parts of it and the encircling cutaneous covering are drawn into the most active sympathy.

Let us analyse the symptoms to be observed in a typical attack of gout:—1. The violent pain; 2. The glistening and tense skin, in which as signs of the oedema present, particularly when the inflammation has ceased, pitting takes place on pressure which only fills up slowly; as well as—3. The subsequent desquamation which takes place after the inflammation and swelling have passed away. We thus have a group of symptoms strikingly resembling those of erysipelas. As in erysipelas, so also in a typical attack of articular gout, we must assume an accumulation of inflammation-exciting material *in loco affecto*. These two phlogogenic substances are diverse, and are distinguished the one from the other by the fact that in erysipelas the poison is septic, and in gout it is aseptie. That this aseptie poison in the case of gout is uric acid, which accumulates in abnormal quantities in the part affected we may assume to be correct, after our experiments have taught us that chemically pure uric acid and its compounds are able to set up inflammations that run an aseptie course.

Every rapid accumulation of fluid containing urates leads according to this not only to swelling and oedema, but to aseptie inflammation. The facts discussed in the third and fourth chapters have shown us that in regard to this uric acid takes an exceptional position compared to all other products of metamorphosis.

Whilst I premise that in primary articular gout uric acid is formed in the region of the muscles and marrow of



bones, and that by the increased accumulation and stasis of this the symptoms of primary gout are originated, the questions occur quite naturally, for it cannot be accepted that the formation of uric acid can be limited to some of the muscles and the marrow of some of the bones—

1. Why the fluid containing uric acid accumulates more readily? and 2. Why the fluid containing uric acid becomes localised first, and by preference in the most extreme parts of our bodies?

The assumption that the movement of the uric acid laden fluids becomes obstructed more readily and oftener than that which is normal must be looked upon as correct and as answerable to the facts. The explanation, therefore, may be sought on several grounds, which I shall explain more fully when I come to the second question, and in the physical condition of the uric acid laden fluids; further, in the peculiar character of the tissues through which the fluids pass, and lastly in the circumstance that in the course of time in the process of gout itself, material diseases of the kidneys, and in the circulatory system set in, which are peculiarly favourable to disturbances of the circulation of the fluids.

As regards the second question, Why do the accumulations take place with especial frequency in the most distant parts of our bodies? the following statement may be permitted.

Like every other stasis, this develops by preference in those parts of the body which are distinguished in general by the slowness of the movements of the fluids. As in our lower extremities the *vis à tergo* is less than in the upper half of the body, it is thus explained, at least in part, why these lower extremities, and especially their most advanced part the great toe, are attacked in articular gout with such marked predilection. I shall return to the other contributory point in regard to this. In the meantime this rule is no law. We see that in the upper half of the body also gouty localisations are not unfrequently developed comparatively early, thus in the hands and fingers, particularly also in the cartilage of the ear, far more rarely in the nose. As regards the nose in particular, I believe the copper nose of gouty people—by which I do not by any means say that it never occurs but under the influence of gout—should not be considered as anything else than a *dermatitis simplex*, or as a *phlegmonosa chronica urtica*, which is kept up by the difficulty there is in getting rid of the uric acid laden fluids from this advanced post. Thus we have here in the speech of the ancients a *rhinagra chronica*. This in inveterate gout is an oft-recurring inflammatory process, which is to be understood in the same light as the other gouty inflammations of which I shall speak later on.

(To be continued.)

## THE EMERGENCIES OF SURGERY.

Being a Course of Lectures Delivered in the MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY.

By LAMBERT HEPENSTAL ORMSBY, M.D., F.R.C.S.,  
Lecturer on Clinical and Operative Surgery, Surgeon to the Meath Hospital and County Dublin Infirmary; Surgeon to the Children's Hospital, &c.

### LECTURE I.

#### INJURIES OF HEAD AND FACE.

(Continued from page 162.)

In cases where the eye-ball must be removed without delay for injury it is only necessary to remove the globe itself, leaving all the muscles behind (*enucleation*), and it is only for malignant disease of the globe implicating the orbital contents and muscles that complete removal of the whole contents of the orbit is necessary (*extirpation*). The instruments required to enucleate the globe are the following:—1. A spring wire speculum. 2. Conjunctival forceps. 3. Strabismus hook. 4. Small pair of sharp scissors to divide the conjunctiva and muscles on hook. 5. A large pair of curved blunt-pointed scissors to divide

the optic nerve when all the muscles are divided. 6. A pledget of lint, perchloride of iron, bandage, &c.

*To Perform the Operation.*—An anæsthetic being given, the spring speculum being introduced, and the lids widely divaricated, the conjunctiva pinched up with the forceps and divided with the scissors, the hook then introduced under each muscle as it is inserted into the sclerotic coat close to the cornea, and divided close to the cornea. When all the muscles are thus divided the eye becomes very moveable, and is only held in its place by the optic nerve; the globe must be then drawn well forwards, and the curved blunt-pointed scissors passed well behind the globe, and the optic nerve divided just before it pierces the posterior part of the sclerotic. Sometimes there is smart hæmorrhage which can be arrested by pressure or by a small piece of ice inserted between the lids, or a dossil of lint steeped in perchloride of iron. In about three to five weeks an artificial eye may be introduced between the lids for a short time each day until it can be permanently retained without inconvenience; it, however, should be taken out every night and carefully washed.

*Wounds and Injuries to the Nose.*—After pugilistic encounters, and other violence, the nose may be frequently torn. If the integument alone is severed it should be carefully replaced and retained by fine sutures. Sometimes the top of the nose is found completely severed, all but a small portion of integument; in all cases it is better to replace it, as numerous instances are on record where union took place even when such an occurrence seemed almost impossible. Should the nasal bones be driven inwards they should be displaced outwards by the introduction of a dressing forceps, or probe, and kept in that position by portions of catheters retained in the nostril so as to preserve the proper configuration of the organ, and prevent contraction of the nasal passages, and thereby affecting the voice. Children are very much in the habit of introducing beads, small pebbles into the nostril, these occasionally become embedded in the mucous membrane, and produce irritation, and the fœtid discharge simulating ozena. The presence of these may be detected by a probe, and are likely to be dislodged by constant syringing up a full stream of salt and water into the nostril, or they may be dislodged by a wire or horse-hair snare.

*Epistaxis, or Bleeding of the Nose* will be found under the head of Hæmorrhage.

*Wounds and Injuries to the Ear.*—The external ear may be lacerated or torn after gun-shot or machinery accidents. Cases are on record where the whole external portion of the ear was cut off, and then the severed portion was carefully replaced and retained in place by sutures and plaister, and the part thus adjusted healing and uniting without difficulty. With this knowledge care should therefore be adopted to replace all pieces with fine sutures, the integument should be the only structure included in the suture, not the cartilage.

*Foreign Bodies Introduced in the Ear.*—Children sometimes insert beads and cherry stones, &c., into the external auditory canal, which soon get embedded so as to be firmly fixed, and thus prevent removal. Irritation, inflammation, and, perhaps, abscess, may be the result.

*Treatment.*—By far the safest and best mode of removal is by means of constant syringing with a strong stream of warm water, forceps, and snares, and probes have been recommended, but if the patient happens to plunge, or become violent, in all probability the foreign body may be only driven farther in the canal, and farther out of reach, and particularly with children it is worse than useless to try any method but syringing with a gentle and constant stream of water, perseveringly applied, it seldom fails to dislodge the foreign matter, no matter what it may be. Insects sometimes crawl into the ear, they may be dislodged by making the patient lie on the opposite side, and pouring water into the affected ear; the insect not being able to go farther back, owing to the membrana tympani, and feeling the inconvenience

of the fluid, will beat a hurried retreat through the external opening. If any instrument is used except the syringe, a horse-hair snare may be employed with the least danger of doing injury, and if any exploration must be made with children they should be placed under the influence of an anæsthetic.

## LECTURE II.

Dangers arising from Obstruction of the Air Passages—

Glossitis—Cynanche Tonsillaris—Œdema of the Glottis—Scalds of the Glottis—Foreign Bodies in the Glottis, Larynx, Trachea, Pharynx, Œsophagus—Wounds of the Throat—Tracheotomy in Croup, Diphtheria, and Laryngitis—Hanging—Drowning—Cellulitis of Neck, &c.

IN no department of surgical practice are sudden emergencies so common as those connected with closure of the mouth, throat, and air passages. A rapid course of events may present a case to you where promptitude of action is of paramount importance, and where it may be the means, in the hands of a skilful surgeon, of saving a valuable life.

*Glossitis*, signifying an inflammatory condition of the tongue, an affection which is of very common occurrence, although at one time considered to be rare, owing to the paucity of recorded cases. The condition of the tongue becomes very suddenly enlarged, painful, and swollen, so that one-half or the whole of the organ, by the rapid œdema at the base, becomes engaged, the glottis and each side are pressed together, and the epiglottis is then mechanically prevented from rising, and thereby closes the opening so completely as to produce urgent and alarming symptoms of dyspnoea.

In this tongue and larynx attached which I hold in my hand, which I removed from a subject in the dissecting-room this morning you can easily see when I press back the tongue to simulate the œdema that it mechanically closes the glottis and shuts down the epiglottis. On the other hand, when I draw forward the tongue it puts the glossi-epiglottidean folds on the stretch and opens wide the aperture.

*True Inflammation of the Tongue* is ushered in by a rapid train of constitutional and local symptoms, such as headache, rigors, constipated bowels, and all the other usual symptoms of pyrexia, the local signs being great swelling in the organ, tenderness, soreness in the throat, difficulty and pain in swallowing and speaking, together with a flushed and anxious face. As the tongue continues to enlarge it completely fills the buccal cavity, which becomes clogged with a thick ropy and viscid mucus, rendering speech and swallowing very difficult. The tongue becomes much indented by the teeth, owing to pressure, and occasionally protrudes out of the mouth, so that it cannot be returned until the enlargement subsides. Much pain is also felt in the submaxillary region, and generally a feeling of stiffness is experienced down the front part of the neck.

Now its setting in so rapidly and without warning, except in the cases where it occurs either during the course of some of the eruptive fevers or as the result of insalivation after the use of mercury, some authors do not believe it to be an inflammation in all cases, but give the enlargement the name of *temporary engorgement of the tongue*, for it sometimes happens that people in perfect health apparently have been seized with sudden and alarming symptoms in the course of a very few hours. The causes for both forms of affections have been referred to—cold, exposure, swallowing corrosive liquids, stings of wasps and bees, injury to the tongue by the teeth during epileptic fits, and other accidents, chewing acrid substances, such as aconite root, mercurial insalivation, &c.

*Treatment*.—In cases of temporary engorgement the enlargement may subside by the administration of saline purgatives and antiphlogistic remedies generally. If due to true inflammation, or glossitis, it may end in

resolution or go on to suppuration, which is sometimes very deep-seated, and which may require an incision beneath the chin in the mesial line between the geniohyoglossi muscles, when urgent symptoms of impending suffocation, owing to enlargement of the organ, no matter from what cause, show themselves, the emergency of the occasion requires immediate operative action. The mouth must be opened as widely as possible, a sharp scalpel must be introduced flat on the tumefied organ, and passed far back, the cutting edge turned against the tongue from base to tip on each side of the median raphe. Such incision should be free and large, so as to evacuate as much blood and serum as possible. The tumefaction at once subsides, the bleeding stops, and the threatened suffocation thus is prevented. The next day the incisions made appear as white lines on the dorsum of the tongue, and hardly discernible, as the organ returns to its natural state. In less urgent cases leeches are applied to the organ, but they are uncertain and slow, and I have found that suppuration is far more likely to occur after leech bites than after free incisions. Where the symptoms do not subside after incision, and the urgency of the case still continues, the next step for the surgeon is to open the windpipe by laryngotomy, for it must be remembered that cases have proved fatal notwithstanding bleeding, leeching, calomel and incisions (see a case related by Mr. Lyford, *Lancet*, 1828, page 16).

*Cynanche Tonsillaris, Tonsillitis, or Quinsy*.—An affection which is seldom attended with much danger to life from asphyxia, although, owing to the rapid swelling of the tonsils it produces great embarrassment and difficulty in swallowing, the patients frequently expressing a fear that they will choke, at the same time the voice becomes thick, the soft palate and tonsils much enlarged and inflamed, while there is also headache, loss of appetite, and high fever, difficulty of speech, and great pain on attempting to swallow. Such urgent symptoms generally come on from cold, and are relieved by saline purgatives. Hot fomentation, linseed poultice to the neck, and inhalation of steam from hot water, together with astringent gargles. If this condition of parts be not relieved, the tonsil may suppurate instead of ending in resolution, and the choking sensation is felt still more by the patient.

An incision must now be made (to relieve the congested mucous membrane or give exit to the pus if present) with a guarded scalpel having only about a quarter of inch of the cutting portion uncovered, and the incision made towards the uvula, or from without inwards. It must be observed that using a knife too heroically might wound the internal carotid artery and other vessels; such an accident, however, can be easily avoided by keeping the knife in the direction before mentioned, or if the matter is very close to the surface. A sharp finger nail passed into the mouth and pressed against the tonsil has frequently been sufficient to burst the abscess to the great relief of the patient. If much hæmorrhage follows an incision made in this way, it must be plugged with lint steeped in perchloride of iron. If it cannot be controlled the common carotid might have to be tied, if all other means fail. In the early stage of tonsillitis or just at the very outset of the affection, when the throat is beginning to get sore, swabbing out the soft palate and tonsils with a strong solution of nitrate of silver (20 grains to the ounce) has frequently cut short an attack.

*Œdema glottidis* signifies an inflammatory effusion and sudden infiltration of serum underneath the submucous tissue round the opening of the glottis, epiglottis, and extending down into the larynx. It may be caused from cold, but frequently occurs in young children from attempting to swallow boiling water from the spout of a hot kettle, or the drinking of corrosive liquids by mistake, or from stings of bees, and is also seen in dropsical subjects. Where such symptoms come on in children who have attempted to swallow boiling water they generally are affected in the following order, great pain is at once felt in the throat, the child cries violently, after

which it usually falls asleep, or is quieted for the time, but then it wakens up in less than a couple of hours with urgent symptoms of impending suffocation. A croupous brassy cough is present, with aphonia stridor and dyspnoea, and also a sensation of constriction above the throat. When the tongue and throat is examined vesicles or minute blebs of serum are quite discernible over the surface. Inflammation soon sets in and is followed by extensive serous effusion into the submucous tissue of glottis and larynx. It is found that this scalding effect is more due to the hot steam than to the hot water itself.

The lull, as it were, in the symptoms after the first signs of irritation have passed off must not mislead, for the symptoms of effusion require some time for development.

It seems in the *first* stage the mouth and fauces alone are affected without any impairment of respiration; in the *second* stage the larynx-glottis are affected with inflammation and effusion, and then the brassy cough and dyspnoea appear. In the *third* stage the inflammation attacks the air passages, and engorgement of the lungs sets in with stridulous breathing, a hard and erect epiglottis which can be easily felt by the finger, and it can be frequently seen injected with blood, with a very red, cherry-like appearance.

The *Treatment* for such a case consists in placing the patient in a small room protected from draughts and filled with steam from kettles at a temperature of 88 deg. F. Leeches to the upper bone of sternum, warm fomentation to neck and throat, scarifying the oedematous surface about the glottis with a knife armed and covered to short distance of its point with lint; two grains of James powder with a grain of calomel every hour, mercurial ointment rubbed into each axilla, and this treatment to be continued *till green stools* are produced.

Suppose this treatment fails, which it hardly ever does if properly and carefully carried out, as a *dernier ressort* perform tracheotomy.

(To be continued.)

## Lecture ON HÆMOSTYPTICS.

By Dr. D. ANTONIO MORALES PEREZ.

*Delivered at the School of Medicine of Barcelona.*

TRANSLATED FROM THE SPANISH

By ALFRED S. GUBB, L.R.C.P.Lond., M.R.C.S.,  
Resident Medical Officer French Hospital, London.

GENTLEMEN,—Some time since I received among other therapeutic agents two bottles of a substance extracted from the Witch Hazel, a tree rejoicing in the botanical name of "*Hamamelis virginica*." I had read at the time several articles on this subject both in Spanish and foreign languages, which spoke in very high terms of its anti-hæmorrhagic and antiseptic properties, but in consequence of the great number of new drugs submitted to one's notice, and especially from the fact that hæmostyptics are now rather out of fashion, I promptly relegated the bottles to a shelf and thought very little more about them. Some time after I assisted at Estlander's operation on a hæmophilic patient, portions of the fifth and sixth ribs being resected, profuse hæmorrhage, however, immediately took place into the pleural cavity, and neither tannic acid nor turpentine seemed to check the bleeding, though I must confess that the latter is my particular predilection in such cases. Being at a loss to know what further to suggest I bethought myself of this hazeline and sent for a bottle, I injected some and the result was both prompt and satisfactory, the hæmorrhage ceased and the patient gradually recovered. After this success I paid more particular attention to the drug and

took the trouble of making further trials as opportunities presented themselves. Not to detain you unduly I will confine myself to reading to you a few brief notes of some cases which I have had under my care, and where hazeline has been used. In a man who had been operated on for aneurism of the femoral artery, secondary hæmorrhage of an alarming character set in at the aperture of the sac, but it ceased on the application of plugs of cotton wool steeped in hazeline, and did not recur. The mother of one of my colleagues, who happens to be markedly hæmophilic, had a tooth extracted some years ago and the hæmorrhage on that occasion was very free. All the known hæmostyptics were tried and the hæmorrhage was only arrested by cotton plugs impregnated with creasote. A short time since she had to have another tooth removed and this time, although the operation was performed by a well-known dental surgeon, (a) creasote, as having been successful on the last occasion, was at once employed, but this time without any noticeable result in checking the bleeding, nor was any other application more successful. I was called to her as being urgent, and I employed Paquelin's cautery at a low red heat so as to produce a white eschar, but I did not succeed in stopping the flow of blood. I repeated my treatment three or four times without advantage, and then once again I resorted to hazeline which was applied on strips of lint, two applications perfectly arrested the bleeding which caused us no further trouble. I believe that "hazeline" must contain some acid of the quercu-tannic series, which acts by coagulating the blood which it darkens in colour, and also has some constrictive action on the muscular coat of the vessels, which tends to assist in their final occlusion. Its action is thus hæmostyptic and hæmoplastic. So far as the antiseptic properties of the hazeline are concerned, I am inclined to think that it does not destroy the organisms which set up putrefactive changes in pus, but rather that it establishes a kind of barrier between the foci of infection and the mouths of lymphatic and venous vessels, constituting in this way a powerful obliterating medium of great value in superficial and sanious antiseptia. I place these brief remarks before you with no other object than that of calling your attention to a possibly useful therapeutic agent, so that those of you who are enabled to try it on a larger scale than myself may have an opportunity of doing so. If your observations should confirm my own then it may take rank as a useful product, and in the opposite case you will be justified in relegating it to the lumber-room of therapeutics. Dr. Morales gave the results of some experiments on dogs where an incision was made in one instance in both thighs, extending down to the bone, dividing the femoral arteries and veins. On the left side cotton dipped in hazeline was applied, and in a very short space of time the hæmorrhage became arrested and formed a dark adherent clot, on removing which the wound was found clean and bloodless. On the right side a stream of cold water was applied, and the wound was compressed with a sponge in the same way as had been done with the cotton wool on the other side. The clot was longer in forming and was less substantial. It appeared from these experiments that the use of cold water besides being inconvenient in practice, is not without danger in people whose tissues are below par, and its effect, moreover, is not so rapid or so lasting as that of hazeline. Dr. Morales then alluded to the comparative advantages and disadvantages of chloride of zinc and perchloride of iron, which he considers, from their strongly caustic action, to be inferior to hazeline for ordinary use.

THE Harveian Lectures will be delivered by Dr. Buzzard, at the Harveian Society, on November 19th and 26th, and December 3rd, the subject being "*Some Forms of Paralysis Dependent upon Peripheral Neuritis*."

(a) The hæmorrhage being free.

## Clinical Records.

### AN EPIDEMIC OF SORE THROAT AND DIPHTHERIA.

By WM. NEALE, L.R.C.P, Ed., L.R.C.S.I.,  
Medical Officer to the Mountmellick Infirmary.

In January, 1884, I was first called upon to visit two children belonging to a labourer living half a mile distant from this town, both of whom were suffering from sore throat with white patches of exudation over the tonsils, redness of the fauces, and febrile disturbance. In four or five days both were quite recovered, and although there were six other children in the house no other member of the family became affected. I was unable to get the parents to send the children to the Union Infirmary.

In four weeks afterwards I was hastily summoned to attend a family half a mile further distant in same direction, the messenger stating the children had scarlet fever and that the youngest was dying. On visiting them, which I did immediately, I found the youngest child, *æt.* 2, dead, and six other children all ill in bed.

The mother first drew my attention to a fine little boy, *æt.* 7, and on examining him I found he was dying of malignant diphtheria with laryngitis. The remaining five children were affected in different degrees of severity, but every one had the white patches, enlargement of glands of neck, and febrile disturbance. On visiting them again the same evening I found the little boy, *æt.* 7, dead, and the mother also affected with the same symptoms. On the following morning I had mother and five children removed to the Union Infirmary. Three of the children were mild cases. One girl, *æt.* 9, of whose recovery I at first thought there was little hope, she having the tonsils and soft palate entirely covered with the false membrane, great difficulty of breathing and enlargement of the glands of the neck, with a temperature of 104° for several days. One other child as well as the mother was similarly affected, but in a less severe form. The entire family admitted to the infirmary made a good recovery. Two of the worst cases had for a time some paralysis of the soft palate, which, under tonic treatment disappeared.

The history of the illness in this family I saw, unfortunately, several times repeated in different portions of my district, without any history of contagion, and on more than one occasion miles distant from any other case.

The following I think worthy of recording:—Two little girls in the same family, *æt.* 4 and 5, were attacked with the disease in a severe form. On the eighth day I found the younger child had false membrane deposited on the mucous membrane of the vulva, lips, and cheeks, with enlargement of both the inguinal glands and glands of neck, in addition to the tonsils and soft palate being covered with the characteristic membrane. She died on the tenth day, the eldest child recovered, and an infant, *æt.* 6 months, and a little boy, *æt.* 2, both belonging to the same family, escaped the disease. They were removed from the house on the third day of the disease, when I made my first visit. This case which ended fatally, was the only one I saw in which the false membrane was deposited on the vulva.

There were thirteen deaths out of those cases which came under my care, about 120. In some cases the disease was so slight that the patients did not go to bed, and in the same family one child would be attacked with malignant diphtheria, and in spite of all treatment died. I would like to have the opinion of men of more experience than myself on the cases I have sketched. Many of the case I attended I hesitated to pronounce diphtheria, but in the same family a fatal case occurring I was forced to the conviction that they were one and all the same disease. In one of the milder cases when brushing a child's throat, it coughed up a complete cast of one of the tonsils which I have preserved in spirit. In four of the fatal cases laryngitis supervened.

The following treatment I found most successful:—Equal parts of sulphurous acid and glycerine applied every six hours to the throat. Quinine and tincture of perchloride of iron in full doses internally. Linseed poultices to the enlarged glands, plenty of nourishment and stimulants from the commencement of the attack. I am unable to form an opinion as to the source of the disease, there had not been a case of diphtheria in the immediate neighbourhood for years before.

## BRIEF NOTES FROM OUR EXCHANGES.

CONCENTRATED SOLUTIONS OF SALINE CATHARTICS IN DROPSY.—Dr. Matthew Hay, in a recent number of the *Lancet*, proposed this form of treatment in cases of dropsy, having by it secured relief and cure in a case of cardiac dropsy, when the patient seemed to be *in extremis*, suffering from prostration, dyspnoea, ascites, oedema of the lungs, and general anasarca. He had already been purged freely, and had taken every variety of renal and cardiac stimulant. Dr. Hay ordered abstention from food and liquids as much as possible during the night, to permit of the full action of the salt. The next morning three ounces of sulphate of magnesium were administered, dissolved in two tablespoonfuls of hot water. No water was given afterwards. The result was all that could be desired. Large watery evacuations were passed in the next few hours, seeming to "gush" from the patient. Large quantities of urine were also passed. The determination of serum to the bowels continued for some hours after the immediate effect of the salt passed off. Dr. Hay's experience has been repeated and confirmed by a Dr. W. G. Eggleston, who reported in the *Journal* of the American Medical Association the details of a case in which the patient was suffering from a large pleuritic effusion, with prostration and gradually increasing dyspnoea, in which this method of treatment was carried out with complete success. Tapping had been proposed, but was declined. The same dose was given, and under the same conditions as to abstention from food and liquids. After taking it, the patient had eight large watery evacuations, the water, as the patient himself expressed it, simply pouring from him. There was an immediate marked decrease in the effusion. Another dose was given next morning, this being followed up by twenty drops of fluid extract of jaborandi, which produced copious perspiration. In three days more the fluid had almost disappeared from the chest, the lung had resumed its functions, and there was no dyspnoea. When last seen, several months after, there had been no return of the fluid. The treatment is well worth further trial; it appears theoretically reasonable, and clinically efficacious.

ON THE USE OF ARSENIC IN MALARIAL CACHEXIA.—In the *Practitioner* for Sept., 1885, Dr. Nias, casualty physician to St. Bartholomew's Hospital, publishes a very practical paper, illustrated by cases, upon the use of arsenic in treating malarial cachexia. He points out that a too exclusive reliance must not be placed upon quinine, which, whilst brilliantly specific in the early stages, when it is the paroxysm that must be treated, has far less control than arsenic over the anæmia, the visceral hypertrophies and engorgements which arrest the attention later on. His prescription for the cases which came under his notice was as follows:—*R* Liq. arsenici hydrochlorici, ℥ij.; acidi nitro-hydrochlorici, dil, ℥x.; sp. chloroformi dil, ℥x.; tr. aurantii, ℥xx.; aquæ ad ℥j. M. Draught to be taken three times a day before meals. He has tested the treatment in many cases in which there was the slightest suspicion of malarial taint, amongst discharged soldiers and their wives who had contracted, whilst abroad, "rock fever," "Malta fever," "bilious ague," &c., &c., and in every case with uniform benefit. Dr. Nias claims that whatever tends to reduce the size of the enlarged spleen, tends to improve the impoverished condition of the blood. With this object in view, he is a strong believer in the efficacy of balneological measures, especially the use of very hot natural spring water; such as that found at Hammam R'Irha, in Algiers, followed by locally applied douches of cold water. In this country it seems to the editor of these notes that the Bath waters would be found to have the same effect as those of Hammam R'Irha. The hot bath should be taken for ten minutes, and then the cold douche. Natural ferruginous waters are of great assistance in remedying the anæmic tendencies in these affections.

APPLICATION OF ICE AS A THERAPEUTIC AGENT.—Dr. L. B. Anderson, of Norfolk, Va, in the *Therapeutic Gazette*, recommends pounded ice, given in tablespoonful doses as frequently as the patient can swallow it, in the chill of fever and ague. He says the pulse returns to the superficial arteries, and warmth to the skin, and in half an hour reaction would be fully established. After forty years' experience he recommends it, believing that, in his hands, it saved hundreds of lives.

**DANGEROUS PRESCRIPTIONS.**—From the series of articles in the *Therapeutic Gazette* dealing with unchemical and dangerous prescriptions, and from the cautions given, it seems that chemistry is as little studied by the American as it is by the Home physician, and surely neglect could go no further. The prescriptions that are daily handed over compounding counters are astounding from the total ignorance of chemistry they betray. Again and again dilute sulphuric acid is added to chalk mixtures; solution of potash to the acid solutions of the B.P.; and chloride of barium to acid solutions of quinine sulphate. It is full time that the Colleges necessitated candidates for the licenses to know more than the formula for water and hydrochloric acid, and gave a really searching examination in chemistry.

**MONSEL'S SALT IN ENTERIC FEVER.**—The editor of the *Therapeutic Gazette*, in an article on the treatment of enteric fever, speaks highly of Monsel's salt as a stypic and an astringent. As the salt is not much known in this country our readers may not be averse to learning something of it. Monsel's salt is a sub-sulphate of iron, having the formula  $[\text{Fe}, \text{O} (\text{SO}_4)_2; 719.6 - 2 \text{Fe}_2 \text{O}_3, 5 \text{SO}_2; 359.8]$ . It occurs in thin transparent scales of a light reddish-brown colour, deliquescent, and readily soluble in water. Attention was first called to this salt by M. Monsel in 1852, and in the *Journ. de Pharm.*, September, 1857, he publishes the formula.

**THE ANALOGUES OF BRUCINE AND COCAINE.**—In a long article contributed to the *Therapeutic Gazette*, Dr. Thomas J. Mays, of Philadelphia, draws attention to the analogous action of brucine and cocaine. He says, the numbing action of brucine on the mucous membrane in health is not so prompt as that of cocaine in the same strength, on the cutaneous surface its action is most decided and definite. If applied to the hairy part of the hand or arm, and allowed to remain for ten or fifteen minutes, and then the sensibility of the spot compared with that of a neighbouring one by pulling the hair, the anæsthetic effects can be easily demonstrated. He gives illustrative cases. Considering that brucine is usually admixed with strychnine, the general practitioner will probably prefer to continue using cocaine.

**BROMIDE OF ETHYL.**—Used as an anæsthetic in 1849 by Nunneley, of Leeds, and which bade fair to become very popular, until two deaths occurred from its use, when its career was at once cut short. Recently, our American and Continental brethren have re-introduced it to notice. Gross says an atmosphere containing eight-tenths per cent. of its vapour causes rapid anæsthesia. Sensibility ceases almost with the first inhalation, the pulse becomes accelerated, and the respiration laboured, while the countenance is anything but reassuring. There is extreme muscular agitation for a moment, owing to the rapid transition from the stage of excitement to that of anæsthesia; these symptoms, however, are of very short duration, and recovery is invariably prompt. The anæsthetic should be administered like ether; 30 drops to 2 drachms are usually required to produce anæsthesia.

**HYDRATE OF CHLORAL AS A VESICANT.**—Hydrate of chloral has lately successfully been employed instead of cantharides for blisters. For this purpose powdered chloral is sprinkled on previously slightly warmed adhesive plaster. Vesicles are raised by it in about ten minutes. The advantages of this blister over other kinds are, rapid and perfectly painless action, and absence of any trouble; same effect usually caused by cantharides. *L. M. Record*, August 15th. After using it for some years in the manner recommended above we found it occasionally produced troublesome sores, and consequently discontinued its use. Dr. A. T. Thompson seventy years ago recommended tartar emetic to be similarly used as a vesicant, and from practical experience we can recommend it as a more suitable vesicant than chloral.

**HERMANN VON FEHLING**, widely known by his test solutions for sugar, died July 2nd, aged seventy-four. He was a laborious and successful chemist.

The grand *Jubilæum* to celebrate the 500th anniversary of the foundation of Heidelberg University will be held on the second week of August, next year.

## Sanitary Department.

### REPORTS OF MEDICAL OFFICERS OF HEALTH FOR 1884.

**I. Borough of Huddersfield.**—Dr. Cameron reports a death-rate of 19.5 per 1,000, or 3 per 1,000 less than that of the twenty-eight large towns selected as a standard. It was also the lowest reported since the incorporation of the borough, and, on further inquiry, it was seen to be for the last four years 3 per 1,000 less than during the three years previous to incorporation. This, Dr. Cameron points out represents a distinct gain, both in the past and the future, of life and of labour. And this marked improvement has taken place in spite of manifest increase in the density of population, which of itself is usually associated with a high death-rate. Whooping-cough was fatally prevalent during the year, the death-rate from it amounting to 1.19 per 1,000, and the mortality caused by it during the first half of the year being more than double that of the other zymotic diseases combined. Diarrhœa was very rife during the third quarter of the year, the deaths during this period being greatly in excess of the average for six previous years. In reviewing the meteorological conditions found associated with the prevalence of diarrhœa during these seven years, only one condition was found common in all three of the years which constituted years of maximum prevalence of the disease, this condition being increased temperature of the air. And, conversely, in years of minimum prevalence the only common condition was an abnormally low temperature. Similarly, the influence of rainfall in the production of the wide-spread diarrhœa which afflicted Huddersfield children was estimated, and, though the evidence here was not so conclusive as in the case of temperature, yet sufficient data were afforded to found the conclusion that low rainfall had had much to do in determining the appearance of the disease. With reference to the potency of this factor of a scanty rainfall, Dr. Cameron insists that the mortality from diarrhœa would have been greater had it not been for the systematic flushing of house drains instituted by the sanitary authority in their imitation of the operations of Nature. Forty-two cases of enteric fever occurred in the fourth quarter of the year, concerning which none but general details are given; they were all isolated, and the disease thus prevented from spreading by means of defective house-drainage. The meteorological conditions found associated with the enteric fever were the same as with diarrhœa, with the addition of increased barometric pressure. Notification of infectious disease worked smoothly and efficiently in 1884, and it is too, specially noted, as an evidence of the elastic and intelligent interpretation placed upon the clause of the Local Act, that cases of "croup" are investigated as if they were termed diphtheria. The Fever Hospital at Birkley did good service during the year, no less than 106 cases of scarlatina, 62 of enteric fever, 6 of diphtheria, and 5 of measles being admitted. Dr. Cameron reports that house-to-house inspection of the borough is still in course of being carried out, and is making steady progress. He recommends that the alternative of fitting house-drains with a syphon trap to cutting the drain off from direct relation with the sewer, shall in future be dispensed with in the notices served to house owners by the sanitary inspectors. Dr. Cameron then enters upon a detailed description of the health of each of the eight districts comprised in the borough of Huddersfield (which possesses undoubted local interest), and concludes his able report by a series of interesting tables,



amongst which we notice several prosecutions under the "Sale of Food and Drugs Act."

II. *Wandsworth Board of Works*.—This large district is sub-divided for sanitary purposes into six sub-districts, each in charge of a separate health officer. The associated officers have, as usual, presented a combined report of the entire district, and this is followed by a separate account from each of them of the health of his own district.

(a) *The Entire District*.—The birth-rate for 1884 was 37.5 per 1,000, and the death-rate 17.8, a slight increase over that of 1883, to be accounted for by there being fifty-three weeks in the "sanitary year," 1884. The death-rate was 1.05 per 1,000 lower than the average of the last ten years. A Table showing the relation of the death-rates of the sub-districts to the amount and density of population clearly brings out that though the density has been steadily progressing, the mortality has as steadily abated, a fact upon which the Board of Works is to be felicitated. Zymotic diseases, however, have shown a slight increase upon the numbers of the three previous years, the greatest increase being noted amongst the deaths from diarrhoea, most of them in Battersea. Scarlet fever and diphtheria were less prevalent than in previous years. Measles was also largely fatal, which is ascribed to the neglect of isolation at home and exposure to cold. From a return of the vaccination of the district, it is seen that 7½ per cent. of the registered births were unaccounted for as regards their vaccination, compared with 5 per cent. in 1883; it is to be noted too that most of these defaulters were in Battersea, a part of the district where, *ceteris paribus*, small-pox would be more likely to spread, owing to circumstances of overcrowding. The death-rate of infants and children under five years of age was greater in 1884 than in the previous year. An examination of the relative mortality according to social position, leads to the conclusion that the mortality amongst the industrial classes is showing year by year distinct diminution. Reference to the meteorology of the year 1884 shows that a high temperature and a low rainfall existed, and this is rightly held to be closely associated with the great prevalence of diarrhoea. Though the rainfall was slight, the water of the Southwark Company was decidedly better than usual, owing to the absence of need to use surface water. More than 27,000 house inspections were made during the year, and 358 houses were disinfected after infectious disease. Reference is made to the importance of prohibiting the attendance at school of children suffering from infectious disease, and the negligence into which the London School Board has fallen in this respect. The question of scavenging is adverted to, and some system embodying the principle of daily removal advocated. A few sensible remarks anent the possible advent in 1885 of cholera, and the precautions to be adopted locally to prevent that disease acquiring a foothold in the district, conclude the first part of the series of reports.

(b) *East Battersea*.—The birth-rate of this sub-district was as high as 41 per 1,000, calculated on the official mean population, but 39 per 1,000, reckoned as a proportion of the estimated population. Similarly, the death-rate was respectively 18.5 and 17.6 according to the population-basis, compared with 20.3 for the whole metropolis. The percentage of deaths under 5 years to the total was as high as 65.4, which was due to the large number (116) registered from premature birth and low vitality. Zymotic mortality was great during the hot and dry months, especially diarrhoea, and this mortality was found to be associated with a low rainfall. Measles and whooping-cough also caused many

deaths, most of which were accelerated by improper exposure and treatment. Dr. Kempster draws attention to the fact that many undoubted cases of diphtheria are registered as "croup." Sixteen cases of small-pox occurred, all of which were removed to hospitals of the Metropolitan Asylums Board. It is pleasing to note that Dr. Kempster records his high appreciation of the medical and nursing treatment that these patients received whilst patients at these hospitals. An account of the inspectorial work performed during the year is presented, from which it is seen that the condition of numerous house-drains, cisterns, and dust-bins, was attended to by the officials of the Board in the East Battersea district. Disinfection after contagious disease was already vigorously done.

(c) *West Battersea*.—The birth-rate was high in 1884, viz., 43 per 1,000, which Dr. Oakman considers indicative of the population being under-estimated. Small-pox appeared in the district, but, owing to prompt measures of isolation and re-vaccination, was stamped out and prevented from spreading. The death-rate, after making allowances for non-parishioners in public institutions, was 16.9 per 1,000. Diarrhoea, whooping-cough, and measles prevailed, especially the first-named. Numerous house defects were removed by simple service of notice, without recourse to prosecution.

(d) *Clapham*.—The birth-rate was 28 per 1,000, and the death-rate 13.7, the lowest ever recorded, except that of 1881, which was 13.5. Comparison of the relation of density to mortality shows that in 1874 the density was 22 per acre, and the death-rate 17.9, whereas in 1884 these proportions were 32 and 13.7. Hence, the influence of properly directed sanitary effort becomes at once apparent in this reversal of the usual direct ratio of density and high mortality. The infantile death-rate exceeded that of London and of all England and Wales, amounting to 160 per 1,000; this Dr. Newsholme attributes to ignorance, want of proper care, and the improper exhibition of farinaceous food to children. Measles and whooping-cough were the two most fatal zymotic diseases, and the excessive mortality from them he ascribes to neglect of ordinary precautions against infection. Referring to diphtheria, its connection with defective house drainage is mentioned, and a so-called typical case quoted. We do not follow Dr. Newsholme here, as he has evidently neglected the consideration of the number of houses in the defects of the kind alluded to which altogether escape attack. In this connection, we might note that in the course of an inquiry into diphtheria at Tottenham, the Government Inspector found that less than 20 per cent. of the houses in which diphtheria had prevailed showed defects of house drainage. An evasion of the Registration of Deaths Act is noted, which deserves to be looked into. Dr. Newsholme gives statistical details of the sanitary work performed during the year, and makes especial reference to the nuisance of pig-keeping. He concludes his report by alluding to the foul state of cisterns in his district, and their frequent community of purpose for drinking and closet-flushing.

(e) *Putney*.—Dr. Walker reports a birth-rate of 25 per 1,000, a low rate associated, according to him, with luxury and well-being. The death-rate was also low, viz., 13.7, which may be an indication of the improved sanitary condition of the district, but is undoubtedly to be partly ascribed to the low birth-rate. Diphtheria still prevails, in continuation of the incidence of the two previous years, and altogether in 1884 10 deaths from it were registered. Dr. Walker was at first inclined to blame the sewers, but afterwards saw reason to exculpate them; he also failed to associate sanitary faults



of individual houses with the prevalence in them of the disease, and falls back upon atmospheric theories to account for the disease. He draws attention to the amount of good sanitary work that has been done, and cautions occupiers of new houses to look to their construction and condition.

(f) *Streatham*.—Dr. Sutton alludes to the extensive immigration into this district, which he thinks is not sufficiently appreciated in estimating the population. The birth-rate was 39, and the death-rate only 15 per 1,000, a rate observed to be below that of healthy rural districts; but the numbers living at various ages should be taken into account in making such a comparison, since in rural districts there are more middle-aged people living at a given time than infants and old people. The zymotic rate was 1.82 per 1,000, which was below the decennial average. Small-pox and scarlet fever did not prevail epidemically, owing to prompt removal and isolation. Nearly 5,000 houses and premises were inspected, and nuisances brought to light.

(g) *Wandsworth*.—The increase in the birth-rate is ascribed by Dr. Nicholas to the influence of an immigrated population, for the birth-rate for all London was the lowest in 1884 for many years. That of Wandsworth amounted to 36.7 per 1,000. The death-rate was 18.7 per 1,000, but, corrected for deaths in public institutions, only 17.8. Coming to zymotic diseases, diphtheria and diarrhoea exceeded their usual fatality. Allusion is made to the frequency with which infectious disease is spread by schools, and recommendation made that the School Board should adopt some system (of certificate or otherwise) to prevent it. The amount of mortality amongst the labouring classes is shown to be gradually declining. There was no increase in the average infant mortality, but a considerable increase of deaths amongst old people. This in itself is a fair criterion of the improvement of the district. The proportion of registered births unaccounted for as to vaccination was 4.9 per cent., as compared with 6.6 for all London. Vigorous disinfection with sulphur was practised, and no cases recurred in houses so treated. Dr. Nicholas concludes his report by a vigorous attack on piggeries, and a reference to the improved state of the district with respect to the possible incursion of cholera to it.

THE succession to the physicianship to Her Majesty in Ireland, held by the late Dr. Benj. MacDowel, is the subject of speculation in medical circles in Dublin. Either Dr. Samuel Gordon, Physician to the House of Industry Hospitals, or Dr. William Moore, formerly King's Professor of Medicine in the School of Physic, are named as likely to receive this distinction. Both of these gentlemen have served the Presidency of the College of Physicians, and hold an acknowledged high rank in the profession in Ireland.

PROFESSOR BAMBERGER, who was chosen Rector Magnificus of the University of Vienna for the ensuing academical year, has felt himself obliged, owing to domestic affliction, a son of much promise having met his death in mountain-climbing, to decline the honour offered him.

THE death is announced, in his 74th year, of Professor Häser, of Breslau, chairman of the Medical Prüfungs Commission. The deceased was known in Germany as one of the leading authorities on the history of medicine and surgery.

REGISTERED FOR TRANSMISSION ABROAD

## The Medical Press and Circular

Is published every Wednesday morning Price 5d. Post free 5d.

POST FREE TO ANNUAL SUBSCRIBERS . . . £1 2 0

IF PAID IN ADVANCE . . . 1 1 0

Post-office Orders and Cheques to be drawn in favour of—

A. A. TINDALL, 20 King William Street, Strand, London, W. C.

A. H. JACOB, 3 Molesworth Street, Dublin.

Agents for Scotland:—

MACLACHLAN & STEWART, South Bridge, Edinburgh.

A & W. STENHOUSE, Hillhead, Glasgow.

Sole Agent for the Continent:—

JOHN F. JONES, 31 Bis, Rue du Faubourg Montmartre, Paris.

ADVERTISEMENT SCALE—Whole Page, £5 0s. 0d. Half Page,

£2 10s. 0d.; Quarter Page, £1 15s. 0d.; One-eighth Page, 12s. 6d.

Small Announcements of Practices, Assistancies, Vacancies, Books, &c. of Seven lines or under, 4s. per insertion; 6d. per line beyond.

Considerable reductions are made from the foregoing Scale when orders are given for a series of insertions. Letters in this department should be addressed to the Publishers.

SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIÈRE, Eds. Hautefeuille, Paris—post free in advance, £1 3s. 6d. per annum.

SUBSCRIPTIONS FOR RUSSIA are received by Messrs. RAJCHMAN and FRENDELER, 18 Senatoren Street, Warsaw—post free, £1 5s. 6d. per annum.

## The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, SEPTEMBER 30, 1885.

THE FIRST OF OCTOBER.

TO-MORROW, the 1st of October, will, for many young men in this country, be an eventful day, for it will mark the commencement of their preparation for what is to constitute their principal business in life, the exercise of a great and noble profession. It has long been customary on such occasions to meet new students in a spirit of admonitory welcome, and, while heartily receiving them into the common ranks of workers in the field of medicine, to caution them at the same time against the entertainment of any too extravagant expectations of success in the future. At the present time probably fewer words of warning in this respect can be necessary, for, by almost universal consent, the profession of medicine is regarded as offering anything but a satisfactory prospect of enabling average practitioners to reap an appropriate reward for the sacrifices made in preparing for its practice. And yet, notwithstanding that such a feeling is generally expressed, we shall find almost certainly that the entries of new students this year will show but little diminution over those registered in the immediately preceding sessions, for it seems that in the absence of commercial openings for the utilisation of the services of young men, the profession of medicine is hailed by puzzled parents as a blessed *dernier ressort* devised expressly to meet the needs of their rising offspring. Hence it is, as we have again and again pointed out, that each year the schools are recruited with a large number of youths who can never, by any chance, become other than utterly unsuccessful practitioners, because of their want-

ing every one of the special characters which go to constitute a perfect physician or surgeon.

A short time ago Sir James Paget compiled, from the records of St. Bartholomew's Hospital, a list of a thousand names of men who had been students at the hospital; and he set forth in tabular form the subsequent histories of all these aspirants for professional distinction, with the result, that one of the most striking lessons that could be taught in this connection was conveyed. Fortunately, or unfortunately, as the case may be, Sir James Paget's list shows that at least 65 per cent. of students succeed in gaining at any rate an honourable living in the profession, while the number of those who achieve any degree of distinction is naturally small. But we at the present time should remember that the statistics referred to deal with a time so long ago that it may be safely said to have been anterior to that period in which we are living now, and that the overplus of medical men to population was of far less degree than exists under the circumstances amid which we live. It would be at once interesting and valuable if lists similar to that prepared by Sir James Paget for one hospital could be compiled for each of the centres of medical education, and a reliable test be thus provided of the amount of success gained by the average student in prosecuting his professional labours subsequently to leaving his *alma mater*. At this time of the year such a record would be scanned with peculiar interest, and would possibly serve to deter a good many from entering on a career which, for those unfitted to follow it, can only end in disaster and defeat. But reflections of the kind we are indulging in will form no part of the speeches to be delivered by the orators of to-morrow. From them we shall hear none but the pleasanter details of great successes and mighty deeds accomplished by the limited few whose fame is bound up with the history of medicine; and of the high rewards awaiting the industry and perseverance of those that day commencing the study of the profession.

#### IRISH MEDICAL BARONETRIES.

FOR the last fortnight the rumour has gained force and currency in Dublin that at length the claims of the medical and surgical branches of the profession in Ireland are about to be recognised by the grant of the dignity of baronet to a leading representative of each of these specialities. The probability of this rumour being realised, and the names of the most likely recipients of such a distinction have been so freely spoken of in Dublin that we do not violate any confidence in giving expression to the current reports. It is universally agreed that, if a medical baronetcy is conferred, Dr. Banks, President of the Academy of Medicine, will probably be selected for the honour, and we believe the opinion of the profession, that no physician practising in Ireland combines, as Dr. Banks does, the social and professional qualities which should entitle him to exceptional distinction, and we may add that the profession in Ireland feels grateful to him for having declined the offer of a title unworthy of him and of the profession which he represents, and will rejoice if it shall come to pass that the higher dignity of baronetcy is placed at his disposal.

It is understood that, if a medical baronetcy is conferred in Ireland, the claims of the surgical profession will also be recognised by reviving the surgical baronetcy which lapsed when Sir Philip Crampton died, and there is no doubt that, whoever might be the recipient of the honour, the profession would feel gratified if the unmerited slur thrown upon them during Mr. Gladstone's *régime* were removed. Report has it that a surgical baronetcy will be granted, and that either of Her Majesty's surgeons, Mr. Colles or Sir George Porter will receive it, and their respective chances are the subject of much speculation. It is remembered that one of these gentlemen is a professed and consistent Liberal, who, nevertheless, is likely to receive very powerful recommendations on personal grounds, while the other is, and has been, an equally staunch Conservative, and, therefore, if political considerations prevail, ought to be chosen.

For ourselves, and we venture to believe, for the profession in Ireland, we declare that neither personal, domestic, nor political influences ought to have anything to say to the matter, and that there can be no respect for a distinction granted for any such reasons. We appreciate the necessity for Her Majesty's advisers to attach importance to the consideration whether the possible recipient of a baronetcy is financially capable of maintaining its dignity in the present and in the future but we protest against the interference of either political or family considerations when there is really nothing to be considered but the question who is the most deserving as a scientist, and who it is that the profession considers most worthy. Past experience does not inspire us with the hope that much care will be taken to ascertain the respective claims of competitors, and we apprehend that Her Majesty's choice will be guided rather by Court whisperings than by public indications, but, if it turns out that medical or surgical distinctions in Ireland are distributed on such grounds, it does not seem to us that the profession will consider itself very much honoured by the selection which may be made.

#### THE ETIOLOGY AND TREATMENT OF CHOLERA.

WHATEVER may be the fate of the bacillus Kochii as regards its relation to cholera, it is almost universally recognised that it is not *per se* the immediate cause of the disease. Even supposing it to be a link in the etiological chain, which by-the-by we are far from conceding, the supporters of Koch will willingly acknowledge that the bacillus itself is not directly the cause of the disease, but in explanation of its mode of action they will maintain that the development of the bacillus produces a chemical agent (ferment *P*), this chemical agent being the immediate cause of the attack; that in this respect it has some analogies with other undoubtedly bacillary diseases, splenic fever for instance, in which the toxic agent produced by the development of the bacillus anthracis is sometimes so potent that the death of the animal attacked is brought about even whilst the bacilli are still few in number. This point was clearly brought out by Virchow at a recent discussion on tubercle in Berlin.

On the other hand, those who do not hold the bacil-

lary theory of the disease also invoke a chemical agent as the cause, subtle and mysterious, and still evading the ken of science, but evidently, judging from its properties and mode of action, belonging to the chemical series. Thus we see that both bacillists and agnostics are to some extent in agreement as to the immediate cause of the attack, the difference being that the former look upon the bacillus as the generator of the toxic agent, whilst the latter maintain that the bacillus does not at present in any way aid in the solution of the mystery.

In studying the symptoms of cholera, one cannot fail to be struck with the great resemblance they bear in their broad outline to those produced by certain irritant poisons. If we could imagine certain of these, arsenic for instance, as introduced into the system in a lethal dose in such a manner as to pervade every part of the system at once, we should expect to observe a series of phenomena very much resembling in their broad outline those presented to us in a typical case of cholera. These would be vomiting, purging, cramps, and collapse, with its fall of temperature, pinched features, aphonia, and death. They, moreover, so much resemble many cases of autumnal diarrhoea that the two diseases are practically indistinguishable without the aid of the microscope, so long as they only occur sporadically. Tinned and other putrid meats sometimes set up a train of symptoms many of which are identical with those exhibited by cholera. The latter fact has apparently led some observers to suppose that the cholera poison may possibly be a ptomaine or cadaveric alkaloid, and investigations have actually been set on foot with a view of ascertaining the value of the supposition.

Last year's epidemic of cholera was studied both in Naples and Paris by Professor Gauthier, of the former city. He arrived at the conviction that the disease was not due to a microscopic living organism, but to a poison of a chemical nature which attacked the nerve centres of the sympathetic. This view, we are told, is participated in by Semmola, in whose laboratory the investigation was carried on. The various fluids from the bodies of cholera patients, that of the stomach, small intestine, large intestine, the dejecta and vomited material of living patients were collected, each kind by itself, in large bottles containing alcohol 80, water 20 parts.

On treatment with ether, chloroform, and amylic alcohol, three ptomaines were obtained the physiological action of which was tested on frogs, rabbits, dogs, and monkeys. The investigations are not yet complete, but enough has been ascertained to show that the alkaloids obtained have an important disturbing influence on the sympathetic. Perhaps the discovery of Dr. Brieger of a ptomaine in normal undecomposed peptone which has been named by him peptotoxin, and which is possessed of poisonous properties may prove to have some bearing on this point. We may here be permitted the remark that possibly the investigations of Professor Gauthier would have been better directed to the discovery of such an alkaloid in the undecomposed blood or tissues of cholera bodies, since it is whilst it has resided in these that the cholera poison has given evidence of its power. We have no evidence that such an agent would be likely to pass from the tissues, where it has exercised its baneful

influence, into the intestinal tract and in an unchanged form. Turning now to the subject of treatment, the prospect, although sombre enough, is not so dark as at a first glimpse it seems to be. It is acknowledged on almost all sides that medicines have an influence over the disease provided they can be given before a certain stage can be reached. This stage is that of collapse. Before this has been reached, the functions are to some extent active. Absorption goes on from the stomach and small intestine, to a limited extent perhaps, but still the function is not altogether in abeyance as becomes the case when the stage of collapse is reached. Medicine may still be taken up, and opium is acknowledged on nearly all hands to be of great value so long as it produces its physiological effects. Atropia was found by Brieger to be a certain antidote to poisoning by the cadaveric alkaloids, and it may possibly be worth a trial in the early stages of cholera.

The present is not the time when there is likely to be a dearth of cholera literature, and from some just to hand we hear of a positive success in treatment having been scored even without inhalations. This time it is not Dr. Ferran with his charlatany and mysterious preventive inoculation, but a Dr. Maestre, whose field of practice has lain in Murcia, a district in Spain in which the cholera has been very rife during the present year. This gentleman claims that his recoveries have amounted to 95 per cent. of cases treated, and 80 per cent. even in those completely given up. As a something to be treated, Dr. Maestre divides cholera into three stages—1. That of severe diarrhoea; 2. The algide stage, characterised by restlessness, oppression, frightful cramps, and unquenchable raging thirst in addition to the diarrhoea; 3. That of collapse, of complete prostration, in which all the violent symptoms disappear, the diarrhoea ceases, the thirst also subsides, whilst the low temperature remains. The radial pulse can no longer be felt; if the patient is able to complain of anything at all, it is only of the oppression of the chest. Death comes on calmly. In the first stage the patient receives three subcutaneous injection syringefuls of the following solution of quinine: Quinine, 1 part; alcohol at 40 deg. 3 parts; dissolve and filter. The patient receives at the same time a subcutaneous injection of a 1 per cent. aqueous solution of pilocarpine of from one-half to a whole syringeful. He is covered up warmly and has copious drinks of tea and albumen water. After four hours two more injections of the quinine solution are given. If free perspiration has come on a little broth may be given every half hour. After another four hours one quinine injection is given, the coverings are lightened, albumen water is replaced by seltzer water with a little wine. With this diet the patient must keep his bed two days; then he may get up, but for a week must keep rigorously to the diet, and should drink only aerated water and wine. Under this treatment in the first stage he only lost one patient, who ate immoderately after two days, and who rapidly fell into a typhoid state and died. Patients in the second stage, in which there was prostration, but no great lowering of temperature, he treated with 5 to 20 drops also subcutaneously of a solution of sulphate of strychnia prepared according to the following

formula: Strychn. sulph. 0.05; aq. destill. 10.0 parts. Dissolve. If reaction did not quickly set in the injection was repeated in half an hour, but not again, for fear of cumulative action. If the strength becomes improved by this the quinine injections follow as before, but that of the pilocarpine is made at the following visit. He also permits cold broth in small quantities frequently repeated along with good wine, cold albumen water, and if the thirst is great, small pieces of ice. If the patient is improving on the first visit, the pilocarpine is administered, and the treatment then resolves itself into that employed in the first stage. If the patient is no better at the first visit, two syringefuls of ether are injected interstitially. If powerful cramp of the muscles of the chest and of the heart come on he gives curare as follows: Curare, 0.1 grm.; aq. destill., 5 grm.; acid. hydrochl. gtt. 1. Dissolve. Of the solution he gives  $\frac{1}{2}$  to 1 syringeful, according to the severity of the tetanoid attacks. He has seen surprising, magical results from this drug. If relief is procured, and if the vital functions are much depressed, an ether injection is given, and the treatment is continued as in the first stage. For the frightful præcordial oppression he gives morphia, 10 to 20 drops of a 2 per cent. solution. In the third stage, he has had brilliant results by following the treatment recommended by Dr. Reddie—the subcutaneous injection of chloral hydrate—4 syringefuls of a 40 per cent. solution. He claims to have saved the lives of eight patients in the last agonies by this means. It will be noticed that the medicinal treatment as recommended by Dr. Maestre consists of subcutaneous or interstitial injections. Medicines are not given by the mouth, as it is useless to administer them in this way, as has been already stated. Amongst the remedies to which the most striking success is attributed we find pilocarpine, curare, morphia, and chloral hydrate, and it is to such as these that one would naturally turn in a disease presenting such symptoms as cholera. The treatment is in fact symptomatic. But there is a stage in which no absorption goes on, when medicinal substances injected subcutaneously no longer have any appreciable effect. Can nothing be done to set free the deadlock that appears to have taken place in the system? Possibly something may even yet be done. In addition to subcutaneous injections, Professor Cantani, of Naples, recommends the injection into the intestines of large quantities of fluids. But there is still another way in which medicine may be made to act. Although the intestinal tract is closed as it were, that of respiration is still open. Oxygen is still absorbed through the lungs during inspiration, although in lessened quantity. This is proved by the fact of the patient's continued existence. If it did not take place he would die in a few minutes of asphyxia. If oxygen is absorbed other gaseous bodies may be also, by being inspired. Chloroform, ether, and nitrite of amyl are amongst the substances likely to be of service. These have not been sufficiently brought forward, as they are known to be *par excellence* the remedies for spasmodic affections, whether of arteries or of other tubular tracts, and they are not only valuable in themselves, but they also greatly aid the physiological action of other drugs,

such as opium. This is not mere conjecture, but is an ascertained fact. In a case of collapse, brought about indeed from another cause than cholera, viz., from passage of a gall stone, and in which from flickering pulse, lowered temperature, pinched features, aphonia, and icy-cold breath it appeared that the patient was moribund, and in which a full dose of morphia had been injected without the slightest effect, life was apparently restored by a few whiffs of chloroform, and in a manner almost magical. Here the chloroform did little more than open the way for the morphia, which was before its administration lying inert in the system, and from vascular spasm incapable of performing its function. In another case of collapse from English cholera in which the patient's condition was almost as desperate as in the one just mentioned, and in which morphia was absolutely powerless, nitrite of amyl did the office of opening the way for the opiate as chloroform did in the preceding case, and with the happiest result. Bearing these facts in mind, we are not hopeless as to our ability to treat successfully cases of Asiatic cholera, as after it is demonstrated that solutions of drugs are no longer assimilated by the system, we have still a means at hand in ether, chloroform, or nitrite of amyl of unlocking the closed doors, so to speak, and of opening the way for them to act.

### Notes on Current Topics.

#### An English Welcome to Dr. Parrish.

DR. PARRISH, the eminent American apostle of temperance having visited this country with a view to inspecting the working arrangements of the Homes founded here for the treatment of confirmed inebriates, the occasion was seized to offer him a general welcome from the prominent temperance organisations in Great Britain. To this end the President and Council of the Society for the Study and Cure of Inebriety issued a large number of invitations to the Dalrymple Home at Rickmansworth, and on Saturday, the 19th inst, a special train conveyed the party to the Home, where after lunch, a meeting was held in the new Concert Hall. The chair was taken by Dr. Norman Kerr, who in an eloquent speech welcomed Dr. Parrish to England. Among the subsequent speakers were Dr. Langdon Down, Dr. Danford Thomas, Mrs. Lucas, and the Rev. Mr. Murphy. Dr. Parrish replied shortly, and expressed himself as greatly delighted with the reception he had met with, and with the arrangements he had found for reclaiming the victims of inebriety.

#### The International Medical Congress.

THE Congress Committee of the American Medical Association met on September 3rd last, to "repair the damages" caused by the wholesale refusals to accept office on the part of the eminent physicians elected to this end, and the result has been so much of a makeshift, patchwork arrangement as could be accomplished under the circumstances. Meanwhile, however, resignations come merrily in, and before long the executive of the Congress will comprise an assembly of American practi-

tioners, with whose names, save for a very few exceptions, all ranks of the profession in Europe, and the majority of medical men in the States, will first make acquaintance as those of office-bearers under the patronage of the self-elected committee of management. It is thus apparent that all the good advice given to this last-named body has been uttered in vain, and that it is obstinately bent on acquiring for America the unenviable reputation of being the only country in which it has been found impossible to hold an international congress of physicians and surgeons. Such an unfortunate ending to what at the outset seemed to bear promise of eventuating in a brilliant success is greatly to be regretted; and we deeply sympathise with the disgust and chagrin that is naturally felt by the representative heads of the profession in America. The prospects of a Transatlantic Congress must now be regarded as entirely hopeless, and we presume that early steps will be taken to arrange for the 1887 meeting to take place in some country where science reigns superior to party passion and petty jealousy; and the sooner the matter is taken in hand, the better will it be for all parties.

#### A Curious Case.

THE *Philadelphia Medical News* lately contained an account of a case of prolonged gestation the facts of which are certainly of a striking character; and inasmuch as the authenticity of the statements made is very fully and sufficiently endorsed, it appears as though they may be received without serious doubt as correct. The mother is a multipara, the child in question being her fifth, and she claims that she had felt the motions of the child for over nine months, and that she had not menstruated for fourteen months. For four months preceding delivery she was in a critical state, and quite dropsical, the accurate diagnosis of her condition being, so the reporting physician declares, thereby rendered difficult, an examination conducted by several physicians at an infirmary even failing to make matters clear. The statements of the mother have been confirmed by her own mother, and the weight of the child at birth, fifteen and a-half pounds, lends them some further support. Moreover, the bones of its head were firmly united at the sutures, and the accoucheur remarks that it had the appearance of a child several months old, lifting its hand and looking around while being washed for the first time. He naively concludes his account of the phenomenon by remarking, "Perhaps when I call next time I may find it toddling round the room." Accepting what is said for the moment as true, this is certainly a most remarkable case; and it suggests the possibility whether the future progress of human development towards a higher type of perfection may not have for one of its factors such an intra-uterine growth of the body as is here shadowed forth, and consequently a much shorter period of extra-maternal helplessness. This should constitute a nice problem for the study of speculative philosophers.

#### The Dangers of Morphia.

It is one of the worst objections to morphia that its use is so likely to become habitual with those who have for any length of time been accustomed to secure ease

through its administration, and especially because of the numerous cases in which the employment of the drug by patients is beyond control by the regular medical attendant. Deaths arising from overdoses of the poison have of late occurred with distressing frequency, and it is certain that they will continue to be recorded so long as existing facilities for procuring it in large quantities are maintained. It is impossible by any amount of cautioning to impress the lay mind with an adequate idea of the dangers incurred by the least neglect of instructions given for the use of the drug, and hence we find that persons for whom it is prescribed are often found to exceed the dose ordered by their physician, usually with a fatal result. Such an instance formed the subject of a recent inquest held by Dr. Danford Thomas at Crickwood on the body of a clergyman, aged 69. The deceased had been accustomed to procure sleep by taking morphia pills against his physician's express instructions, and it is supposed that in order to relieve an access of pain he swallowed six or seven of them at one time, thus taking into his system a grain and a-half of morphia. On his medical attendant being summoned, he was found to present all the signs of opium poisoning, and notwithstanding every effort to save life was made, death occurred soon after. In this case the usual story was told. The unfortunate victim had been constantly warned against the dangers of using the drug at any time, but, as in so many other cases, the caution failed in its purpose.

#### Electrolytic Treatment of Stricture.

THE treatment of urethral stricture by electrolysis has long been advocated by American surgeons, among whom Dr. Robert Newman, of New York, has probably had the greatest amount of experience of the method; and in a paper on the subject just published he communicates a record of one hundred cases permanently cured by this mode of treatment. All the patients included in the list have been under observation for several years, and in none was the operation for cure undertaken later than 1879, so that it may fairly be assumed that sufficient time had elapsed to fairly test the results as regards success. The average number of sittings demanded in each case was five or six. In a few instances once sufficed for cure, and in others as many as ten or more applications of the electrolytic agency were required. The time occupied in treatment averaged from two to three months, and Dr. Newman insists on the necessity for observing two rules in carrying out the method, these being, firstly, to observe long intervals of time between successive *séances*, and secondly, to use only *weak currents*. He states also that many of his cases have remained under his observation for as long as eleven years; and the average time for all reached six to seven years; so that ample opportunities of observing relapses, should they occur, would have been enjoyed.

OUR Liverpool correspondent telegraphs as we are at press of the sudden death of Mr. Thos. Shadford Walker, President of the Liverpool Medical Institution, Lecturer on Ophthalmic Surgery in University College, Liverpool, and Consulting Surgeon to the Eye and Ear Infirmary of that city.

### Manchester Health Lectures.

MR. JOHN HEYWOOD, of Manchester, has just published, on behalf of the Manchester and Salford Sanitary Association, vol. viii., of "Health Lectures for the People," consisting of a series of addresses devoted to the subject of house construction with special reference to their healthy occupation. In this the main points necessary to be observed in such matters are plainly and forcibly expressed, and the value of the volume is enhanced by the addition to it of explanatory diagrams and illustrations. That the delivery of such lectures in Manchester to large and popular audiences is effecting material benefit in the district many recent occurrences tend to prove; and the wider the circulation the printed addresses gain, the greater will be the advantages following from them. We could wish that such information as they convey were more rapidly transferred to the people; for only when they realise for themselves the importance of healthy surroundings will improved house construction be universal.

### Aid for Indian Women.

LADY DUFFERIN'S fund for providing medical aid for the women of India is making rapid progress. The organisation of the Bengal branch will be shortly undertaken. In the Central Provinces a prospectus has been circulated in the vernacular, and meetings have been held at various places. Classes for the teaching of midwifery have been started at Jubbulpore, and a native gentleman has offered to defray the cost of similar classes at Nagpore. The native princes have shown much interest in the movement and a desire to co-operate liberally. The Maharajah of Ulwar is not only selecting students to be sent to the female training schools, but also proposes to open a dispensary, under a native lady doctor, solely for the use of women. The Maharajah of Benares has presented a handsome subscription to the fund.

### Medical Education in the United States.

THE *Boston Medical and Surgical Journal* in the course of a leading article on this subject remarks: "It is disgraceful, and yet it happens constantly, that men are graduated by prominent medical schools or colleges in this country without ever having listened to an abnormal heart-sound, seen a case of measles, or been present at a confinement. So long as a medical college is dependent entirely upon the fees of its students for support, the highest educational good cannot be attained. With our present population of fifty millions we have eighty-seven regular medical schools. Of these thirty-nine have been opened within fifteen years, and twenty-one within five years. With them are associated 1,300 instructors and over 10,000 students, and about 3,600 new doctors are annually 'turned loose on the community.' Forty-six per cent. of these schools offer only a two years' course, and practical work is for the most part optional. A little dissection, a thesis and examinations upon the lectures are all that is required in many colleges, before receiving a diploma. There are fortunately a few colleges where a much higher standing is required. The reason why so many of our students annually go abroad to Paris, Berlin, and Vienna is that they can join small classes where they

can practically demonstrate every fact for themselves under the guidance of an instructor. But practical work means increased expense. There need to be laboratories for chemical, physiological, anatomical and pathological research, rooms for photography and for the reception and treatment of patients at clinics." The foregoing statement of the facts ought to furnish a sufficient warning to the profession in Great Britain not to tolerate any such proposition as that contained in recent Medical Reform Bills, *i.e.*, that the Medical Council should have power to admit to the Medical Register the *alumni* of any of these eighty-seven American Colleges, and thus give them all the privileges which British students earn by a *bona fide* medical education.

### A Tax on Cape Practitioners.

A CORRESPONDENT of a contemporary complains that the Legislative Council of Cape Colony last year passed a licence and stamp law, which requires a yearly payment of £5 from every medical practitioner in the colony. This piece of legislation has given the greatest dissatisfaction in medical circles, payment generally being made, as legal prosecution was threatened unless the Act were complied with. But as far as we can see, the tax is quite illegal, and any practitioner might, without hesitation, refuse to pay it. The 31st section of the Medical Act says—Every Person registered under this Act shall be entitled according to his Qualification or Qualifications to practise Medicine or Surgery, or Medicine and Surgery, as the case may be, in any Part of Her Majesty's Dominions, and to demand and recover in any Court of Law, with full Costs of Suit, reasonable Charges for professional Aid, Advice, and Visits, and the Cost of any Medicines or other Medical or Surgical Appliances rendered or supplied by him to his Patients. We do not believe that a Colonial legislature has power to pass or enforce a law which limits the operation of a law made by the British Parliament, and we therefore contend that the tax which the Colony attempts to impose is altogether illegal and need not be paid.

### The Electoral Franchise and Medical Relief.

MR. SHADWELL, the Revising Barrister of the Marylebone Revision Court, on the question whether a person would be disqualified for voting by his having been sent to an infirmary, has decided that all persons who went to an infirmary were disqualified, because they received more than medical relief—they got lodging and maintenance. He, however, has reserved his decision with respect to small-pox hospitals.

### The Parasites of Fresh-water Fishes.

M. T. ZSCHOKK has been investigating the organisation and zoological distribution of the parasitic worms of fresh water fishes. He has examined twelve species from the Lake of Geneva, among which are *Perca fluviatilis*, *Cyprinus carpio*, *Trutta variabilis*, *Salmo umbla*, and *Esox lucius*. The first result of these studies is to demonstrate the presence of thirty-seven species of parasitic worms; three at least of these are new species, they are found in nearly all the organs of the body. Six of the eleven species of *Castoda* were found in the strobila-stage, two in the scolex, and three in both. Only three of the species had no special parasite (namely,



*Coregonus*, *Trutta*, and *Cyprinus carpio*). A table of distribution shows that the rapacious fishes (Salmonidæ, Gadidæ, Esocidæ), are the richest in different species of parasites. The genera of parasites have a close relation to the food of their host, thus the carnivorous forms have a very remarkable preponderance of adult cestoids; on the other hand, the *Cyprinidæ*, which are herbivorous, are rich in Acanthocephali, for with their vegetable nutriment they take in a number of small crustacea. The Trematoda are very regularly distributed; nematoids are found in nearly all.

#### Development and Decay of White Blood Corpuscles.

FROM a paper on the above subject read before the Akademie der Wissenschaften in Wien, by Dr. M. Löwit, of Prague, we learn the result of the most recent inquiries into this mysterious subject, which is one of special interest on account of its relation to leucæmia. According to Dr. Löwit two kinds of colourless cells are present in the blood cell forming organs of both cold and warm-blooded animals, one of which (leucoblasts) furnishes formative material for the white blood corpuscles, and the other (erythroblasts) for red blood corpuscles. The cells are distinguishable with certainty one from another by a different formation of the nucleus, by a different mode of division, as well as by a different character of the protoplasm; the different morphological characters even render the recognition of the two species of cells possible. Newly formed, young, uninuclear leucoblasts reach the blood channels from the organs where they are prepared; here the nuclei undergo a series of changes, apparently under the influence of a changed medium, a series that does not lead to a new formation of nucleus and cell, and which in this sense may be looked upon as degenerative processes, as in the course of them the nucleus is broken up into several nuclear fragments (multi-nucleated form of leucocytes), to which is probably added (A. Schmidt) a breaking up of the whole cell. In A. Schmidt's view of the matter one may look upon the morphological changes which the nuclei of the young forms (uninuclear) of the leucocytes pass through in the circulating blood as a kind of maturation for breaking up (eine Art Reifung zum Zerfalle) in which probably the character of the blood plasma plays a leading part. Arrival and breaking up of leucocytes may, under normal circumstances, stand in a dependent relationship one to another. The arrival of erythroblasts into the blood has hitherto only been verified from the lymph glands of the rabbit; it still remains undecided whether these elements pass over into the blood from any other of the organs that prepare blood. The conversion of erythroblasts into red blood corpuscles does not take place under normal conditions in the lymph glands of warm-blooded animals; whether this process takes place in the circulating blood or in certain organs is not yet certain. But the great number of nucleated red blood corpuscles in the marrow of bones, as well as other processes that take place in this organ (E. Neumann) speaks decidedly in favour of the view that an essential part in this process is performed by the marrow of bones.

Leucocytosis and leucæmia are two affections differing

from one another not only quantitatively, but probably also qualitatively. In leucocytosis there is increased formation of leucoblasts in the organs that form blood cells, and therefore larger quantities of leucocytes find their way into the blood. Up to the present no indications have been discovered that changed conditions of breaking up of white blood-cells contribute to the increase of these cells in the blood. In leucæmia, on the other hand, he could not convince himself that there was any increased formation of leucoblasts in the organs in which blood cells are formed. As, however, in examining white blood cells in circulating blood in leucæmia he discovered indications that pointed to a diminished breaking up of leucocytes, he thinks the view is not improbably correct that the increase of leucocytes in the blood of leucæmia may be dependent on a diminished breaking up of the white blood cells in consequence of a change in the character of the blood plasma. This points to the possibility of leucæmia being an independent blood disease (eine selbständige Blut-krankheit). As regards the forms observed by him, he could not establish any connection between the giant cells present in the marrow of bones of mature animals and in embryonic liver and spleen and the formation of white blood corpuscles.

#### Sad Death of Mr. Canton.

WE deeply regret that we have to announce the death of Mr. Edward Canton, which occurred on Friday last, under circumstances of the most melancholy description. The body of the deceased surgeon was found about half-past eight o'clock on Friday evening lying motionless beside one of the seats on Hampstead Heath, and beside it were discovered a small glass and a bottle, the contents of which had evidently been hydrocyanic acid. Mr. Canton was, at the time of his death, consulting surgeon at Charing Cross Hospital, with which institution he had long been honourably connected, and to advance whose interests he always used his best endeavours. He held several important appointments, and among them that of surgeon to the British Museum, while his contributions to surgical literature have been both numerous and valuable.

#### Bacteriotherapy.

PROFESSOR CANTANI, of Naples, has lately been making some first steps in the study of bacteriotherapy. The thought struck him that possibly two kinds of bacterium would not both thrive in the same subject at the same time, that one would in fact flourish at the expense of the other, and, in the end, succeed in suppressing the growth of its rival. For purpose of experiment he first turned his attention to the *bacterium termo*. This, after repeated trials, he quite satisfied himself could be cultivated in the animal body without injury to its host. His next step was to try its effects on a tuberculous patient. A pure cultivation diluted with broth was inhaled by means of the spray by a phthisical lady. In May of the present year the patient had a large cavity in the left lung, evening fever, cough, purulent expectoration, with elastic fibres and very numerous bacilli. Soon after commencing the inhalations the expectoration diminished and then ceased. On June 1st tubercle bacilli were no

longer present in the sputa, and did not reappear, whilst the *bacterium termo* was found to be present in immense quantities. The fever also diminished, and the general condition improved.

In making his report Professor Cantani does not profess to have discovered a specific cure for phthisis, but he does think the result obtained sufficiently encouraging to warrant a further trial as to whether the *bacterium termo* or other schizomyectæ really are inimical to the growth of pathological micro-organisms.

#### Chromatology of Actinæ.

DR. C. A. McMUNN finds that *Actinia mesembryanthemum* contains a colouring matter which can be changed in hæmochromogen and hæmatoporphyin; this is present in other species, and from its characters it is provisionally named *actiniohæmatin*. It is not actinochrome (a pigment found by Prof. Moseley in the tentacles of *Bunodes crassicornis*), as its band occurs nearer the violet than that of actinochrome. Moreover, both actinochrome and actiniohæmatin can be extracted with glycerin, in which the latter is convertible into hæmochromogen, but the former remains unchanged. Actinochrome is generally confined to the tentacles, and is not respiratory; actiniohæmatin occurs in the ectoderm and endoderm, and is respiratory. A special colouring matter is found in *Sagartia parasitica*, different from either the above, and this, too, exists in different states of oxidation. It is not apparently identical with that obtained by Heider from *Ceriatrus membranaceus*. In the mesoderm and elsewhere in *Actinia mesembryanthemum* and other species, a green pigment occurs which alone and in solution gives all the re-actions of biliverdin.

#### Clinical Teaching in the Cork Workhouse.

A NOTICE of motion has been given by a Member of the Cork Board of Guardians, to the effect that all students be permitted to attend the hospitals in connection with the workhouse, subject to the supervision of the medical staff.

#### Another Medical Candidate for Parliament.

DR. ALFRED CARPENTER, of Croydon, it is stated, will be Liberal candidate for the Reigate Division of Surrey, in opposition to Sir Trevor Lawrence. We wish Dr. Carpenter every success, and if he should supplant Sir Trevor Lawrence the profession will be nothing the worse. The honourable baronet, though the son and representative of Sir William Lawrence, the distinguished surgeon of the last generation, was unknown in Parliament, and a cipher as regards medical affairs.

#### A New Hæmostatic.

ON observing accidentally the apparent hæmostatic action of an infusion of nettle (*Urtica didica*), Dr. C. G. Rothe, of Altenburg, prepared a tincture of the plant. The young plants were collected in the spring with their stalks, leaves, and flowers, and digested for a week in alcohol 60 deg. Applied to wounds on pledgets of lint, &c., it quickly arrested bleeding, particularly that from the parenchyma and the smaller vessels. On con-

tact the blood becomes changed into a soft, but tenacious, not crumbly clot. He considers it far superior to the liq. ferr. perchl. which he had always employed before. A reliable hæmostatic *minus* the corrosive properties of ferr. perchl. would be very welcome.

#### Inoculation for Hydrophobia.

M. PASTEUR is said to have produced a safe attenuated rabic virus, and will organise a system for the protection of animals. It is hoped that by the application of M. Pasteur's inoculations to animals the necessity of employing it in the human subject may soon cease to exist.

#### Pregnancy after Double Ovariectomy.

PROFESSOR SCHATZ, of Rostock, reports a case of the above. On Jan. 20th, 1880, he removed the left ovary and part of left Fallopian tube from a young woman aged 20. The right ovary, with the exception of a minute portion 2 m.m. broad on the distal side of the ligature, was also removed. The right tube remained in tact. Menstruation continued regular from July 15th of the same year to August, 1884. On May 12th, 1885, she was delivered of a full-grown female child.

AN American contemporary states that Perry Davis, of Pain Killer notoriety has become a lunatic.

IN correction of a previous notice it is notified that an examination for sixteen appointments as Surgeon in Her Majesty's Indian Medical Service will be held in London in February, 1886. The exact date of the examination will be announced hereafter.

RECTAL etherization has been practised in the Hospital in Granada in fifteen cases of cholera with the idea of killing the comma bacilli by surrounding them with an atmosphere of ether. Two of these cases were cured within twenty-four hours, one died, while the remaining twelve improved rapidly.

THE 58th Congress of German Naturalists and Physicians was held in Strasburg from the 18th to the 23rd of September. The meeting was a great success, about 1,000 members and participators being present, and amongst them many of the most distinguished men in Germany. The place of meeting fixed upon for next year is Berlin.

THE captain of the steamship *Derwentwater* was convicted and fined at the Shields police court last week on the evidence of Dr. Collingridge, port sanitary officer for the City of London, for neglecting to enter in the ship's register and to report two cases of illness on board. It appears that in view of the possibility of cholera reaching our shores, the port sanitary authorities are charged by the Board of Trade to prosecute all captains under the Merchant Shipping Act for negligence in this direction, and the strictness with which these provisions are enforced has so far had a most salutary effect.

THE succession to the Physiciancy of the House of

Industry Hospitals, *vice* Dr. Benjamin MacDowel, will we believe, be decided by the Board of Governors on Thursday, 9th of October. Dr. Nugent, who has been acting as Assistant Physician for some time, is a favoured candidate, and Dr. Burgess, the Assistant Surgeon, and Dr. Kennedy, Resident Surgeon, will, we believe, also offer themselves, as well as Mr. O'Carroll, Demonstrator in the Catholic University Medical School. An effort is being made to turn the appointment into a politico-religious squabble, but we earnestly trust that the Governors will select the best and most reliable man, even if he be a Thug. The Lord Lieutenant has the appointment on the recommendation of the Governors, and a salary of £100 a year pertains to the office.

## Edinburgh.

[FROM OUR OWN CORRESPONDENT.]

**APPOINTMENT OF SURGEON-OCULIST TO HER MAJESTY FOR SCOTLAND.**—The *London Gazette* officially announces that the Queen has been pleased to appoint Douglas Argyll Robertson, Esq., M.D., Fellow of the Royal College of Surgeons, Edinburgh, to be Surgeon-Oculist in Ordinary to Her Majesty for Scotland, in the room of William Walker, Esq., deceased.

**OPENING OF A COTTAGE HOSPITAL FOR DISEASES OF WOMEN AND CHILDREN IN EDINBURGH**—For some time back it has been felt by the energetic lady medical officer of the Edinburgh Dispensary for Women and Children that, in order to adequately meet the necessities of many of the patients applying for help, some house accommodation must be provided. Dr. Jex-Blake has resolutely set herself to the accomplishment of her object, and, last week, a cottage hospital in connection with that dispensary was formally opened by Lord Provost Harrison. The house affords room for six beds, but at present the modest intention is to commence with four. Since the dispensary was founded, six years ago, it has been attended by 1,117 patients.

**THE WOMAN'S DISPENSARY, EDINBURGH.**—With this striking name a new institution has just been started in Edinburgh, under the direction of Dr. Skene Keith. It is situated near one of the more thickly populated districts of the city, and already has attracted a fair *clientèle* of patients. Auspiciously associated with an honoured name in the annals of gynecology, it ought to command success.

**UNIVERSITY OF EDINBURGH.—COMPLETION OF BUILDINGS FUND.**—A handsome subscription of £250 has just been announced towards this fund from Mr. Alexander Tod, Peebles. In order to the completion of these beautiful buildings, a sum of about £90,000 is still required, Meanwhile the University lacks its promised tower, and, on ceremonial occasions, must borrow a hall.

**PUBLIC BATHS FOR EDINBURGH.**—Last week the Town Council of Edinburgh unanimously voted the sum of £11,000 towards the construction of public swimming and plunge baths, to be erected up on the historic site recently occupied by part of the old Infirmary. The tone of the speeches made during the discussion of the subject was excellent and reflects credit on the philanthropic interest the Councillors of the city are displaying in subjects of hygiene and sanitary reform. For long Edinburgh, in spite of her vaunted medical school, has been much behind other towns of Scotland in this respect. For example, Glasgow has, during

the last few years expended well nigh £130,000 for the establishment of baths and washing-houses; while Dundee has devoted £40,000 to a similar object.

**POLLUTION OF THE WATER OF LEITH.**—We are glad to see that the inhabitants of the vicinity of Edinburgh are rousing themselves to active measures in connection with this nuisance. At Corstorphine, the pollution is apparently largely owing to sewage, and at a meeting of those interested in the matter, last week, it was wisely pointed out, that in addition to the evil effects induced by such contamination, there was an obvious loss to the community of produce, which in more economically regulated districts was suitably turned to profit. We hope the City of Edinburgh will see their way to co-operate with the surrounding parishes in correcting this anomalous state of affairs.

**THE LATE PRINCIPAL SHAIRP, ST. ANDREWS.**—It is with deep regret that we record the death of Principal Shairp, of St. Andrews, Convocation Professor of Poetry in the University of Oxford. A gentleman and a scholar of cultured mind and refined tastes, Principal Shairp has successively held with honour several of the most important offices. For the last eighteen years he has wisely presided over the ancient University of St. Andrews, where his loss will be keenly felt.

**COMPLIMENTARY DINNER TO SIR ANDREW CLARK, M.D., AT DUNDEE.**—Last Friday the Medical Faculty of Dundee entertained Sir Andrew Clark, M.D., to a complimentary dinner, in recognition of the honoured position he occupies in the medical profession. The dinner was largely attended. From the character of the speeches, it was evident that another motive played a considerable part in the arrangement of the evening's proceedings, namely, the further development of the Dundee College scheme. Sir Andrew went so far as to maintain that it was not only right for them to found a medical school, but it was their obvious duty.

## Correspondence.

### THE METHOD OF EVOLUTION AND GERMS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In two letters which you did me the honour to publish on August 19th and September 9th, I shortly endeavoured to indicate the vito-chemical side of the study of cholera and epidemics; and argued on the Method, that a great universal Form or Law of vital being and process, or evolution, was a just philosophical hypothesis: and in holding the hypothesis of the absolute "continuity" of the organic and inorganic, and submitting our assertions to the great periods and order of nature, I saw a harmony and "continuity" between the vito-chemical and the germ theories: it appeared to me, that the science of biology was in a stage not unlike to that of chemistry, prior to the ideas of Dalton, Grove, &c.

The hypotheses which I advanced in my two letters, have been the occasion of my receiving from a lay friend, of just and scientific mind, the following criticism, which most clearly indicates the two great "ways" or "Methods" on which the mind struggles for "more light" in the realms of biology. I beg to submit it to your judgment for publication.

Yours, &c.,

WILLIAM H. PEARSE, M.D.

Plymouth, Sept. 24th.

"The human body is so delicate an organism, held in being upon the wings of so delicate an equipoise, that no breath of air, no change of temperature or electric conditions of its surroundings can take place, without demanding readjustments within the organism. I have sometimes by a few strokes of the piston of the air-pump, formed a delicate cloud within the receiver and noted its behaviour, my hand

approaching it would visibly rarefy it, withdrawn, would again condense it. The entrance of a person at the door of the room—a mass of matter at the temperature of 98.4°—would cause the cloud to twist and unfurl itself as if in an agony, and I have said to myself 'such a cloud is the human body.' It would be most unjust to think of the body as a mass of dead earth on which bacilli could be sown as you sow turnips. Whatever part these minute organisms may play in disease, their evil work is conducted in a pabulum of ever changing composition, in a state of most delicate equipoise, and ever shifting equilibrium. Medical science must took in both these directions as it seems to me. Let us know all about the bacterium, its life-history, its mode of propagation, and diffusion, its effects upon the animal organism, and let us know this in the case of such species, and by experiment and the microscope, with all its modern accessories' let us get to know all we can, but never forget the one class of facts in our absorption in the other."

#### "SPINNING IN ASYLUMS."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I perceive in your issue for Sept. 9th a note with reference to spinning in asylums. This mode of employing the insane is not quite so new as might be supposed from your notice. There are now three asylums in this country (Ireland) in which a woollen industry is in full swing. When I was Medical Superintendent of the Castlebar District (Mayo county) Asylum, I introduced the use of the spinning wheel into that institution, where the industry has been further developed by my successor, Dr. Finnegan. At that time I was under the impression that the work was a novelty in asylums. I understand, however, that my friend, Dr. Hethrington, of the Londonderry County Asylum, has employed his patients at the wool wheel for several years past. The industry has been brought to a high state of perfection by Dr. Courtenay, of the Limerick Asylum, where in every ward on the female side of the house there is a wool spinning wheel.

In the annual report of the Castlebar Asylum for the year 1883, I wrote as follows:—"One of the commonest difficulties experienced in the management of an asylum is to find an occupation for women more active and interesting than needlework. To meet this difficulty wool spinning has been introduced. We purchase raw wool, by the female patients it is picked and cleansed, carded, spun into thread, respun (to double the thread), and finally knitted into socks and stockings. Spinning with the large wool wheel and carding are active occupations, so, in a lesser degree, is cleansing (which occupies a number of patients who can do little else), while the whole industry gives employment of a bustling, cheerful nature, very different from ordinary needlework."

You mention Ruskin's reference to the spinning wheel. A pretty eulogy upon it is also to be found in Mrs. Gaskell's book, "Sylvia's Lovers."

Truly yours,

CONOLLY NORMN.

Monaghan County Asylum,  
September 12th, 1885.

#### THE WHITSON-FRANKS' CONTROVERSY ON DRAINAGE TUBES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Probably in the limits of an exhaustive paper Dr. Franks had not space for a full statement of Neuber's objections to bone drainage. As detailed by Deahna, they are, "In course of time many defects declared themselves in the absorbable drains. At times they were melted away, occasionally absorption was too long delayed, at times, again, it failed altogether when the osseous tube lay embedded in a blood clot. Absorption varied very much according to the tissue through which the bone passed. Even when no serious disadvantage accrued, the unevenness of absorption was very embarrassing. This being so, Neuber, in cases where absorption of the osseous tubes was expected to be tedious, sought for some means of providing for drainage without them. This means he found in *skin punching* with a punch something like a shoemaker's." This applied only to the larger wounds of the soft parts, which in their greater extent lay close under the skin. Eventually he turned to the peat-mould dressing.

It is quite plain that all these objections must apply to MacEwen's tubes. Accordingly it is not sufficient for Dr. Whitson to tell us that the tubes have been successful in MacEwen's hands. Will he tell us that they are *not* absorbed unevenly. Can he say positively that they *will* be absorbed in blood clot.

Your obedient servant,

T. ESMONDE CAHILL.

#### PRIVATE PRACTICE BY RESIDENT SUPERINTENDENTS OF IRISH ASYLUMS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Some time since an article appeared in the *British Medical Journal*, which, whilst dealing exhaustively with the above subject, pointed out the duties, responsibilities, and the restrictions of members of the medical profession who have been fortunate enough, through influence or good luck, to obtain appointments under Asylum Boards. Not only was the article referred to convincingly argumentative *per se* (taking into consideration the rules framed for the guidance of these gentlemen, together with the terms of their appointments), but it was borne out by the weight of an eminent legal opinion with which the writer thought fit to arm himself before inviting a controversy that might be expected as the natural outcome of his effusion.

One would think that a hint thus conveyed should have had the desired effect with resident medical superintendents of asylums, yet both the arguments and the advice contained therein were, it appears, thrown away upon some at least of those to whom it referred. I allude to the practice that prevails amongst certain of the above-named gentlemen of systematically ignoring the obligations they owe to the profession on the one part, and to the inmates of the institution for whose health they are responsible on the other part, by engaging in private practice contrary to the terms of their appointment and to the expressed instructions of the Privy Council, presided over by the Lord Lieutenant, from whom and through whom they hold office. This recent innovation (or rather device) adopted by certain resident medical superintendents for the purpose of supplementing their already plethoric salaries and emoluments (as compared with Poor-law salaries), which before instalment into office they were satisfied to accept as sufficient remuneration for their whole times services, is obviously unjust to their less-favoured brethren in private practice, and to the hard-worked and underpaid dispensary doctor, inasmuch as they are unfairly handicapped in the race of life, for, in the former case, not only can the asylum doctor afford to charge an exceedingly moderate fee (which he does in most instances, and in a great many no fee at all), but he also enjoys the privilege, as I am informed, or assumes it, of supplying medicine gratuitously, the property of the institution of which he is the working head, and as such, the trusted custodian of its belongings, thereby holding out to the public further inducements for obtaining his services as compared with those of the private practitioner, whose prescriptions must be compounded at some medical establishment with additional expense to his patients. I am aware of the fact that a letter addressed to the Executive would at once set the matter at rest, but, query—Is it advisable to pursue a course that must inevitably lead to the adoption of so undesirable a means of obtaining redress (with no doubt disastrous results)? If the instructions and rules already referred to are not to be looked upon as binding, why were they framed at all? I know one resident medical superintendent who argues thus, that having provided himself with the necessary qualifications, and having registered them according to law, that no power could or can prevent him from practising privately. This of course is on the face of it a fallacious theory to hold, as untenable in point of law (owing to contract) as he knows it to be in fact, for he is in the habit of availing himself of the cover night provides for the purpose of paying his visits and of adopting other means of concealment. If asylum doctors have a right to practise privately and compete with their brethren they should do so openly, in the face of day, and refrain from adopting practices which can be looked on by the profession only with suspicion. As I do not desire to designate the locality to which I refer, I am forced to adopt a *nom de plume*, but enclose my card for your information. I am, Sir, yours, &c.,

AN INTERESTED ONE.

[A resident medical superintendent would incur a severe reprimand if he were proved to have engaged in private practice for fees, and he would probably be peremptorily dismissed if it were shown that he supplied the medicines of his asylum to any but its inmates. If any superintendent adopts either course, which we can hardly believe, we strongly advise him to desist, or he may regret it.—ED.]

### Obituary.

#### DR. W. A. GUY, F.R.S.

THE subject of this brief sketch, William A. Guy, M.B., F.R.S., F.R.C.P. Lond., who died on the 10th inst., at his residence, Gordon Street, Gordon Square, London, in the seventy-sixth year of his age, occupied a foremost place in the ranks of scientific medicine and literature. At the time of his death he held the post of hon. Consulting Physician to King's College Hospital; but in his earlier years he had taken a very prominent part in the affairs of the Hospital and College, filling at one time the post of Physician to the Hospital, and Professor of Forensic Medicine and of Hygiene in the College. He was President of the Statistical Society, and his scholarly address from the chair attracted considerable attention, when it appeared in our columns three years since. He was elected Harveian Orator in 1875, and as an author was well esteemed; his best known work being "The Principles of Forensic Medicine." Dr. Guy devoted much attention for many years to questions of sanitary reform and social science, and in 1878 was appointed one of the Royal Commissioners to inquire into the working of the Penal Servitude Acts; also in 1879 a member of the Criminal Lunatic Commission. He was one of the original founders of the Aërated Bread Company, which has proved a great success. Dr. Guy was a native of Chichester, Sussex, where his ancestors for four generations had been medical practitioners. His grandfather, William Guy, a pupil of John Hunter, and fellow pupil of Edward Jenner, had a high provincial reputation, which he seems to have won alike by professional skill and private worth, he was called "the Hunter" of Sussex, and was on terms of the closest intimacy with William Hayley, Cowper, the poet, Flaxman, the sculptor, and Romney, the painter. We cannot close this short notice without expressing a hope that those, who like Dr. Guy have worked for the good of the state shall receive that recognition which they most richly deserve and merit.

#### JOHN GAY, F.R.C.S.

BY the death of Mr. John Gay, F.R.C.S., another of the few remaining links between the surgery of the immediate past and that of the present has been shattered, and Sir James Paget has lost one more of the friends whose brilliant careers were opened by association with himself in their student days under the guidance of the men who then reigned at St. Bartholomew's—Stanley, Lawrence, and Vincent. Mr. Gay was born in 1813 at Wellington, in Somerset, and after a distinguished career as a student at St. Bartholomew's Hospital, passed the examination for the M.R.C.S. in 1845. Twelve months later he was elected on to the staff of the Royal Free Hospital, where he continued for eighteen years, acquiring meanwhile a large and lucrative practice in London where he settled down. He was one of the founders of the Great Northern Hospital, and became its senior surgeon, being associated in the movement with Messrs. Peter Price and Carr Jackson. He held the post of President of the Medical Society of London, and in 1867 he delivered before the Society the Lettsomian Lectures on "Varicose Disease and its Allied Disorders," and his contributed papers to the Societies and the journals were both numerous and valuable. He introduced modifications in the treatment of hernia by operation, in the treatment of suppurating joints by incisions, and in the mode of dealing with ulcers. He was most highly esteemed in private life, and won the affection and esteem of all who were in any way associated with him. His last illness originated in cerebral mischief attended with paralysis, and continued for two years, death occurring on September 15th, in his seventy-second year.

### Literature.

#### TRANSACTIONS OF THE ACADEMY OF MEDICINE IN IRELAND. (a)

IN a volume containing so much of interest it is no easy task to give even a faint idea of the number of valuable papers which the six sections of the book contain. As Irish surgeons have ever been to the front in surgery, and as their opinions on surgical matters receive universal respect, one naturally turns to the section under that head. Here three papers by Messrs. Stokes, Barton, and Franks, on the "Radical Cure of Hernia" are noticeable. As this question is being so much debated upon just now, both at home and abroad, it may be as well to shortly describe the various methods they advocate. In all three papers the "open method," more or less modified, is preferred to subcutaneous ligature or instrumentation, and in all three strict antiseptic precautions are insisted upon. The plan which is followed by Mr. Stokes and his colleagues at the Richmond Hospital consists of a dual system of suture, one peritoneal and the other intercolumnar, after the sac has been opened. The neck of the sac is not ligatured "en masse," nor is the sac below the ligature excised. The ligatures (cat-gut) are simply passed through the sac, and the pillars of the ring are approximated by wire or chronic catgut sutures. Mr. Barton advocates the *direct* method of operating, i.e., cutting down on the parts, and drawing the edges of the internal ring into close contact by strong silver wire, which is left *in situ*. If the wound be kept aseptic the sutures become encysted, and form a barrier with the lymph which becomes organised. Three cases are recorded, in the second one some temporary orchitis followed, and the danger of this seems to be an objection to the operation, though no serious sequelæ are mentioned. In no case did Mr. Barton consider it necessary to refresh the edges of the ring. Mr. Kendal Franks recommends a similar operation which applies to femoral and umbilical hernia, as well as to inguinal. In recent cases the hernia and its sac are reduced, and the openings in the aponeurosis of the external oblique mus, and the conjoined tendon are sutured respectively with silver wire. A second method he recommends consists of a similar proceeding after excision of the sac. This method has a wider application, and may be used in cases where it would be unwise to attempt to return the sac unopened into the abdomen, as in congenital hernia, old scrotal ruptures with adhesions to the sac, omentum or spermatic cord. It is recommended to have leave to perform castration in cases where the testicle is atrophied or undescended. Hæmatocele may follow, as in one case. This method of operating is known in Germany as Czerny's, but Mr. Franks points out that Lister and Marey, of Boston, respectively recorded their cases seven years before Mr. Franks concludes by saying that this open method, antiseptic suture or method of dissection, is preferable to any manœuvre based on the principle of blind surgery.

In a paper on the treatment of recently fractured patella, Mr. Coppinger shows that firm close fibrous union is quite as serviceable as that by bone, and that though Sir Joseph Lister has achieved success in some instances by wiring the fragments, there is, as a rule, really no necessity for such a serious operation. No new method is described, but general principles, such as careful apposition, blisters, aided by antiseptic tapping of the joint, are advocated.

Dr. Thornley Stoker gives us some very practical hints on the removal of naso-pharyngeal tumours by means of gouges introduced through the anterior nares, after the upper lip, &c., has been divided as far as the inner canthus, the nostril opened up, and the nose deflected to the other side. The hæmorrhage, often very alarming, is only checked by digging away at the disease till healthy bone is reached.

Dr. Bennett records a case which he rightly thinks raises the question whether the rigid limb ought always to be sought for after excision of the knee-joint. In his case the failure to obtain osseous union was accidental, but cases have been recorded where, owing to early passive movements in young healthy subjects, it was intentional.

(a) "Transactions of the Academy of Medicine in Ireland." Vol. II. Edited by William Thompson, M.A., F.R.C.S. Dublin: Fennell & Co. London: Baillière, Tindall, & Cox. 1885.



The Medical and Pathological sections contain some very interesting and valuable papers, notably one on Enteric Fever, by Dr. J. W. Moore, where large doses of quinine, calomel, and opium powdered are recommended in severe cases. The "glycerine poultice" consisting of a pad of lint soaked in a mixture of Tr. opii, ʒj.; glycerini, ʒviij.; aquæ ad., ʒviij., and covered by gutta-percha tissue, is advocated. Dr. Moore considers that the calomel and opium act as an antiseptic aperient.

Dr. C. J. Nixon communicates three papers on nervous diseases. Mr. Dickenson's note on Microphotography would have been still more valuable had a few practical directions as to length of exposure, &c., been included, perhaps he will oblige us in a future communication.

The Obstetrical Section is conspicuous by Dr. Macan's careful report of the Rotunda Hospital, and the account of the antiseptic precautions taken in examining and treating the patients. Dr. Kidd is in favour of digital dilatation of the female bladder for the removal of calculus. Dr. Jones concludes that so-called spasmodic dysmenorrhœa is generally obstructive, as evidenced by the results of treatment calculated to remove the obstruction, pewter bougies of a special kind are recommended. Dr. Purefoy describes three cases of induction of premature labour, and points out, that though the catheter may be passed up well to the fundus and retained there, yet no uterine action may be excited unless other measures, such as vaginal dilatation by means of a Barnes' bag are, adopted.

Altogether, the Academy of Medicine is to be congratulated on the result of their labours being placed before the public in such an admirable manner. Evidently no expense has been spared to render the volume complete and readable. The paper is of a superior quality, the type clear, and some of the illustrations, notably the photographs of Mr. Stokes' case of ossifying sarcoma of the skull, are excellent.

## Medical News.

**Royal University of Ireland.**—The Duke of Abercorn's report on the Royal University of Ireland, presented to Earl Spencer on March 27, has just been published. This is the third year of the existence of the University, and the Duke states that the rate of progress is maintained, and that there is every ground for hoping that the success of the University is assured, and that it will take rank among the permanent institutions of the country. The figures given enable us to judge of this success. For the various examinations (not including those for women), 2,364 candidates entered their names, and of these 1,555 passed, while 478 were rejected; the rest were either absent or retired; 20 per cent., therefore, of the men who offered themselves for the various examinations were rejected. It will be remembered that in the last report the Duke spoke with particular satisfaction of the number of women. He now continues his satisfactory record. In all 127 women presented themselves for examination, of whom 112 passed and 13 were rejected. The percentage of rejected, therefore, is only half that of the men. Moreover, 47 of the women obtained honours.

**West London Medico-Chirurgical Society.**—The first meeting of the session 1885-6 will be held at the West London Hospital on Friday next, October 2nd, at 8 p.m. The President, Mr. W. B. Hemming, will deliver an address, and several surgical cases will be shown by Mr. Keetley. Subjoined is the list of officers:—*President*: Mr. Hemming. *Vice-Presidents*: Dr. Alderson, Dr. Pickett, Mr. E. C. Barnes, and Dr. Campbell Pope. *Council*: Dr. Clippingdale, Mr. Swinford Edwards, Mr. J. R. Lunn, Dr. Hart Vinen, Mr. R. F. Benham, Mr. C. B. Keetley, Dr. Owles, Dr. Thudichum, Dr. Travers, Dr. Bullock, Mr. F. C. Dodsworth, and Dr. Wells. *Treasurer*: Mr. Lawrence. *Secretaries*: Mr. Gunton Alderton, Mr. H. Percy Dunn.

**The Mortality of Foreign Cities.**—The annual death-rates per 1,000 in the principal foreign cities, according to the last weekly returns communicated to the Registrar-General, are as follow:—Calcutta 26, Bombay 26, Madras 34, Paris 18, Geneva 13, Brussels 20, Amsterdam 18, Rotterdam 19, The Hague 18, Copenhagen 17, Stockholm 19, Christiania 21, St. Petersburg 28, Berlin 23, Hamburg 25, Dresden 19, Breslau 27, Munich 26, Vienna 19, Prague 28, Buda-Pesth 24, Rome 27, Turin 23, Venice 25, New York 24, Brooklyn 23, Philadelphia 20, and Baltimore 20.

**Vital Statistics.**—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 17.1 per 1,000 of their population, and were—Birkenhead 20, Birmingham 12, Blackburn 14, Bolton 23, Bradford 14, Brighton 17, Bristol 16, Cardiff 23, Derby 16, Dublin 22, Edinburgh 14, Glasgow 19, Halifax 20, Huddersfield 11, Hull 15, Leeds 15, Leicester 18, Liverpool 21, London 15, Manchester 20, Newcastle-on-Tyne 22, Norwich 17, Nottingham 17, Oldham 18, Plymouth 19, Portsmouth 21, Preston 28, Salford 20, Sheffield 17, Sunderland 17, Wolverhampton 21. The highest annual death-rates from diseases of the zymotic class in these towns were—From scarlet fever, 1.3 in Wolverhampton, 1.5 in Leicester, and 1.6 in Preston; from fever, 1.1 in Norwich, and 1.9 in Portsmouth; from measles, 1.1 in Liverpool; and from diarrhoea, 3.8 in Cardiff, 5.8 in Portsmouth, and 6.8 in Preston. Of the 33 deaths from diphtheria, 25 occurred in London, 2 in Newcastle-upon-Tyne, and 2 in Cardiff. Small-pox caused 9 deaths in London and its outer ring, and not one in any of the other towns.

**University of Durham.**—The following candidates passed the first examination for the Degree of Bachelor in Medicine (old regulations), during the September meetings of the Examiners:—

### Second Class Honours.

Codd, Arthur F. Gamble, St. George's Hosp.  
Walton, J. Stamford, Newcastle-on-Tyne School (new regulations).

### Pass List.

Arnold, Ernest C., St. George's Hosp.  
Averill, Charles, M.B.C.S., L.S.A., St. Bartholomew's Hosp.  
Brown, William C., College of Medicine, Newcastle-on-Tyne.  
Gibbon, Ernest, H., College of Medicine, Newcastle-on-Tyne.  
Haycock, Henry, E., M.B.C.S., L.R.C.P., St. Bartholomew's Hosp.  
Holc, Arthur Knight, St. Bartholomew's Hosp.  
Manton, John Albert, St. Bartholomew's Hosp.  
Miers, Arthur, Leeds Medical School.  
Modlin, Isaac G., College of Medicine, Newcastle-on-Tyne.  
Norton, John, Westminster Hosp.  
Robinson, George Arbutnot, London Hosp.  
Smeeton, Charles William, Leeds Medical School.  
Smith, John Arthur, Leeds Medical School.  
Stanley, Charles James, King's College.  
Steenberg, Charles W., College of Medicine, Newcastle-on-Tyne.  
Thompson, Robert, Guy's Hospital.  
Thompson, Walter, Leeds Medical School.

The following passed in Anatomy, Physiology, and Botany:—

Baker, J. Barrington, M.R.C.S., L.R.C.P., Charing Cross Hosp.  
Coombe, Ethelbert Eered Sargent, University College.  
Lund, Theodor, College of Medicine, Newcastle-on-Tyne.  
McArdle, Francis James, University College, Liverpool.  
Toller, Charles William Edward, St. Bartholomew's Ho p.

Re-examination in Chemistry only:—  
Giddings, George Thomas, London Hosp.

The following passed in Anatomy and Physiology:—

Hopper, Alfred J., College of Medicine, Newcastle-on-Tyne  
Jepson, Edward, M.B.C.S., L.S.A.

Re-examination in Chemistry, Chemical Physics, and Botany:—

Allden, Sidney James	Metcalfe, George
Davis, Norman	Parry, Henry Jules
De Lacey, Robert Charles	Roberts, David Rees
McNabb, Laurence Aloysius	Smith, Colvin Burslem.

All of the Newcastle-on-Tyne School of Medicine.

Examination in Chemistry and Chemical Physics only:—

Coates, William Henry  
Faichnie, Norman, University College, London  
Hoyle, James Collings, St. Bartholomew's Hospital.

Second Examination for Bachelor in Medicine, New Regulations.

### Second Class Honours.

Bowlan, Marcus M	Leech, Joseph William
Berwick, George	Metcalfe, George
Bowmaker, Edward	Williams, William H. Griffith

All of the Newcastle-on-Tyne School of Medicine.

## OPERATION DAYS AT THE LONDON HOSPITALS.

**MONDAY**—Hospital for Women, 2 p.m.—Metropolitan Free, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Orthopedic, 2 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Mark's, 2 p.m.—Chelsea Hospital for Women, 2.30 p.m.

**TUESDAY**—Cancer Hospital, Brompton, 5 p.m.—Guy's 1.30 p.m.—St. Mark's 9 a.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Westminster, 2 p.m.—West London, 8 p.m.

**WEDNESDAY**—Great Northern, 2 p.m.—London, 2 p.m.—Middlesex, 1 p.m.—National Orthopedic, 10 a.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Samaritan Free Hospital for Women and Children, 2.30 p.m.—St. Bartholomew's, 1.30 p.m.—St. Mary's, 1.30 p.m.—St. Peter's, 2 p.m.—St. Thomas's, 1.30 p.m.—University College, 2 p.m.



**THURSDAY**—Central London Ophthalmic, 1 p.m.—Charing Cross, 2 p.m.—Hospital for Diseases of the Throat, 2 p.m.—Hospital for Women, 2 p.m.—London, 2 p.m.—North-west London, 2.30 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. George's, 1 p.m.—Chelsea Hospital for Women, 2 p.m.

**FRIDAY**—Central London Ophthalmic, 2 p.m.—East London Hospital for Children, 2 p.m.—Guy's, 1.30 p.m.—King's College, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal South London Ophthalmic, 2 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Thomas's (Ophthalmic Department), 2 p.m.

**SATURDAY**—King's College, 1 p.m.—London, 2 p.m.—Royal Free 9 a.m. and 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Bartholomew's, 1.30 p.m.—St. Thomas's, 1.30 p.m.

## Notices to Correspondents.

**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.

**READING CASES.**—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

### HISTORY OF THE PROGRESS OF LARYNGOLOGY.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I beg to refer your correspondent Dr. Illingworth to the following passage in the latter part of my History:—"The almost innumerable papers, valuable for minute discussion of undetermined points, or for the dissemination of laryngological knowledge, cannot be noticed here, as we are only dealing with such salient advances as can be described intelligibly in a few words." Dr. Illingworth's views are certainly undetermined, and, in fact, in my judgment, are mainly retrograding rather than progressive. I consider, indeed, that experiment has long ago refuted all hypotheses of the class.

I am, Sir, yours, &c.,

10 Finsbury Square, London,  
September 23.

GORDON HOLMES.

**SURGEON-MAJOR W. C.** is thanked for the contributions to hand, which will answer our requirements. Proofs shall be sent to him in due course, and his further request shall not be overlooked.

**MR. W. H. J.**—We are making the necessary inquiries, and hope to be able to report on the subject in our next.

### COCAINE IN SPASMODIC ASTHMA, POST-NASAL CATARRH, &c.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—A more extended use of Cocaine makes me give a stronger opinion of its various uses—viz., in hay-fever, spasmodic asthma, post-nasal catarrh, morphia-craving, alcoholism, nervous debility, &c., and in minor surgical operations, injected under skin, it acts as a local anæsthetic. The best papers published on its use are those of E. Merck, Darmstadt, which can be had from H. Boyce, 72 Mark Lane, London, E.C., and a supplement to the *Extra Pharmacopœia*, Martindale, London. Mr. Evans, of Dawson Street, Dublin, has brought out Cocaine lozenges, containing 1-100 per cent. each, useful in sore-throat, hoarseness, &c. Cucca pastilles, Martindale, London, are also good. It has cured my asthma after having it for fifteen years.

I am, Sir, yours, &c.,

T. J. GELSTON, M.D.

**FIRST YEAR'S MAN.**—We purposely avoided giving an article on "Students' Books" in our last number, as with the multitude of standard works and new ventures it is difficult to be just to all. Moreover, particular schools use where possible such works as may be written by members of their body, and in most other cases each teacher has his own pet authority, which students under him are morally compelled to adopt. If you want our opinion of any given book or books, we shall be happy to express it.

**DR. BILLINGS** (Washington).—The "Final Reports" have been received, and we hope to refer to them in an early number.

**AN AGGRIEVED PATIENT.**—You have the right to demand particulars of your "exorbitant bill," and we cannot understand why "you have been refused them." There is, we are sure, some little mistake on your part. Patients not infrequently consider a bill exorbitant when they have recovered from sickness, forgetful of the number of visits by the medical attendant at all hours. Doubtless if the request is preferred in a proper manner, you will receive satisfaction. Probably some little want of courtesy on your part has occasioned the unpleasantness.

### THE BRADLEY FUND—(SEVENTH LIST).

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Will you kindly acknowledge the enclosed additional list of subscriptions?

I remain, Sir, yours faithfully,

RICHARD JEFFREYS.

Eastwood House, Chesterfield, September 23, 1885.

Dr. A. Halliday Douglas	£2 2 0	Mr. J. H. Ewart	.. £1 1 0
Dr. Geo. Pearce	.. 1 1 0	Mr. A. E. Barker	.. 1 1 0
Dr. W. Vaudrey Lush	.. 1 1 0	Mr. Samuel Lodge	.. 0 10 6
Mr. T. Jenner Verrall	.. 1 1 0	Mr. W. H. Beverley	.. 0 10 0
Mr. H. Greenway Howse	.. 1 1 0	Dr. Charles W. Cathcart	.. 0 5 0
Dr. Edwin Rayner	.. 1 1 0	Dr. A. Sloane	.. 0 5 0
Mr. T. Simpson	.. 1 1 0		

## Meetings of the Societies.

FRIDAY, OCTOBER 2ND.

**WEST LONDON MEDICO-CHIRURGICAL SOCIETY.**—Pathological Specimens: Mr. Percy Dunn, Liver of a Child of 8, showing Extensive Nature of Left Lobe; Right Kidney, with Large Calculus in the Pelvis; Sarcoma of Mamma.—Clinical Cases: Mr. C. B. Keetley, Case of Extrusion of the Bladder after Operation; Case illustrating a New Mode of Amputation for Ulceration of the Leg; Case of Congenital Dislocation of the Hip; Case of Charcot's Joint Disease; Case illustrating Treatment of Intractable Club-foot by Excision of Cuboid and Division of Ligaments on Inner Side of the Foot.—Papers: Address by the President, Mr. W. B. Hemming.—Dr. Clippingdale, A Case of Stricture of the Small Intestine, with Specimen.

## Vacancies.

**Brompton Consumption Hospital**—Resident Clinical Assistant. Applications on or before October 17.

**Daventry Rural and Urban Sanitary Districts.**—Medical Officer of Health. Salary, £50 per annum. Applications, with testimonials, to the Clerks, on or before October 6.

**Eccles and Patricroft Hospital, Manchester.**—House Surgeon. Salary, £60 per annum, with board and furnished apartments. Applications, with testimonials, to E. H. Roe, Esq., Patricroft, Manchester, not later than October 3.

**Manchester—Owens College.**—Professorship of Physiology. Applications, with testimonials, to the Registrar, not later than Nov. 2.

**Risbridge Union.**—Medical Officer. Salary, £80 per annum. Applications to the Clerk, not later than October 2.

**St. Mary's Hospital, W.**—Physician-accoucheur (hon.) Applications, with testimonials, to the Secretary, on or before October 12.

**Stockton Union.**—Medical Officer and Public Vaccinator. Salary, £23 per annum, with fees. Applications, with testimonials, to the Clerk to the Guardians, not later than October 17.

## Appointments.

**BURGESS, E. A., M.R.C.S.,** Medical Officer for the Fransham District of the Miford and Landtitch Union.

**HOOKER, C. P., L.R.C.P. & L.R.C.S. Ed.,** Medical Officer to the Workhouse and South District of the Cirencester Union.

**JACK, J. S., M.B., C.M. Glas.,** Medical Officer to the Workhouse, Eotherbury Union.

**JONES, J. E., M.B., C.M. Ed.,** Medical Officer for the First District of the Chorley Union.

**LEPPER, R. J., L.R.C.P. Ed., L.R.C.S. Ed.,** Resident Medical Officer for the Murray District, West Australia.

**PATTON, A. S., M.B., B.Ch. Dub.,** House Surgeon to St. Mark's Ophthalmic Hospital, Dublin.

**POTT, F. H., M.R.C.S.,** Resident Medical Officer to the Boscombe Infirmary, Bournemouth.

**POULTON, B., M.D., M.R.C.S.,** Senior House Surgeon to the Adelaide Hospital, South Australia.

**ROXBURGH, D., M.B., C.M.,** House Surgeon to the Isle of Man General Hospital and Dispensary.

**TURNER, E., M.R.C.S.,** Medical Officer for the Brandesburton District of the Kirlaugh Union.

**WILSON, F., L.R.C.P. & L.R.C.S. Ed.,** Medical Officer to the Workhouse and First District of the Keighley Union.

## Births.

**JOBSON.**—September 21, at Kellour House, Perthshire, the wife of Brigade-Surgeon Jobson, M.D., of twins—son and daughter.

**LITHGOW.**—September 20, at Stirling House, Farnborough, the wife of T. G. Lithgow, F.R.C.S. Ed., L.R.C.P. Lond., of a daughter.

**WOOLRIDGE.**—September 3, at Barnes, S.W., the wife of L. C. Woolridge, M.B., of a son, prematurely.

## Marriages.

**GORMAN—HENRY.**—September 23, at St. Mary's Church, Tenby, Chas. Gorman, M.D., M.Ch., J.P., and District Surgeon of Knysna, Cape Colony, to Edith Charlotte, third daughter of William Henry, Esq., of Wilford Bray, Co. Dublin.

**NEWMAN—LA FARGUE.**—September 24, at St. Luke's, South Kensington, Arthur J. Newman, M.R.C.S., of Godalming, to Alice, third daughter of G. F. H. La Fargue, Esq., of Husbands, Bosworth.

## Deaths.

**BAGSHAW.**—September 27, at 13 St. James's Square, Bath, E. Lloyd Bagshaw, F.R.C.S., aged 76.

**BROWN.**—September 22, at his residence, 20 Foregate Street, Worcester, Henry J. Brown, F.R.C.S. Eng., aged 66.

**CANTON.**—September 26, found dead on Hampstead Heath, Edwin Canton, F.R.C.S. Eng., Consulting Surgeon to Charing Cross Hosp.

**DILLON.**—September 19, at Strokestown, Arthur Dillon, M.D., late of Ballaghaderin, aged 82.

**FLEMING.**—September 13, at Grantown, J. G. Fleming, M.B., C.M. Aber.

**FRASER.**—September 20, at Woodside Villas, Gipsy Hill, James Alex. Fraser, M.D., Inspector-General. A. M. D. (retired), aged 70.

**HAYES.**—September 23, at 12 Stamer Street, Dublin, Dr. John Hayes, of Ballaryartella, Nenagh.

**PAYNE.**—September 23, at 19 Gilmore Road, Lewisham, Edwin Payne, M.D., M.R.C.P. Lond.

**RYNNE.**—September 18, at Brookville, Ennis, of typhoid fever, John Rynne, M.B., B.Ch. Dub.

**WALKER.**—September 27, at 89 Rodney Street, Liverpool, T. Shadford Walker, M.R.C.S. Eng., Consulting Surgeon to the Liverpool Eye and Ear Infirmary.

# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 7, 1886.

CONTENTS.		PAGE	PAGE
<b>ORIGINAL COMMUNICATIONS.</b>			
On Obstruction Cases and Abdominal Taxis. By Jonathan Hutchinson, F.R.C.S., F.R.S. Emeritus Professor of Clinical Surgery at the London Hospital; Consulting Surgeon to the London Hospital and to the Royal London Ophthalmic Hospital....	321	Translations from Schmidt's <i>Jahrbucher</i> . By T. Esmonde Cahill .....	320
The Nature and Treatment of Gout. By Dr. W. Eberlein, Professor of Medicine and Director of the Medical Clinic at the University of Göttingen.....	324	<b>FRANCE.</b>	
The Emergencies of Surgery. Being a Course of Lectures delivered in the Meath Hospital and County Dublin Infirmary. By Lambert Hepenstal Ormsby, M.D., F.R.C.S., Lecturer on Clinical and Operative Surgery, Surgeon to the Meath Hospital and County Dublin Infirmary. Surgeon to the Children's Hospital, &c.....	326	Electrolysis.....	330
Nitrite of Amyl an Eliminator of Uric Acid; a Remedy (?) for Gout. By Archibald D. Macdonald, M.D., C.M., Liverpool.....	329	Cutaneous Hemorrhage by Auto-Suggestion	331
<b>CLINICAL RECORDS.</b>		<b>LEADING ARTICLES.</b>	
Diphtheria—Tracheotomy—Prolonged Artificial Respiration—Death. By Robert Jones, Honorary Assistant Surgeon, Stanley Hospital, Liverpool.....	339	THE INTRODUCTORIES.....	8 1
		MEDICAL EDUCATION IN DUBLIN.....	332
		ABOLITION OF POOR-LAW OFFICES WITHOUT COMPENSATION.....	333
		<b>NOTES ON CURRENT TOPICS.</b>	
		A Challenge from Leicester.....	334
		The Perils of Anti-Vaccination.....	334
		Dublin Coroners' Law.....	334
		The Influence of Temperature on Muscles at Rest.....	335
		The Healthiness of London.....	335
		Lupus and Tuberculosis.....	335
		The late Lord Shaftesbury.....	335
		Westminster Hospital Medical School.....	336
		Adulteration in Dublin.....	336
		No Accounting for Tastes.....	336
		Clinical Lectures by Mr. Hutchinson.....	336
		The Hospital Saturday Fund.....	336
		The Night-Lecture System.....	337
		Opening of the Session at St. Mary's Hospital.....	337
		<b>SCOTLAND.</b>	
		<b>EDINBURGH—</b>	
		The British Gynecological Society.....	337
		The Royal Infirmary.....	337
		The Medical School.....	338
		The City Fever Hospital.....	338
		The Sick Children's Hospital.....	338
		Adulteration of Butter.....	338
		<b>GLASGOW—</b>	
		The Operation for Shortening of the Round Ligaments.....	338
		The Southern Medical Society.....	338
		Supposed Poisoning of Children by Sweets.....	338
		The Western Infirmary.....	338
		The Death-Rate.....	338
		<b>CORRESPONDENCE.</b>	
		History and Progress of Laryngology.....	339
		<b>OBITUARY.</b>	
		Dr. Richard Malcolmson, of Melbourne..	339
		Medical News.....	339
		<b>NOTICES TO CORRESPONDENTS.....</b>	
		Births, Marriages, Deaths, &c.....	340

## A Clinical Lecture

ON

### OBSTRUCTION CASES AND ABDOMINAL TAXIS.

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

*Emeritus Professor of Clinical Surgery at the London Hospital; Consulting Surgeon to the London Hospital and to the Royal London Ophthalmic Hospital.*

GENTLEMEN,—It is a good many years now since I wrote a paper and gave the name of abdominal taxis to a special mode of treatment in order to distinguish it from taxis in hernia. It is intended to be applicable to those manipulations used for the reduction of strangulated hernia within the cavity of the abdomen. Perhaps it will be convenient to say what I mean by the term exactly, I shall subsequently deal with the other methods of treating intra-abdominal obstruction of the bowel. Now I mean the manipulation from without in cases where the surgeon has not been enabled to arrive at a diagnosis as to the nature or cause of the obstruction, and abdominal taxis applied for internal sources of obstruction, includes the following items: First, that the patient shall be placed in a state of anaesthesia to a full extent of insensibility, so that the abdominal muscles are all fully relaxed, then the surgeon is to manipulate the abdomen, pushing the intestines backwards and forwards vigorously as a mass, then he is to shake his patient, after several strong assistants lift the patient and shake the patient vigorously from side to side, and backwards and forwards, then he is to be held in the inverted position and vigorously shaken, so as to allow of any coil of intestine which may have been twisted having a chance of slipping back again.

There are various other little details, for instance, he should be placed upon his back, with his feet on the bed and shaken. Lastly, in these altered positions he is to

have enemata given him, copious enemata, and this especially while he is inverted.

This, then, is the process which I have named abdominal taxis. It may not only allow of the knuckle of intestine slipping back or untwisting, but supposing there should be blocking of the intestine by faeces or by a big gall-stone, then these movements may have the effect of allowing such blockage to pass on, and thus the condition be relieved. Now, how often should this be repeated and with what modifications? I would say that I would recommend that in all cases of obstruction of the bowels where no hernia can be discovered, and where no diagnosis can be made, such as of intussusception, and where you cannot adopt any more special mode of dealing with the cause of obstruction, then I would suggest that, if it has failed once it should be repeated the next day, and many cases have been successful on the second application, and so on, until the patient passes into a condition where it is obviously useless. Now, are there any drugs which may be useful? Yes, certainly; full doses of belladonna may be of great assistance. Then in a few cases you may venture upon the plan of treatment which is very generally repudiated in the main. I may say there are two plans of treatment which are eschewed by most surgeons of the present day, I allude to the giving laxatives and emetics. I may say that I think that we have gone into the extreme in that respect. I believe that a good many cases will be relieved if you judiciously use proper laxative drugs, and your methods of treatment should be to liquify the intestinal contents, to make the mass softer, and then probably it will pass. For this purpose very small doses of Epsom salts given every two or three hours will, I am sure, in spite of any theory to the contrary, succeed. I have not given emetics myself, but in this week's *Medical Times* an eminent writer, who has performed laparotomy five times for obstruction, says that many of the symptoms are relieved when the patient is very sick. Notwithstanding this, I cannot recommend emetics in these cases, because I have not tried them, and am not therefore in a position to speak positively.

Now I shall insist that I think that abdominal taxis ought to be resorted to early in all cases of abdominal obstruction, directly it passes the limit of mere constipation, when urgent symptoms begin to show themselves, and when you have made sure that the obstruction is not low down, or owing to hernia, &c. The chance of success is very much greater in the earlier part of the case than in the later. When the intestines become full and distended with gases they press upon each other, then you may shake your patient a great deal without moving the intestines very much, whereas when the intestines are comparatively empty then vigorous shaking will have much more chance of succeeding. If you do not succeed in the first place then continue it. Let your patient abstain from food, feed him only by enemata, and give him belladonna and opium, and do your abdominal taxis frequently, say every day, and your enemata even more frequently than that.

I will now proceed to narrate you some cases bearing on the subject. I was called late one evening to a case of intestinal obstruction in a woman. I found her very ill, having had obstruction for several days, and all ordinary measures had been resorted to before she was admitted. Well, we went through the steps which I gave in detail earlier in my lecture, and the result was that the bowels acted next day. Once on a Hamburg boat someone asked me whether I knew a certain gentleman who, he said, had left me half his fortune. I naturally took a great interest in the subject, and it turned out that he was a commercial traveller whose surgeon had proposed to open the abdomen to relieve severe symptoms of obstruction, but where, when I was called in to offer my opinion, I had advised the taxis with the happiest results. I have a few more scrap notes, dated 1872, of a case admitted to this hospital under Mr. Jay and myself, in a man, set. forty-nine; when admitted he had great pain with obstinate constipation and fecal vomiting. No hernia and local swelling; the history was in favour of some sudden displacement or knotting of the intestine. He was walking hastily across the carpet when he slipped, and at once felt bad, and vomiting soon after set in, and had continued until relieved by the operation. So all the symptoms pointed to strangulated intestine by twisting or internal hernia. It was not a case of mere blockage, as in that case the symptoms would have come on gradually. When he was admitted, Mr. Jay put him under chloroform, vigorously kneaded the intestines, and gave him large enemata, so that his abdomen was visibly distended, showing, too, that the obstruction was not in the large intestine. Relief followed these measures, and the pain went away. The man said he felt very much better. The enema was soon returned, and the next day he had a free fecal evacuation and soon recovered. Well then, the last case which I will relate under this head was the one which led me to give this lecture. It occurred quite recently, and brought back to my mind the importance of the mode of treatment, I looked into several books on abdominal obstruction, and very little was said about the systematic course of taxis. Well, I was called by my friend Dr. Pye-Smith to see a gentleman, one of the foremost men in natural science of the present day. He had been so ill that Dr. Pye-Smith had been with him all the night, and his ordinary doctor had been attending him for several days for obstruction of the bowels. It appeared that he was dressing for dinner, feeling perfectly well, and ran down stairs, when he got to the bottom he suddenly felt an acute pain in his abdomen, and fainted in the drawing-room. The pain continued, and sickness came on, then, if I remember rightly, some slight action of the bowels took place, but since then nothing had passed, Opium and belladonna and enemata had been given, but no further action of the bowels had been procured. That I may not exaggerate the importance of the case let me say that the patient did not look very ill, nor did he consider himself very ill, but his tongue was dry and his breath was horribly foetid—he had no fecal vomiting nor when I saw

him any vomiting at all. I saw him in the morning, and we arranged to meet in the evening and give him an anæsthetic and do the taxis. Well, when he was anæsthetized we gave him a free injection in the recumbent position, and the water came away quite clear. Having done that we then proceeded to the manipulations. His abdomen was somewhat distended, but not to any great extent. We kneaded his abdomen, we had him shaken, then we placed him upon a folded sheet, and threw him up in the air; after that we stood him on his head, and gave him an enema, and this time we had the pleasure of noticing a fecal odour, and on placing my finger in the bowel I found it was full of feces. Having related you the four instances of success, I may briefly recapitulate the causes of obstruction. First we have what I may call extreme constipation; this can only happen to persons who are liable to constipation, no one who is generally regular will get suddenly laid up without some good cause for it.

Then we have blocked bowel, cases in which hardened feces or a very large gall-stone stops up the bowel. We may have general fecal impaction, not merely in one spot, but in the whole abdomen, and in that case there may not be much in the lower part, and so it may differ from ordinary cases of constipation.

I remember one case where I was called in to see a girl of fourteen, and to examine what was thought to be an abdominal tumour. In this case the patient's abdomen was very large, and on examining the suspected tumour I was struck by the fact that it pitted on pressure. In that case there was temporary obstruction from the accumulated feces, for that was what it was, which was relieved by suitable treatment. And this makes me introduce a remark as regards certain simulated cases, and I must warn you against mistaking the pain of gall-stones impacted in the bile duct for intestinal obstruction. A patient who is carrying about a movable stone in his gall-bladder is liable to attacks of violent pain, and this is often accompanied by constipation, hence a possibility of a mistaken diagnosis. But the surgeon who is careful will always escape such errors, for he will examine the bowel and will find that there is probably feces still present in the lower bowel, and if aperients are given the bowels will soon act. This mistake will only occur to those who jump to conclusions. If the examination be carefully made and a laxative given, then the diagnosis will always be cleared up, but nevertheless I am sure many cases are so mistaken. I say this especially in reference to a case I saw where I made such a diagnosis, in opposition to the ideas of several medical friends. Here I pushed my finger into the bowel and found feces there, and knowing that the patient had had liver affection I guessed it was gall-stone and said so, and the discovery of a gall-stone several days after the symptoms had been relieved proved the correctness of my diagnosis. But mark you, there is another set of gall-stone cases where the gall-stone has escaped from the duct, and has got lodged in some part of the intestinal canal, and it may be a perfect case of obstruction. These cases generally occur in elderly people, and are not very uncommon. In these cases the kneading will sometimes succeed, but waiting will do a great deal. Aperients will also go a great way, and anæsthetics are also very useful from relieving the spasm of the bowel. Then again peritonitis may simulate obstruction. These cases may be diagnosed by the disturbance in the temperature. This may, it is true, be delusive, but still you rarely get peritonitis without getting some rise. In these cases, too, you will always find the abdomen harder and more like a board than in cases without inflammation. I will admit, however, that it will sometimes be very difficult to make up one's mind as to the exact nature of the case, as to whether it is peritonitis or obstruction.

Next you may have a fibrous tumour, say of the uterus, pressing on the intestines, then, too, we have cases of twist. Suppose, for example, that the patient has been liable to habitual constipation of the lower part

of the intestinal canal, then it may easily happen that a portion of the loaded colon may twist over on itself. It may happen in any part of the intestine, and these cases may go on rapidly to a fatal termination. I did possess a drawing of a very interesting case of this sort which occurred in the hospital. Next comes intussusception, and of this I have said enough. Strangulation may also occur from bands which may be congenital, or through a hole in the mesentery, or the bands may be the result of previous attacks of peritonitis. These are a common and well characterised set of cases, and here probably little is of much avail short of opening the abdomen. These cases are generally characterised by severity of symptoms at the outset, though it is often very difficult to say at the outset what the case is exactly. Yet with care, in a great many cases one may make more or less of a diagnosis. The more acute the symptoms, therefore, the more ought one to suspect that it has been strangulated by a band. There is another class of obstruction from stricture of the gut, generally malignant, occurring principally in persons past middle age, and most frequently of advanced age, the patient has been threatened with an attack before, he has had pain, and has been gradually failing in health and strength.

Having enumerated these several cases, I next take up the question of the treatment to be adopted in late stages or after abdominal taxis has failed. First I would say what I have already said, that I would wait some time and I would use the abdominal taxis several times and it would be only when the patient was passing into a condition where it could not reasonably be used that I should give it up. Then comes the question as to whether we should aspirate the intestines. If the intestines be very much distended with gas it is quite reasonable to consider the matter of puncturing with a fine aspirating needle. There is frequently risk attached to it, and the relief may be very great. I think success may be conducted to by this procedure.

The distension is one of the causes which may keep up the obstruction, so that aspiration may be very fairly thought of. Then we have the question of colotomy. I will dismiss that by saying that it should be done in all cases where the case is thought to be in the colon itself, where the bowel can be attained above the seat of obstruction.

If the patient be elderly, and if you suspect a malignant stricture in some part of the rectum and colon, I should prefer it very much to any exploratory laparotomy in order to seek for the cause of obstruction. Then you may think of enterotomy or cutting through the abdominal wall from the front and establishing a fecal fistula there. I cannot say that I have been at all favourably impressed by that operation, and in a general way I should take my chance, having used the means already alluded to and having failed. If my patient were elderly and very ill I should then try colotomy, but I should avoid doing it from the front. I have had one case where I adopted the latter operation with apparent success, but here, as in some other cases, we had quite relieved the patient on allowing of the escape of a large quantity of gas and fecal matter, almost immediately afterwards he passed motions by the bowel, and this is not uncommon. It has happened to me twice to perform colotomy under similar circumstances. In the first place it was extremely urgent, the patient got quite well but neglected the wound, which he allowed to close, and the result was that a year later I had to perform the operation a second time, and he is, I believe, getting on again with a passage by the natural means.

Now I have to entertain the most serious question, a question which is now a matter of great importance among surgeons, and that is as to whether exploratory laparotomy ought ever to be done. This word has taken the place of all the words formerly used for this operation, gastrotomy, abdominal section, &c. Several surgeons of late years have spoken of the necessity of not waiting the most urgent symptoms, but to make at once

the abdominal section. I would advise it for intussusception, because there you know exactly what you are going to do, but as for exploratory laparotomy, that is, doing it in cases where you have not made your diagnosis, ought it ever to be done?

Now we must look very critically at the facts before we decide, and I may say that I believe if the doctrine were adopted in surgical practice, that where obstruction has existed for some days and the patient was getting ill, if the general rule were that the patient should be opened early, then I think a good many lives would be sacrificed. I have seen it in practice for years, and in my student days the same discussion was going on. I have watched with great interest the cases which have been published in the journals of late years, and I have been very unfavourably impressed with its general results. Then I think the cases which I have collected which have succeeded will impress you with the belief that milder measures might have been useful. Now I am going to tell you of some cases where things had proceeded to the very worst extremity, and worse than which it is scarcely possible to conceive.

The first of them was under my care when I was surgeon to the Metropolitan Free Hospital. A woman had had obstruction for a fortnight, and was very ill. I was very anxious to operate, and we had a consultation in reference to it. However, at the time it was so strongly urged upon me by my colleagues that my patient was too ill that they dissuaded me from operating. We gave an enema on the operating table, and to our surprise the bowels acted and the patient recovered perfectly. Now for my second case:—Hannah T., set. 48, cook, was admitted in 1864 suffering from constipation, stercoraceous vomiting, &c., &c.—the ordinary history of obstruction, and the usual course was gone through, and at the end of twenty-five days of constipation a consultation of the whole staff was called, with the intention of opening the abdomen. We had an hour's talk about it, and I was opposed to it, and I had with me one or two others. The rest thought she would certainly die, and that it ought to be done. We decided to abstain from operative interference, and to give chloroform and try kneading and shaking. In the afternoon we gave chloroform, and kneading was resorted to. The following day the patient was much the same, and she was directed to lie upon pillows upon her stomach and an enema was given. The next day a copious evacuation occurred, and the pulse fell from 130 to 100. The three following days the patient greatly improved, and on the 5th June she was enabled to leave the hospital perfectly well in every respect. One other case of this class I will mention. I was sent for one morning to a school to meet a surgeon of eminence in consultation. He had had a boy of fifteen years of age under his care for ten days for obstruction of the bowels, and he had come to the conclusion that the abdomen ought to be opened. The symptoms were those of acute obstruction, and so he telegraphed to me one morning to meet him there with the intention of doing it. I found it to be a case of acute and very severe obstruction, but acting upon my principle I declined to do it, and I persuaded my friend not to do it, and instead we gave the boy an anæsthetic, and we shook him and kneaded him, and so on, and in this case again the boy's bowels acted, and he made a perfect recovery, and is now quite well. Looking at the severity of the operation itself I feel sure that probably neither of these patients would have recovered. Next, the result is very different where the operation of laparotomy is done for obstruction or for tumour. The case is very different where the abdomen is enormously distended. I have seen it done repeatedly, and I know it is an operation of extreme severity. Usually the patient sinks within a few hours of the operation. Yet I do not desire to exaggerate, but I wish to protest against early or exploratory laparotomy.

In giving this opinion I am aware that I may be recording an opinion which I may in future years have to

recant, and which may prove to have been bad advice, because our surgery is improving, every year we get new expedients, operations which have been advanced in former years have been found to be quite safe and to be the means of saving many lives, and so I will speak with a little reserve on this point. In to-day's papers a gentleman gives five cases, one of which was successful. The lecture to which I allude is one of Dr. Smith, Surgeon to the Bristol Royal Infirmary. Chief among his suggestions is this, that the surgeon should not care at all if the intestines come freely out, but cover them with the warm sponge, so as to find the seat of obstruction sooner. Then never to return them if they are full of gas, prick them with an exploring needle; in fact, he lays down the law never to return the intestines full. He makes a small incision in the intestines, and allows of the escape of the gases, &c., contained.

Then, as a conclusion to my lecture, I advise that very early in all cases of obstruction the attempt at what I have called the abdominal taxis should be done patiently and thoroughly, and then I would wait a long time. I would use belladonna, laxatives, repeated abdominal taxis. I would avoid injury. I would do a lateral operation, and as a last resort I may be driven to open the abdomen in the middle line, and do the best I can. If it be possible to cut into the bowels, and so empty them, then I think laparotomy has been very much simplified.

## THE NATURE AND TREATMENT OF GOUT.

By Dr. W. EBSTEIN,

Professor of Medicine and Director of the Medical Clinic at the University of Göttingen.

*Non fingendum, aut excogitandum, sed invenendum quid Natura faciat aut ferat.—Bacon*

(Continued from page 302.)

### CHAPTER V.—(Continued.)

#### *Gout of the Human Subject from a Clinical Point of View.*

As regards the typical attack of acute gout, to which I shall again return, clinical experience teaches that, although after the onset of the para-articular phlegmon there is every appearance that suppuration of the joint will take place,—as a matter of fact it does not. For the gouty poison, uric acid, is not a septic, but a chemical poison, to which, indeed, as we shall see later on, sepsis may be added accidentally, an eventuality which fortunately very rarely appears to take place.

In short, the acute typical attack of gout generally terminates in the following manner: After the initial inflammatory symptoms have increased in severity for some days, or even longer, they gradually subside so completely that, to all appearance, no trace remains.

This retrogression of the symptoms may be explained in various ways. Garrod has it that the gouty inflammation has the properties of destroying the uric acid in the blood of the inflamed parts. He reaches this conclusion from the fact that he failed to discover uric acid in the thread experiment of which he was the discoverer in the blood serum obtained from a blister. But the facts upon which Garrod bases his statements are not free from objection, and the destruction of the uric acid in the inflamed parts is by no means proved—if it cannot be excluded. In any case in order to explain the sometimes earlier and later cessation of the inflammatory symptoms of an attack we must assume that the irritant action of the uric acid ceases, whether as Garrod has it it is destroyed *in loco*, or whether, as is the case in so many forms of stasis, the obstructed circulation of fluids becomes regulated in some way or other, so that the excitators of the inflammation no longer injure the part affected.

Everything that disturbs the movements of the fluids,

retards, or interrupts them, such as paralyzes and traumatic influences, or other diseases of joints, favours the onset of gouty symptoms, and even the gouty attack itself. Garrod states that when patients who have before-time suffered from rheumatism become attacked with gout, those joints that have been attacked with rheumatism are usually the first to suffer from the gouty affection. Charcot, in the case of a hemiplegic woman, *æt.* 40, observed that the cartilages of most of the joints of the paralysed right side were the seat of urates, whilst the joints of the side not paralysed showed nothing of the kind. Only in the kidneys were a few streaks of urate of soda present. This observation of Charcot's, so interesting in many ways, can only be explained by a local stasis of uric acid in consequence of the absence of the muscular influence upon the movements of the fluids in the paralysed limb, for it cannot be assumed that uric acid was formed in the paralysed limb, but not in the sound one. On the whole, the cases are numerous in which an attack of gout has developed under the influence of an injury to the part affected. In a Paris thesis by A. Mousnier-Lompré a series of such facts are collected.

As regards the influence of injuries on the development of an attack of gout, the observations of a colleague of my acquaintance, the subject of primary gout were particularly instructive. He had the last severe attack in 1875, which laid him up five or six weeks. In the end of 1877 both bones of the lower leg were fractured just above the ankle-joint, recovery from which took place in the course of six weeks. In conjunction with the fracture—thus after an interval of two years—he had a not very violent attack of gout, which delayed recovery from the fracture but a short time. Since that time has remained quite free from attacks.

If we have, then, determined that by far the most frequently, yea, even almost constantly in the early periods of the gouty process the joint affections leave no visible residua behind in remembrance of the time of the attack apparently so threatening and always painful, as far as the cartilage is concerned the affair takes on quite a different aspect. I will not affirm absolutely and for all cases that the pathological process could not disappear. But in general the disturbance of nutrition does not retire so indulgently as to have been purely transitory, leaving no anatomical changes in the cartilage behind. *Hic fere semper aliquid hæret*; this is not in my opinion that from the fact that a particularly free accumulation of uric acid takes place in the cartilage, neither can it in any way support the hypothesis that uric acid is formed in the cartilage. The excessive disturbance of nutrition of the cartilage in gout, the anatomical substratum of which I have thoroughly described above, takes place in my opinion simply from the fact that from the first the arrangements for the movements of fluids are not exactly of the best. These are easily shown to be insufficient as soon as they are met by any obstacles to the movements of the fluids. Neither is any remedy afforded in the way of compensation. This unaccommodating character of the cartilage for the movement of fluids appears to me to have no other basis than in the narrowness of the much disputed vessels of the cartilage. Although I am aware that many contradictions and dissenting views exist between the individual observers, the number of methods by which the communicating canals between the cartilage cells can be shown increases so much that one is almost forced to the conviction that the existence of vessels in hyaline cartilage is highly probable; the principal views expressed regarding the vessels of cartilage tissue may here find a place. Arnold believes that the circulation in the cartilage tissue is carried on in the following manner: that the material brought by the vessels of the perichondrium and marrow of bones is carried through the intercellular substance, *i.e.*, through the inter-fibrillary spaces lying between the fibrillary bundles and the reticular structure. From these spaces the nutrient material passes through delicate intracap-



sular openings running in the capsule of the cartilage into the pericellular space enclosed by this. The cartilage cell is thus surrounded by a layer, although very thin, of nutrient material. Fleisch does not consider the existence of presupposed canaliculi for the carriage of nutrient material necessary; at the same time he assumes the existence of cell processes in the capsules, which are filled with a substance belonging to the cells. Spina affirms that he has demonstrated such cell prolongations in the hyaline cartilage, which penetrate the basement substance and communicate by means of offshoots with the adjoining cells. Finally, Petrone holds the cartilage cell to be a nucleus surrounded by a protoplasmatic zone from which offshoots radiate by means of which the individual cells communicate with each other without interruption.

In any case, from all these statements we obtain so much, that the canaliculi in question must be very narrow and that the movement of fluid within them may certainly be easily interrupted. If it is indisputable that the first metatarso-phalangeal joint, if not unexceptionally is yet the most frequently attacked by gout, and especially by the typical form of it, yet in the course of time still other joints are brought within the area of the disease. Later on, next to the joint of the great toe, other small joints of the feet or hands, so that next to podagra chiragra is the most frequent localisation of articular gout. The knee, elbow, vertebral and hip-joints are more rarely attacked by gout. In the meantime, however, still other joints may be added to the series. In the case of a gouty individual, *æt.* 64, who has suffered from typical articular gout for the last six years, I saw quite recently a gouty inflammation of the left sterno-clavicular articulation. Whilst thus the larger joints follow the small in the series, necrosed patches, with crystalline deposition of urates, and reactive inflammation in the surrounding parts do not develop alone in the articular cartilage, but also in the synovial membrane, the surrounding tendons, the intermuscular and subcutaneous connective tissue. In the bones also deposits of urates are occasionally observed. S. Wilks states that he has often observed them.

Independent of the necrosed patches in the tendons deposits of urates are met with as my colleague König has pointed out in the sheaths of the tendons also. He has permitted me to make use of the following note: "I have repeatedly observed large collections of free uric acid in the sheaths of tendons. I have a vivid recollection of an old man affected with gout in various joints who exhibited a soft swelling on the extensors of several fingers. The swelling extended on the back of the hand almost to the wrist joint. On incision a pultaceous mass, composed almost exclusively of uric acid escaped, which, as could be determined especially in the finger lay directly on the tendon. The tendons appeared to be normal." I have drawn attention to analogous conditions in my experiments on fowls.

Now, if stasis of the uric-acid, containing fluid in the tissue of the cartilage is especially facilitated by the anatomical structure of the parts, thus furnishing a basis for a special disposition to gouty affections, this can of course be very much aggravated when still further morbid processes develop or already exist, which at all present obstacles to the movement of the fluids within them. In this connection I may mention the fact noted by C. Hueter that the first metatarso-phalangeal joint is predisposed to gout for the reason that, according to operations on the dead body, simple panarthritides so often attacks this joint in old people. This is not the decisive factor however, for I have many times seen the most violent attacks of gout in young people with the best formed joints. How far the relatively important mechanical action of the joint in walking and standing (a point urged by C. Hueter) is especially effective as a cause cannot be determined with accuracy. At any rate the fact may be adduced in opposition to this that after rest in bed for days, the attack is seen to develop in the great toe often with lightning-like rapidity, as also that

it is especially in the night that the attacks of articular gout make their appearance. If a stasis of the fluid circulating in the vessels of the cartilage, holding uric acid in solution, develops as one of the symptoms of an attack of gout, the first effect of this is that the cells of the cartilage are injured in their nutrition, they may die off and they do this frequently in the part where the urate of soda acts with the greatest intensity. In this way it becomes clear why the urates are often deposited first in the cavities of the cartilage.

Whilst thus the necrosis of the cartilage cells in completed, space is afforded for the deposition of the urates.

I emphasise this because this point appeared particularly questionable to Rindfleisch. Later on however, in consequence of the stasis that takes place in the canaliculi, a transudation of the fluids containing urates, takes place in the surrounding tissue, and the tissue of the cartilage becomes damaged more extensively and with greater or less severity, according to the distribution of the poison, as has been fully described above.

I now turn to one of the most disputed questions in the subject of gout, viz., why it is that it is only in certain tissues, and indeed in certain typical spots, some constantly and others only exceptionally, that the uric compounds are excreted in crystalline form, i.e., as acid urate of soda. Colosante has thought that the uric acid is deposited in the tissues in the case of birds that have had their ureters ligatured in the form of acid urate of soda, ammonia, and magnesia, he reckons also with the possibility that the urate, at first neutral, is decomposed by the carbonic acid in the tissues (*v.* Wittich) becomes converted into a less soluble acid salt in which the acid is in combination with several bases, and is deposited in this form.

In the case of gout of the human subject, it has been thought by many since Garrod, and this conception has been defended with much warmth recently by Senator, and also by Cohnheim, that the separation of the urates takes place because in consequence of diminished alkalinity of the blood and lymph the solvent power of these fluids is lessened as regards uric acid. If this view were correct the deposition of urates must naturally take place in a crystalline form in every place to which the urate-containing fluids penetrate, as this lessened solvent power of the blood and lymph would show itself active everywhere, and the same may be said of the carbonic acid of the tissues. But this is not the case as has just been mentioned. For we have amply explained above that the urates excite inflammation in the tissues, that they occasion necrosing processes, without ever crystallising; but that urates always crystallise when the affected parts of the tissues are really necrosed. Experimental investigations are just as little favourable to the hypothesis of diminished alkalinity of the blood and lymph, plausible as it appears at first sight. For Dr. Hofmann tried by bringing about the most favourable conditions by feeding pigeons with acid yolk of egg whether he could not make the blood acid, or whether by deficiency of bases he could not procure deposition of uric acid or of slightly soluble urates in the living animal. In spite of all, the blood remained strongly alkaline, and no depositions either of uric acid or of its salts could be demonstrated either in the articular cartilage or anywhere else.

(To be continued.)

TANQUIN, the ordeal poison of Madagascar, has been examined by M. Quinquand. It affects in the first place the central nervous system, augmenting especially the bulbo-spinal reflectivity. The animal dies by arrest of respiration, the heart continuing to beat.

ACCORDING to Dr. Carl Seiler, some persons have a defect of smell analogous to colour-blindness. One person finds that to him violets smell like garlic, everything else smelling normally.



**THE EMERGENCIES OF SURGERY.**

*Being a Course of Lectures Delivered in the MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY.*

By LAMBERT HEPENSTAL ORMSBY, M.D., F.R.C.S.,  
Lecturer on Clinical and Operative Surgery, Surgeon to the Meath Hospital and County Dublin Infirmary; Surgeon to the Children's Hospital, &c.

**LECTURE II.—(Continued.)**

**OPERATIONS IN THE REGION OF THE NECK.**

(Continued from page 304.)

*Operations on the Windpipe.*—The respiratory tube is opened in three different situations, and the situation varies as regards the cause of the obstruction or the circumstances of the case.

1. *Laryngotomy*, performed through the crico-thyroid membrane. Place the patient in the recumbent position lying on the back, with head and neck well extended over a pillow placed under nape of neck; feel with the finger the prominence of the alæ of the thyroid cartilage (*pomum Adami*); pass your finger gently downwards, and it immediately sinks into a slight depression, which is the space between the cricoid and thyroid cartilage; make a small incision about half an-inch in length, perpendicularly through the mesial line, first through skin, and then directly backwards through membranes; then cut slightly horizontal and introduce a tube catheter or quill into the opening in larynx. In emergency this operation may be performed with a sharp common pen-knife, and a quill portion of a toothpick or the barrel of a magnum bonum pen may act efficiently until the proper tube can be obtained. This operation is performed for foreign bodies impacted in glottis, or for œdema of glottis, and inflammatory affections that have not spread down farther than the site of the operation. It is easier to perform than the next two operations, as the parts are more superficial and easily discernible.

*Laryngo-Tracheotomy*, or the *Supra-Thyroid Operation*, is performed in the space between the cricoid cartilage, and, first, two rings of trachea, supposed to be dangerous and difficult to perform in careless or inexperienced hands, owing to the close proximity of the isthmus of the thyroid body. It is thus performed: Place the patient in the same position as before, have the neck well extended and rendered prominent anteriorly; make an incision about an inch long, beginning from below upwards, in the mesial line from the cricoid cartilage to the second ring of the trachea; see that the isthmus is not displaced upwards; the cricoid is then divided, and the first and second rings of the trachea. A tube is then introduced through the opening, which is either made by vertical division of the rings or a hook is introduced into one of the rings and a round piece is cut out, large enough to introduce the tube with ease. This operation is performed for any obstruction in the larynx or above it, such as foreign bodies, spasm of the glottis, œdema of the glottis or larynx. It is easier in the performance than tracheotomy, as the parts are more superficial. The isthmus of thyroid may be avoided by drawing it down with a blunt hook. In all the operations for opening the windpipe two apparent dangers might alarm the timid operator unless he was previously aware of their recurrence—viz., 1. Hæmorrhage; 2. Emphysema, or entrance of air into the cellular tissue of the neck. For such I would say: Do not mind either, but proceed with the operation as quickly as possible, and the moment the tube is well introduced and respiration fairly established through it, hæmorrhage and extravasation of air in all probability will entirely cease. *Instruments required for the operation.*—Scalpels, director, forceps, retractors, tracheotomy tubes, blunt and sharp-pointed hooks, tenaculum, artery forceps, ligatures, sponges, and ether inhaler.

*Tracheotomy, or the infra-hyoid operation*, is thus performed:—

After giving an anæsthetic, if necessary, make an incision about two inches long directly in the mesial line of the neck, beginning from about half-an-inch above the supra-sternal notch. This incision will pass directly between the two sterno-hyoid and sterno-thyroid muscles, which must be well divaricated by two blunt retractors by a steady assistant. In fat subjects there may be a quantity of cellular tissue to be cut through, and any large veins in the way must be avoided by hooking them out of the way by a blunt hook or retractors occasionally. The innominate artery and left innominate vein may ascend high enough in the neck to be injured, and therefore care must be taken to avoid them. Covering over the anterior portion of the trachea you have a deep layer of cervical fascia, which has been called "Porter's tracheal fascia." This fascia must be carefully divided before the windpipe is opened, then an incision must be made into the trachea, dividing the 4th and 5th rings of the tube, the bivalve canula then immediately introduced; the lips of the wound must be widely separated by retractors. When the canula is introduced the patient for a moment may feel distress, and if the tube is not firmly held in its new situation it may be suddenly dislodged by the violence and exertion of the patient striving to catch his breath. This temporary irritation soon subsides, and the tube is tolerated without much uneasiness. It is, however, tied in by tapes passing round the neck for safety. The tube should be a double one, in order that the inner tube may be taken out and cleaned at frequent intervals, for there is always a tendency for the inner tube to be blocked up with mucus.

*The after-treatment* consists in keeping the patient in a warm, moist atmosphere, at a temperature of about 88° F. This can be done by keeping the steam of two bronchitic kettles continually playing in the room with the door and windows closed, for bronchitis is extremely liable to follow such operations if the patient is not compelled to breathe moist, warm air.

During the performance of this operation care must be taken not to allow blood to enter the opening in the trachea, and thus pass into the bronchi. Also, suppose the operation is performed as it frequently is, as a *dernier ressort*, when everything else has failed, do not be surprised to find the patient apparently lifeless, respiration apparently stopped, eyes glazed. Go on with the operation as fast as possible, make a good opening in the trachea, and set up artificial respiration by Silverster's method, and continue it for some minutes. Numerous cases are of record where the patient appeared *in articulo mortis*, and yet recovered when artificial respiration was set up and continued for some minutes.

To recapitulate and place in order my various observations concerning the three operations, we may arrange the salient points in the following order:—

- |   |   |
|---|---|
| Laryngotomy . . . . . performed for         | } Foreign bodies.<br>Spasm of glottis.<br>Œdema of glottis<br>Foreign bodies<br>firmly impacted<br>in larynx. |
| Laryngo-tracheotomy . . . . . performed for |   |
|   | } Disease of larynx.<br>Sudden Œdema.<br>Croup.<br>Diphtheria.<br>Laryngitis.<br>Tumours in larynx.           |
| Tracheotomy . . . . . performed for         |   |
|   | } Abscess.<br>Ulceration.<br>Foreign bodies<br>in trachea.  |

*Foreign Bodies in Fauces, Pharynx, Œsophagus, Larynx, and Air Passages.*—It frequently happens that various foreign bodies find their way by accident into the air passages, and produce at times alarming symptoms of impending suffocation, such as beads, pebbles, cherry-stones buttons, small coins, pins, needles, false teeth,

fish-bones, &c. If the passage of the foreign body is not farther than the fauces or immediately behind the tonsils its presence can be ascertained by ocular demonstration with or without the laryngoscope, and it can generally be removed with a curved forceps after careful manoeuvring and manipulation. If a pin, fish-bone, or a needle is impacted transversely in the region of the glottis and pharynx, and if both ends become imbedded in the tissues, traction should not be adopted until the pin, needle, or fish-bone is divided in the centre, and then drawn out in two pieces. The horse-hair probang is very useful for drawing out these foreign bodies when impacted in pharynx or gullet. If a coin gets impacted the money probang is used, and generally is successful in dislodging any round, flat bodies, such as buttons, coins, &c.

If the body in the œsophagus is a large piece of meat or other substance, it will by its pressure upon the wind-pipe tend to produce great inconvenience in breathing. If you fail in bringing it up, it may be pushed down into the stomach. Foreign bodies, as previously mentioned, occasionally find their way into the larynx or air passages; for instance, if when a person was in the act of swallowing, or whilst the mouth was full he should be induced to take a sudden inspiration, possibly some of the contents of the mouth may be carried into the larynx; this might get so firmly impacted into the glottis as to prevent any air entering the lungs. Such an occurrence would soon produce death. Numerous examples are on record where pieces of meat, the rind of bacon, have found their way into the glottis or as far as the rima, and had not some one acting with commendable promptitude performed laryngotomy the patient's life would have been lost.

Some four years ago a man was admitted into the hospital suffering from great dyspnoea, which rapidly increased in the course of a very few hours. The patient was unable to give any reason for this sudden attack; however, his symptoms became so urgent and alarming that the resident pupil, Mr. Drummond, immediately sent for the surgeon on duty, but when the messenger was sent the patient appeared to be dying: breathing was very much interrupted, a cold, clammy sweat broke out all over him, and Mr. Drummond, fearing that there was just a small hope left, took the responsibility of performing laryngotomy, which he did most successfully, air being admitted into the lungs after artificial respiration was set up for a few moments. The patient began to breathe, and in half an hour all alarming symptoms had passed away. The next day Mr. Smyly examined the man's larynx with the laryngoscope and detected a foreign body firmly impacted in the glottis, wedged well between the rima. This was removed with a curved forceps, and turned out to be a large piece of rind of bacon which the man was eating just before the symptoms of dyspnoea came on. The patient did well, the wound made in the throat healed up in a very few days, and the man's life was most certainly saved by the promptitude of action of the resident pupil. Pebbles or beads sometimes get into the trachea, and generally as a matter of fact fall into the right bronchus. A cough is the most frequent and general symptom; by auscultation the difference of respiration may be ascertained, particularly if the body is movable. Inversion of the patient has been recommended—in the celebrated case of Brunel the engineer, who was tossing up a coin to amuse a child, when it passed into the bronchus. Tracheotomy was performed without success, and Brunel then invented swinging doors, and had himself strapped on with his head downwards, and being swung by an attendant backwards and forwards, the coin after the second or third swinging was induced to find its way out through the rima into the mouth.

In the case where the foreign bodies are fixed the proper operation depends on the situation of the impaction: if in the larynx above the rima, then laryngotomy is the operation, and the moment air is admitted below a

probe or director may be inserted in the artificial opening, and push the body upwards into the mouth.

If the foreign body is fixed lower down in the trachea and its presence accurately ascertained by auscultation, then tracheotomy should be performed, in order that your opening should be near the body, and thereby offer greater facilities of seizing it with a forceps. In fact, it often occurs the moment air is admitted by an artificial opening, the body is shot violently out of the wound, or up through the mouth by the action of the air current.

If a foreign body of considerable size becomes impacted in the œsophagus, it will naturally press on the windpipe; if it can be removed the removal must be attempted by the operation of *œsophagotomy*, which is thus performed:—Administer an anæsthetic, carefully watching its effects. The surgeon stands on the left side, an assistant stands on the right of the patient, who is placed in a recumbent position, with the head thrown backward and slightly inclined to the right. Make an incision about three inches long, parallel to the trachea and along the anterior and inner margin of the sterno-cleido-mastoid muscle; the lips of the wound must be drawn asunder with blunt retractors by the assistant, the cervical fascia divided on a director. Then with the finger and handle of the knife the cellular tissue and fat must be separated. The laryngo-tracheal mass must be drawn to the mesial line, but no unnecessary pressure applied to embarrass respiration. The sterno-mastoid with the carotid vessels and sheath draw outwards, and in the centre of the incision the gullet will be found, which may be rendered apparent by the presence of the foreign body; if not, pass in, through the mouth into the œsophagus, a large silver catheter, which will render the tube prominent, and an incision made by cutting on the prominent instrument the foreign body may then be removed by a forceps.

*Wounds of the Throat, Suicidal or otherwise.*—Cut-throat is a common injury to be suddenly called to, and in certain cases requires immediate treatment.

*Treatment.*—When called to see a case of gash in the throat—1st. Stop any bleeding, by tying or twisting any vessels that bleed; 2nd. See that respiration is carried on without obstruction, either through the artificial opening or wound, or through the natural channel; 3rd. Bring the wound together by position, if the wound is transverse bandage the head well forward with the chin resting on the sternum; 4th. Heat the room by steam up to F. 80. *It is not good practice to apply sutures to the external wound.*

*Prognosis.*—As a rule, if very large arteries are not wounded, cases of cut-throat generally do well, unless bronchitis or broncho-pneumonia sets in, by the cold air entering the lungs through the divided wind-pipe, a complication which can be avoided by immediately placing the patient in a heated compartment, and keep a skilful attendant constantly sitting beside him, in order to watch any sudden difficulty of breathing or other circumstance that may arise. In croup, diphtheria, and acute laryngitis there is a possibility that the operation of tracheotomy may be urgently called for when all remedial agents fail, and therefore, when treating a case of either affection, you should always be prepared for the emergency, and have the instruments at hand.

*Suspended Animation, due to either Hanging, Drowning, or Breathing Impure Gases.*—On this important subject the late Professor Porter, in his valuable work on "The Larynx, Trachea, &c.," p. 220, makes the following remarks: "If there is an accident which in a peculiar degree more than others requires prompt attention, it is that of suspended animation, and therefore it is one which should be thoroughly understood in all its branches and varieties, and on which every practitioner should have settled and determined principles to govern his conduct. When a man falls down apparently dead, deprived of motion, and no longer breathing, or when he is drawn from the water in a state of insensibility, there is no time for deliberation, for consulting authorities, or seek-

ing farther professional assistance. One single minute may decide the sufferer's fate for ever, and on the manner in which it is employed the happiness or misery of families depend."

*Hanging, Strangling, and Throttling* may all produce varieties of suspended animation or asphyxia, which is considered to be a kind of intermediate state between life and death, but which, without active measures, will certainly terminate in the latter. However, from it restoration is not impossible, and the circumstances that interfere to prevent such restoration taking place are—the length of time that has occurred since animation became suspended, and the changes that have taken place in the blood and system as the immediate result of such suspension. As regards the fatal result, it makes a material difference whether the patient's feet were entirely off the ground during the suspension, and whether the cervical region was subjected to any chuck or wrench, in the act of attempted self-destruction.

*Treatment.*—Cut down the patient and place in the recumbent position, remove all ligatures or constricting bands from the neck, clear the mouth from mucus, give fresh air, employ artificial respiration (Sylvester's plan), draw some blood from the arm, jugular vein, or temporal artery, as the face is usually turgid and much congested. Apply the poles of the galvanic battery to the chest and diaphragm, continue the artificial respiration for some minutes.

When hanging ends fatally, it is either caused by cerebral congestion, congestion of lungs and heart, apoplexy and asphyxia, or neuro-paralysis.

*Drowning.*—Sudden immersion of the body in fluid may produce suspended animation. If the body is drawn out of a river apparently dead, treatment must be commenced at once. The patient should be placed in a warm room, all mucus and froth should be cleared from mouth, nostrils, and throat, and the tongue drawn forward to open the glottis, the body enveloped between warm blankets. The head and mouth should be inclined downwards, so as to allow any water from the lungs and air passages to drain away. Sylvester's plan of artificial respiration consists in placing the patient in a semi-prone position, raising the arms above the head in the extended position, then bringing them close down to the side and pressing the elbows well into the side to aid respiration, this motion to be continued eighteen to twenty times per minute, *not oftener*. Ammonia may be applied to the nostrils, and inflation with a bellows has been recommended, together with laryngotomy or tracheotomy, and the action of the poles of a galvanic battery.

*Suspended Animation by Breathing Poisonous Gases.*—Patients frequently are brought to death's door by going to sleep in situations impregnated with poisonous gases, the previous existence of which they are ignorant of, sometimes through drink, fatigue, or otherwise. The gases which most frequently produce fatal effects on man are carbonic acid gas, carbonic oxide, and sulphuretted hydrogen. It occurs frequently in the following way—persons frequently go to sleep close to burning lime kilns, or in rooms with a charcoal or coke fire with imperfect ventilation, or in the bottom of brewers' vats, mines, caves, or wells.

*Symptoms.*—The early signs are—a feeling of weight, with fulness in the head, accompanied with giddiness, throbbing of the temporal arteries, drowsiness, insensibility coming rapidly on, ending in death by asphyxia or apoplexy, or by a combination of both.

*Treatment.*—Immediately bring your patient into fresh air, employ, if need be, artificial respiration, dash the face with cold water, galvanism, bleed from the arm, or wet cup in nape of neck.

Sudden swellings in the region of the neck, producing at times great difficulty of breathing, must be actively treated. They may be caused by circumscribed or diffused abscess, the presence of benign or malignant tumours, or the enlargement of the thyroid body.

*Diffuse Cellulitis of Neck* comes on frequently as a result of cold, after the extraction of a tooth, &c. The symptoms are as follows—the patient complains of pain and constriction in the region of the hyoid bone, swelling rapidly sets in, the skin becomes red and brawny, the submaxillary and anterior cervical region is completely filled up, the chin appears to be on a level with the upper bone of sternum (in consequence of the rapid fulness and swelling). The patient begins to complain, at this stage of difficulty of breathing, owing to pressure, which need not necessarily be due to pus, but may be due to serum, and to the unyielding layers of cervical fascia. There will also be headache, furred tongue, and loss of appetite, and all the symptoms of pyrexia.

*Treatment* in the early stage consists in clearing the bowels out with a good saline purge, applying warm anodyne fomentations to the throat, and if such does not give relief, and difficulty of breathing comes on then you must have recourse to *incisions*, which must be made not always to evacuate pus or serum (as it may not be present), but to relieve *tension*. These incisions must be judiciously made, and remember that no attempt must be made to use a knife in the region of the neck, without a director being used with it. To relieve tension, the incisions may be made in the *mesial line*, posterior border of sterno-cleido mastoid, horizontal ramus of jaw, avoiding facial artery or over clavicle. In these four situations the surgeon may make incisions, for, by taking ordinary care, no important vessel need be injured, but on all occasions this must be used. Incisions in these situations generally give great relief, not for the evacuation of matter but the relief of tension to the tense unyielding layers of cervical fascia. After incisions are made, linseed poultices must be then applied. When abscesses occur after scarlatina and other febrile affections, fluctuation cannot easily be made out, owing to the matter being pent up and bound down between the layers of the cervical fascia. The skin in the neck may be red and slightly swollen, and when the finger point is pressed steadily and firmly in the skin the spot pits and feels boggy—this perhaps may be the only indication, and if dyspnoea sets in then incisions must be made in the previously prescribed lines, on a director. If the pressure is due to thyroidal or other tumour active treatment must be adopted, and if suffocation seems impending then the windpipe must be opened. In gashes and punctures in this region the wound must be carefully enlarged and the bleeding points secured, if this cannot be effected and the bleeding is alarming then the common carotid on the same side must be taken up and tied below the omo-hyoid muscle, the guide being the anterior border of the sterno-cleido mastoid muscle, an incision 3 inches long, beginning  $\frac{1}{2}$  an inch above its sternal attachment. Instruments required for such an operation being—1, scalpel; 2, director; 3, retractors; 4, forceps; 5, aneurism needles; 6, ligatures; 7, sutures, plaster, lint and bandages. Care must be taken in this operation to divide the carotid sheath over vessel to include nothing but the vessel, to pass aneurism needle from without inwards, so as to avoid including internal jugular vein or pneumogastric nerve, and after the primary incision the point of the knife should be very little used afterwards, its handle, the finger, and the point of the director will serve to clear away fascia cellular tissue until vessel is found.

*Venesection of External Jugular Vein.*—This operation may be called for in cases of croup in children, apoplexy in adults, or in venous congestion of head or chest. The direction of the sterno-cleido mastoid muscle and the fibres of the platysma ought to be remembered, as well as their relative positions. The direction of both these muscular structures are very nearly represented by the letter X. When you require a good flow of blood the cut in the vein must be oblique, in the direction of the fibres of the sterno-cleido mastoid. The vein can easily be seen when firmly pressed on below, as it passes across the muscle, which is the situation where it should be

opened, as it is very prominent, more superficial, and more firmly fixed.

*To Perform the Operation.*—Place the patient lying on a couch or sofa, or, if able, sitting on a chair, turn the head to the opposite side so as to stretch the neck and make the vein more prominent. 1. Compress the vein at the lower part of the neck with the thumb. 2. Make an incision in the skin over the vein as it passes across the sterno-cleido muscle for about  $\frac{1}{2}$  an inch, and in a direction with its fibres in this incision the fibres of the platysma are cut, and thus enables the wound to gape and the vein to be the more easily detected. 3. Open the vein by an oblique incision, exactly in the same direction as the skin incision, but somewhat less. To stop bleeding remove the pressure from below and place a pad of lint over the puncture, and keep in position by slips of adhesive plaster.

### NITRITE OF AMYL AN ELIMINATOR OF URIC ACID; A REMEDY (?) FOR GOUT.

By ARCHIBALD D. MACDONALD, M.D., C.M.,  
Liverpool.

I PROPOSE to support the title of this short paper by three distinct yet closely-connected statements.

(1) On 13th September, 1882, I attended a case of what is usually called puerperal eclampsia. After the first hour, and during three and a-half hours, I gave nitrite of amyl by inhalation in the usual way and dose. In the course of the following eighteen hours nitro-glycerine,  $\mathcal{M}\text{j}$ ., 1-per cent. solution, was four times administered, and chloroform to a limited extent, as well as operative procedure, also marked that period. Nine hours after the last dose of nitro-glycerine (*i.e.*, about thirty-one and a-half hours after the first inhalation of nitrite of amyl), I drew off the urine. After standing for nearly forty-eight hours, it was seen to have deposited, *inter alia*, crystals of uric acid. Then this fact somewhat puzzled me, but I was inclined, for reasons which need not be specified, deduced from the hypotheses of authorities on the subject of this "eclampsia," to look upon it as an interesting clue to a *rationale* of the colchicum treatment of the disease. A notice of the recent observations of Signori Guiseppe and Sansoni, of Turin, however, has forced me to reconsider the point.

Accordingly (2) I instituted a check experiment, the subject of which was a healthy adult, whose urine was previously normal. The experiment, except the non-administration of chloroform and the incident of parturition, corresponded as far as was possible with the case. Thus from 10.45 a.m. till 2.50 p.m., seven inhalations of five minims each of nitrite of amyl were taken. At 4 o'clock, an hour after food, the urine passed was of clear, dark straw colour, very acid in reaction, and on cooling deposited a little mucus and copious urates.  $\mathcal{Z}\text{j}$ . without the urates, plus  $\mathcal{Z}\text{j}$ . of hydrochloric acid, showed, after forty-eight hours had elapsed, a large deposit of uric acid crystals. Also, as in the case, nitro-glycerine was taken. A similar quantity passed seven hours after the last, almost free from visible urates, similarly treated, gave what may be relatively termed a very considerable deposit; and next day (thirty-six hours after the first administration of the first drug) from the sample a considerable amount of the crystals was obtained. I hope shortly to narrate an experiment with regard to the effect of nitro-glycerine *per se*. Thus I was able to confirm the statement of the Italian observers named, and also to find that the balance of fact against theory compels me now to believe that the excretion of uric acid in the case of eclampsia was at all events largely due to the drug employed, and not wholly to the disease, and that no deduction can be drawn from the premises as to any connection between the gouty diathesis and puerperal eclampsia, or the consequent colchicum treatment of that disease. My inquiry into the symptom had no pretence

of being exhaustive; the case, however, is pretty clearly, though not yet quite logically, proven now.

(3) A practical application of the nitrite of amyl as an eliminator of the gout poison immediately occurred to me, which I at once gave effect to. H. G., Tue Brook, is a powerful, slightly ruddy man, who had suffered from gout, and who now had an attack chiefly in the ankle-joint. For four days he had had an alkaline mixture with colchicum, and had obtained some relief also from local treatment. At 4 p.m. of 17th April current, his urine was clear, straw-coloured; on standing it contained a very little mucus; no other deposit.  $\mathcal{Z}\text{j}$ . acidulated with hydrochloric acid  $\mathcal{Z}\text{j}$ ., and set aside for forty-eight hours, showed only a very few crystals of uric acid. That statement enables a fair judgment to be formed of the state of matters previous to the use of the nitrite, during which the medicine and special local treatment were, of course, abandoned. The first inhaled dose of  $\mathcal{M}\text{iv}$ . was given by myself at 4.2; a faint flush and sensation of fulness in the head resulted. At 6, 8, and 10 o'clock the dose was repeated. Next morning at 9 he was much better, but had a slight headache, which soon passed off. His urine passed at that hour showed a very acid reaction, and, being treated as above, what I describe, in the absence of a quantitative analysis, as a considerable deposit of uric acid. On the 20th he was able to walk, the ankle-joint being very nearly well.

Remarks would be redundant. Further research is manifestly required. I will only say that all I claim is to have established a *prima facie* case for the administration of the nitrite of amyl as a rational therapeutic agent in those cases of gout in which the usual contra-indications do not prevent its use. If we can by its means procure a more than normal discharge of uric acid when an attack threatens, we shall, I doubt not, find it prophylactic as well as curative.

### Clinical Records.

#### DIPHtheria—TRACHEOTOMY—PROLONGED ARTIFICIAL RESPIRATION—DEATH.

By ROBERT JONES,

Honorary Assistant Surgeon, Stanley Hospital, Liverpool.

ON Saturday, August 22nd, I was sent for by Dr. Herbert Butcher, of Birkenhead, to consult with him over a case of diphtheria. The patient, set. 6, had felt depressed for a week or more, and complained on August 21st of rigors, sore throat, and of frequent vomiting. He was placed in bed and poulticed by his parents. When Dr. Butcher visited him the same day he exhibited all the symptoms of diphtheria, and was immediately placed under the best conditions with a view to recovery. In spite of all efforts he continued from bad to worse, and on my arrival he was extremely restless: struggling for air, with dilated nostrils, blue lips, leaden face, and dull eyes. The nasal mucous membrane had participated in the disease, and the cervical glands were much enlarged, while the tonsils and pharynx were coated with greyish white patches. We decided on immediate tracheotomy, and, having laid the risks before the parents, proceeded to operate. As we expected from the child's condition the venous hæmorrhage was smart, but we thought anything an advantage which would lessen cardiac effort. The breathing now became extremely laboured, and Dr. Butcher at once entered the trachea. The breathing had, however, already ceased, and thinking the tube blocked he placed his mouth to it and succeeded in clearing it. Artificial respiration was then adopted but still no breathing ensued. The child was pulseless. Windows were opened, fans worked, and during the whole time artificial respiration was kept up. At the end of half an hour there was apparently no result, but in another ten minutes the lips moved and we worked with hopeful energy. The legs and hands next moved, and in a little over an hour the patient breathed assisted by sharp applications of a wet cloth to the abdomen. He was placed in a bed carefully covered with a canopy, and for fourteen hours the breathing

was easy, but the pulse very rapid. Then restlessness obstructed breathing and death ensued in two hours.

The case is recorded in order to still further impress the advantages of unrelenting attempts to reinstate natural respiration. The child was practically dead before the trachea was opened, and at the end of half an hour after the operation the child could not breathe. A still further effort resulted in the prolongation of life for sixteen hours, and transformed what to parents would appear an operating table catastrophe, into a partially successful issue. We have had two or three samples lately of medical heroism, similar to that displayed by Dr. Butcher in this case, but courage should certainly be tempered by discretion. I very much question the morality of more than risking one's life for the sake of a highly problematical recovery. It is a species of professional suicide which seems to seize upon the most courageous in our ranks, and should, I think, be discouraged.

## Translations.

From *Schmidt's Jahrbucher*.

By T. ESMONDE CAHILL.

ON THE ACTION OF IRON.—Bunge propounds the interesting question—in what form is iron absorbed and assimilated under normal conditions, and how is hæmoglobin built up? He investigates milk and yolk of egg, which since, when used alone they sustain life, must contain the materials of hæmoglobin. As milk contains but little iron he directed his attention mostly to yolk of egg. After many complicated chemical experiments (detailed in the *Jahrbucher*) he comes to the conclusion that yolk of egg does not contain iron in the form of an iron salt or of an albuminate, but in the form of a certain organic body extracted by him and which he calls hæmatogen. He classifies it in the same group as nuclein. In milk, in cereals, and in leguminous plants he finds the iron in a similar combination. *He thus concludes that our nutriment contains no inorganic combination of iron, and whatever iron there is to be found in a complicated organic combination worked up in the vital process of plants; that in this form iron is absorbed and assimilated, and that from this body hæmoglobin is constructed.* He argues that the beneficial action of inorganic preparations in chlorosis is simply due to the fact that their presence in the alimentary tract prevents those decompositions of the hæmatogen to which chlorotics are peculiarly liable. He says, however, that simple hydrochloric acid fulfills this purpose better than iron. It seems impossible to reconcile this theory with the results obtained by Professors Debierre and Linossier. Their plan was to examine the blood of dogs, made anæmic by under-feeding, before and after treatment, with tartrate or ammonio-citrate of iron (10 grm. within twenty-five days). The weight increased fifteen kilos. The amount of blood increased fifty-nine mgm. per kilo. Estimating with Melassez's hæmochromometer they found an increase in hæmoglobin of 10 per cent., in the corpuscles of 4 per cent. The contained gases were largely increased, especially carbonic acid and nitrogen, oxygen in less degrees. In the out-breathed air carbonic acid was increased corresponding to a decrease in the oxygen. Urea excreted diminished from 12 grm. per diem to 7.5 before the cessation of treatment. These experiments lead them to believe, with Hayem, that the iron treatment increases the proportionate amount of iron in the blood much more rapidly than it affects the corpuscles. Also, in opposition to Petrowski, that it diminishes the urea.

EXCRETION OF ALCOHOL FROM THE BODY.—Bodlander considers that the question whether alcohol is a food depends very much on whether it is burnt up in the body or not. He undertook to trace the fate of alcohol received into the body. For quantitative determination he uses Giessler's vaporimeter and the chromic acid reaction. He examined the excretion of the kidneys, skin, lungs, and alimentary tracts. Experimenting on

himself he took 50, 60, 70, 80, and 90 cubic centimetres of alcohol in concentrations of 20, 25, 33, 44.5, and 50 per cent. respectively in succession. The greater part was excreted in the first hour, a lesser proportion in the second, and only traces occasionally in the third. *The total average excretion was 1.177 per cent. of the amount taken in.* In a dog even very strong doses which quite overcome the animal, could not produce an excretion of more than 2.41 per cent. *Skin.*—Twenty cubic centimetres of alcohol diluted with ten of water were injected under the skin of a dog weighing 7,460 grm. Seven hours after the air in his box was tested by the chromic acid reaction. It was found that 0.395 per cent. (a) of the alcohol was excreted by the skin. In another more carefully conducted experiment on a dog of 4,180 grm. in weight, 3.12 per cent. of the alcohol injected (15 ccm.) was excreted. Further experiments proved that alcohol taken in through the stomach is not excreted through the skin. *The Lungs.*—Thirty ccm. of alcohol diluted with 70 ccm. of water was injected into the stomach of a dog weighing 6,800 grm. It was found that 1.683 per cent. was excreted by the lungs, using the same box and test as in the preceding (*mutatis mutandis*). The mean excretion in these experiments was 1.946 per cent. This method for obvious reasons does not suit itself to the human subject. B. adopted as the best process the one of blowing the expired air through a chromic acid solution immediately. After drinking 60 grm. of alcohol mixed with 50 grm. of water it took 5½ minutes to produce a green colour in 20 ccm. of chromic acid solution. One hour afterwards it took the same time, two hours later it took six minutes, sixteen hours after the commencement it took twenty minutes to reduce 20 ccm. After nineteen hours reduction ceased. Calculating on an average in this way, he reckoned that 1.56 per cent. of the alcohol received was excreted through the lungs. *Alimentary Tract.*—He found that no alcohol is excreted through either the alimentary canal or (in opposition to the common opinion) in the milk.

*Conclusions.*—B. concludes that no considerable quantity of alcohol is disposed of unchanged. He also searched carefully for aldehyde and acetic acid, and decided that they could not be the final products. Much rather is it to be assumed that under ordinary conditions at least 95 per cent. of the alcohol taken in is burnt off into CO<sub>2</sub> and water. But from this it follows that alcohol is a nutrient material, superfluous indeed in health, but in sickness a most important and sometimes the only available one.

## France.

[FROM OUR OWN CORRESPONDENT.]

ELECTROLYSIS.—At the Académie de Médecine a member read a paper on the introduction into the economy of certain medicines by means of electricity. If an electric current be passed through a solution of a salt, the salt is decomposed; the metal goes to the negative pole, and the metalloid goes to the positive pole. It is this operation that the author succeeded in accomplishing through the organism, and to which he has given the name of electrolysis. In the case of iodine, he applies to a part of the body a piece of wadding steeped in a solution of iodide of potassium, and then places on it the negative pole, while the positive pole is placed on any other part of the body. The iodine separates itself from the potassium, and is eliminated through the organic tissues towards the positive pole with great rapidity, as may be proved by applying a piece of starched paper, which becomes blue. The author affirms having by this method cured several cases of chronic rheumatism, uterine fibroma, and a case of rheumatic ovarian neuralgia.

(a) Probably a misprint.—TRANSLATOR.

**CUTANEOUS HÆMORRHAGE BY AUTO-SUGGESTION.**—At the Congrès Scientifique, held at Grenoble, a Dr. Bourru, of Rochefort, cited an extraordinary case of cutaneous hæmorrhage by auto-suggestion which came under his observation in his hospital practice. A young man, æt. 22, of hysterio-epileptic disposition well confirmed, was being treated for hemiplegia of the right side. Suspecting that he was a fit subject for experiment, the doctor having put him to sleep by mesmerism, said to him, "This evening, at four o'clock, when asleep, you will get up and come into my room, sit in my arm-chair, fold your arms upon your chest, and bleed from the nose." The command was obeyed to the letter, and a few drops of blood flowed from the *left* nostril without the slightest provocation. A few days subsequently the experimentalist traced with the blunt end of an ordinary pocket-probe upon both forearms the name of the subject, giving him the following order: "This evening you are to go to sleep, and you are to bleed from the lines I have just traced." At the stated hour the patient went to sleep, and soon appeared the scarlet lines on the *left* arm, and immediately afterwards drops of blood oozed out. Three months have passed, and the letters are still visible, but are paling. On the right side there was no mark. Since that time he has been placed in other hands, for he was sent to the hospital for epileptics, and there the experiment was renewed with similar results, before a large assemblage of doctors and magistrates. The doctor, after having traced a letter on each forearm, told the subject to bleed immediately from the lines. The man said he could not do it from the right arm, because it was paralysed, and being told to bleed from the left, he protested, saying it hurt him very much. However, he was commanded to obey, and in a few minutes the letter became defined in red, and drops of blood flowed from it.

At Derry a man named Joseph Shepherd, formerly of the Army Hospital Corps, was prosecuted at the instance of the Pharmaceutical Society of Ireland for compounding medical prescriptions, retailing poisons, and assuming the name of chemist and druggist without a pharmaceutical degree, and without being registered. Two offences were proved, in one of which a chemist in the city had sent to have a prescription made up which included strychnine. The magistrates fined the defendant £5 in one case, and the second was withdrawn by the prosecution.

THE Council of the Royal College of Surgeons in Ireland will not resume its meetings after the recess until the 15th inst., and therefore nothing has been at present decided with respect to the examinership in anatomy vacated by the death of Dr. Benjamin MacDowel. As the autumn examinations commence at the end of the month, it is to be assumed that an election will take place immediately. At present no candidate has declared himself, but Dr. Charles H. Robinson, of the Ledwich School, is named as a competitor. Dr. Abraham, who has resigned his office of Curator in the College, and is about to leave Dublin to join the staff of St. Bartholomew's Hospital, has not yet resigned his office of Examiner in Physiology. If he should do so, it would probably be necessary for the Council to fill a second vacancy in the Court before the autumn examinations commence.

REGISTERED FOR TRANSMISSION ABROAD

## The Medical Press and Circular

Is published every Wednesday morning Price 6d. Post free 51d.

POST FREE TO ANNUAL SUBSCRIBERS . . . £1 2 0

" IF PAID IN ADVANCE . . . 1 1 0

Post-office Orders and Cheques to be drawn in favour of—  
A. A. TINDALL, 20 King William Street, Strand, London, W O.  
A. H. JACOB, 8 Molesworth Street, Dublin.

Agents for Scotland:—

MACLACHLAN & STEWART, South Bridge, Edinburgh.  
A & W. STENHOUSE, Hillhead, Glasgow.

Sole Agent for the Continent:—

JOHN F. JONES, 81 Bis, Rue du Faubourg Montmartre, Paris.

ADVERTISEMENT SCALE—Whole Page, £5 Os. 0d. Half Page,  
£2 10s. 0d.; Quarter Page, £1 15s. 0d.; One-eighth Page, 12s. 6d.

Small Announcements of Practices, Assistancies, Vacancies, Books, &c.  
of Seven lines or under, 4s. per insertion; 6d. per line beyond.

Considerable reductions are made from the foregoing Scale when orders  
are given for a series of insertions. Letters in this department  
should be addressed to the Publishers.

SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIÈRE, Rue  
Hautefeuille, Paris—post free in advance, £1 8s. 6d. per annum.

SUBSCRIPTIONS FOR RUSSIA are received by Messrs. RAJCHMAN and  
FRENDELER, 13 Senatoren Street, Warsaw—post free, £1 5s. 0d. per  
annum.

SUBSCRIPTIONS FOR THE UNITED STATES are received in New York by  
Messrs. WILLMER & ROGERS; Philadelphia, by Dr. BRINTON: post  
free in advance, \$4 dollars (£1 8s. 6d.) per annum or direct  
from the Offices in this country for the same amount, if remitted  
by International Post-Office Order.

## The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 7, 1885.

### THE INTRODUCTORIES.

THE number of medical schools at which special addresses are given to mark the opening of a new session seems each year to grow smaller, and in view of the comparative uselessness of such introductory exercises it is hardly possible to feel any great amount of regret at the progressive decadence of the practice. In most cases oratorical efforts are marked by a dreary sameness and repetition of stale worn out sentiments, that can scarcely be calculated to create enthusiasm in those who hear them for the first time; while to such as are doomed to listen to them more than once they offer nothing more than the miserable prospects of an hour's martyrdom. But, to this general description of "opening" addresses, it must be added that, occasionally, orations of a very different stamp are included among the October productions; and that sometimes we are treated to lectures, not only worthy of the occasion, but worthy also of the men who deliver them; and it is such welcome improvements on the worn out "advice gratis" pattern that enables the profession to tolerate, with some show of equanimity, the torrent of common places which go to make up the average orator's effort.

Among the addresses of 1885 are at least two that will, by their especial excellence, command a very widespread attention, viz., those delivered at Leeds and at University College, London, by Mr. Jonathan Hutchinson and



Professor Schäfer respectively. It is true, moreover, that owing to the favourable circumstances of the hour, the majority of the Introductorys may be said to present more that is of interest generally than has been witnessed in former years, the great question of the hour, London's need of a teaching University, having been wisely selected as a theme for discussion. But, having said this, we have pretty well exhausted the encomiums possible to be lavished on them; in all there is to be found very admirable advice, which, if only it were acted on by those to whom it is ostensibly addressed, might be productive of a very considerable measure of good in the future. Unfortunately, however, students as a rule regard the monitions addressed to them on the 1st of October rather as designed to adorn the tale prepared for the delectation of parents and guardians, than as pointing a moral for their own appreciation; and, as a necessary consequence, the results are less gratifying than the moralists could desire.

Mr. Hutchinson is rarely to be prevailed upon to deliver such an address as that with which he opened the new session at the Leeds School of Medicine; and for those who meet him for the first time in the character he then assumed, it will contain the revelation of deeper sympathies than are usually apparent on like occasions. Dilating on a topic that has always possessed for him a peculiar fascination, Mr. Hutchinson has permitted himself to be led by his imagination, the limits of which, defined as they always are in his case by a keen perception of the legitimate uses to which the faculty should be put, are never drawn beyond the line that a wide experience and minute observation endorse.

One of the most important and practical conclusions to be drawn from the address is, that its author is convinced of the comparative inutility of the study of languages on the part of the young. In this opinion Mr. Hutchinson stands, not alone, but certainly one of a small band of competent educational critics. The arguments he adduces are not easily rebutted, but it is unlikely that the innovation he encourages will be witnessed for some time yet, since the prejudice borne of centuries of persistence will need all the efforts of many advocates to overcome; and Mr. Hutchinson himself, while advancing the claims of the subjects he deems of higher use as knowledge than are the languages now all but universally replacing them in schools, makes the observation that for the present at least the study of languages must be held to be essential, at any rate, to students of medicine. But he looks forward to the time when technical names employed in science, and compounded from Latin, Greek, and other sources, will be replaced by English equivalents, and thus the necessity for a classical knowledge as preliminary to scientific study be no longer existent. In connection with this subject he remarks, and most people will probably agree with him, that "the acquisition of a new language is not at all easier in youth than in adult age; and respecting modern languages in general, it would be wise to delay them until a definite need for them has been realised." Certain it is that the experience of missionaries, of Indian Civil Service candidates, and of others similarly situated, bears out the first part of the statement; and as well the

facility with which medical and scientific men acquire the German, Spanish, and even the Russian languages under necessity.

Professor Schäfer's address at University College dealt more definitely with matters medical, from an educational point of view, and it is interesting to note that he expressed a totally opposite opinion in respect to classical and linguistic studies, to that uttered by Mr. Hutchinson. Science in schools, Mr. Schäfer thinks, should be relegated to the later periods, and justifies his position by quoting a number of answers given to examination questions. We cannot but think, however, that he is wrong, and Mr. Hutchinson right, for in the very proof of his own statements Mr. Schäfer adduces their refutation. The confused muddle of facts and fancies evidenced in the papers he quotes is not the result of teaching science, but of cramming students with a mass of book-writing without resort to that objective teaching on which alone any real knowledge of science can be built up. By-and-bye when this truth is generally recognised, when by the study of science is meant the actual study of *nature*, when books are utilised as a means of *description* only, instead of being relied on as *sources* of information, and when students are examined on their knowledge of things instead of on what they have been able to acquire from manuals, then the reproaches framed by Professor Schäfer and those who agree with him on the examination records, will cease to be deserved because they will be unfounded.

To the suggestions made by Mr. Schäfer for the regulation of the period of study, and its division among the various subjects, no exception can be taken; and he is quite within his right in insisting on the importance of practical pathology, and the grave deficiency we exist under from the absence of any adequate laboratory devoted to this subject. His decided expressions on the claims of practical physiology and pharmacology are equally pertinent and will find fully as much general sympathy. The question of examinations is treated at some length in the address, but, while approving of the recent modifications in connection with the creation of a joint board in England, Mr. Schäfer deplores that it will be necessary for a long time yet to tolerate a method of testing knowledge which he regards as inappropriate and inadequate.

#### MEDICAL EDUCATION IN DUBLIN.

THE approaching opening of the session in Dublin has brought under public observation certain "signs of the times" which demand the attention of all those who hope for honesty of medical teaching in Ireland. The Carmichael College, an institution which has hitherto posed as the abode of educational purity in Ireland, and which has, by its representatives and its communications, "thanked heaven that it was not as other" schools in the matter of sham certificates and educational trickery, has not been able any longer to resist the temptation to fill its class books by one or other means, and has announced that it will in future engage in that form of traffic which is known as the "night-lecture" system. In other words, it will accept as pupils young men who are

not engaged *bona fide* in the study of medicine, but who are employed for their whole working day in banks and shops and in other avocations which are utterly inconsistent with the learning of medicine or surgery; for these clients the Carmichael will undertake to provide some sort of instruction at night time, and, in respect of this form of study, it will grant them certificates (the fees being first paid) which will pass muster at the Colleges, as well as the best. No doubt the authorities of the Carmichael College will repulse with virtuous indignation the insinuation that these night-lectures are to be the same sort of evening "grinds" which are given in the school with which they have entered into disreputable competition—no doubt they will assure us that nothing less than an attendance as rigorous as that required for day studies will be tolerated—no doubt they will declare that the certificates presented to the licensing bodies from the college will, in no element, resemble the documents offered by the school against which they are driving a rival trade; but when a school which, under the *régime* of Dr. Reuben Harvey, was the loudest to repudiate the night-lecture system, descends to a lucrative adoption of that system, it cannot reasonably hope that anyone will give it credit for greater purity than is to be found in the institution with which it has bracketed itself.

We shall not trouble ourselves to reiterate arguments against the night-lecture system. It is sufficient to point out that that system is nothing more or less than a method of selling certificates to gentlemen who do not pretend to fulfil any hospital studies; who cannot reasonably be expected to be present in person at the *seu diant* lectures which they are supposed to attend after their long day's work in office or shop is over, and who, if they were present, could not possibly assimilate the instruction offered to them. It may be added, that this method of selling certificates exists nowhere throughout the kingdom save in Dublin, and that, until the Carmichael fell from virtue, it existed in no school in Dublin save one, whose testimonials of diligence were branded with the B.C. mark by the University of Dublin.

While we have felt it necessary to fix upon the Carmichael College the discredit of this proceeding, we must do that institution the justice to say that it has been strongly tempted before it fell, and that the Royal College of Surgeons in Ireland is chiefly responsible for the uprising and expansion of this night-lecture certificate trade. When that College first became aware that a nominal attendance or evening "grinds" was about to be palmed off as the requisite medical study, it at once and unhesitatingly declared its disapproval of the proposition, and demanded that the schools, which it recognised, should at once abstain from that trade. The Carmichael College obeyed, and has, up to the present, paid respect to the opinion of the College, but the Ledwich School took the opposite course, for it set that opinion at defiance—shuffled out of giving a pledge—and has since continued, in face of the other Dublin schools who had respect for the opinion of the College, to drive a roaring trade in night-lecture certificates. But the College, though it expressed a strong opinion that the traffic was immoral, had not the courage of its convictions,

for it has ever since tolerated the system, has accepted the night certificates as if they were genuine, and has approved of the sham roll-call, which can be utilised as a means of enabling the lecturer to record the presence of students he well knows are not present. It is as if the police, while strictly enforcing the closing of all public-houses at the prescribed hour, allowed one favoured house to keep open as long as it pleased. The Carmichael College has now gathered courage to set the opinion of the College and the feeling of the profession at defiance, and it is to be reasonably assumed that every medical school in Dublin, except the University School, will follow suit, and that the four years of medical study will come to be as complete a fraud as the "diligent" certificate was.

#### ABOLITION OF POOR-LAW OFFICES WITHOUT COMPENSATION.

FROM a good deal of experience of the acts of boards of guardians in Ireland and some knowledge of the material of which such Boards are composed under the new order of things, we fully expected that, where, by the amalgamation of unions, a number of Poor-law officers were dispensed with, there was not one board of guardians out of twenty who would recognise the services of these officers or the justice of their claim for compensation for loss of office. We have, therefore, not been surprised, though much disgusted, to learn that the guardians of the Newport Union have turned adrift the whole of their staff without a penny in their pockets, and have refused to avail themselves of the Act passed last Session which enabled them to do justice to their ex-employés. It will be recollected that that Act was promoted by the Irish Local Government Board in order to enable the guardians to grant compensation *if they pleased*—that the Irish Medical Association, anticipating that the guardians would not so please, procured the insertion of a clause which would have fully protected the pre-existing rights of the officers, and that the Secretary of the Poor-law Officers' (non-medical) Association caused that clause to be struck out, and the interests of these officers to be thereby sacrificed.

We believe that the Newport Guardians acted, in this case, better than we should have expected, for they were willing to give compensation if they could do so in a lump sum, but unfortunately the Act declares that the compensation shall be in the nature of an annual allowance, with which the guardians would not agree to burthen their successors. It is obvious, therefore, that the officers must fall back upon their pre-existing rights, and already the Irish Medical Association has instructed counsel to appear on their behalf in the case of a Belfast schoolmaster who has been, as we think, illegally, dismissed by the guardians. This case will test the question whether the guardians can under any circumstances dismiss, and the Association is strongly advised that they cannot, and that such power lies with the Local Government Board only. But, supposing the Irish Medical Association to succeed in their contention on this point, then the further question will arise whether the guardians can get rid of an officer without dismissal, and by the simple process of dropping him? and this question

will have to be fought out on the Newport case. As the law stood before the passing of the new Permissory Compensation Act there was no reasonable doubt that the officers were safe; as it now stands, with this Act altered at the instance of Mr. Secretary Cope, of the Poor-law Officers' Association, there are grave doubts as to their position, but, at any cost, those doubts must be cleared up, because many amalgamations of unions are looming in the distance, and many score of officers will be put out without compensation if it is in the power of the guardians to do so.

The necessity for asserting the legal rights of officers became inevitable the moment an amalgamation of unions was thought of, and we are quite sanguine that, if the subject be properly worked, the Poor-law guardians throughout Ireland will be taught, as they were in the case of the Labourers' Dwellings Act, that their officers have rights which cannot be ignored, and that there is an organisation capable and willing to assert those rights against the tyrannical meanness of the new-fashioned P.L.G.

## Notes on Current Topics.

### A Challenge from Leicester.

THE Leicester anti-vaccinationists are chafing under the neglect with which, of late, their foolhardiness has been received outside their own town, and they have hit upon the ingenious plan of challenging the medical profession. The proposal that has been made is, that the town of Leicester shall be made the scene of a public discussion between the principal exponents of anti-vaccination doctrines and those whom the challengers denominate the most eminent medical authorities on the subject of vaccination. It may, however, be presumed that the experience of anti-vaccinators in Montreal, and the knowledge acquired thereby, will render any fulfilment of the plan proposed unnecessary; but even had it been otherwise it is difficult to understand how any good could arise out of such a conference. The exponents of anti-vaccination principles are, of all persons, least likely to be in a position to understand the scientific objections to their pet assertions; and since it would be a lengthy undertaking to give the would-be disputants the training and information necessary to enable them to discuss the question in any way intelligently, it follows that the challenge is nothing but an empty one. Sooner or later, however, Leicester will be an unwilling witness to the folly of its continued rejection of a great life-saving precaution. The time must come when the mine will be fired, and then how unavailing and how sad will be the passionate regrets of those who think that because the town has so long been free from the disease it will ever be so. Let them take the lesson of Montreal to heart in time.

THE Lettsoman Lectures in connection with the Medical Society of London will be delivered this year by Mr. Jonathan Hutchinson, F.R.S. Subject, "On Some Points in the Natural History of Syphilis." The annual oration will be delivered before the Society by Dr. Douglas Powell.

### The Perils of Anti-Vaccination.

THE unhappy experiences through which the anti-vaccinationists of Montreal are now passing are well calculated to provoke reflections among those on this side of the Atlantic Ocean who hold the same mistaken views with the unfortunate victims of ignorance and prejudice in Canada. The population of Montreal consists of French Catholics and Protestants, and while the latter are careful to observe the practice of vaccination the former persist in refusing to submit their children to protection. Naturally therefore, on the appearance of small-pox in the city, the unvaccinated French Catholics have been stricken down wholesale, while the Protestants have all but escaped infection. Even the *Echo* in this country, one of the most pronounced opponents of compulsory vaccination, seems to have been struck with the irresistible conclusion of Nature's experiment at Montreal, and asks what answer can be given by anti-vaccinationists to the question it suggests? According to the returns, up to a certain date last week, the number of deaths from small-pox had been, Catholics 750, Protestants 35; and commenting on these figures the *Echo* observes that if the theory of protection by vaccination is as fruitless as its opponents contend, instead of 35 Protestants, at least 250 should have died to equalise the death-rate among vaccinated and unvaccinated. It is devoutly to be hoped that our contemporary may not be alone among the opposing host to apprehend the striking significance of the figures it quotes; but while so large an array of needy adventurers succeed in making a comfortable living by pandering to the prejudices of the ignorant in respect to vaccination, it is to be feared that the existing agitation will be maintained.

### Dublin Coroners' Law.

WE have been obliged, on several occasions, to call attention to the method of conducting coroners' inquisitions in the City of Dublin, and we have complained that in these inquiries the Coroner is wont to assume the comprehensive rôle of witness, lawyer, jury, and judge, and to indulge in disquisitions and enunciations of his own opinion which no one desires, and which are certainly not consistent with his judicial office, or with an impartial administration of his Court. An inquest reported by the Dublin papers of the 30th ult. forcibly illustrates our complaint. A poor man died shortly after admission to the work-house, and the mother charged the relieving officer with having refused relief, and with having flung away the doctor's recommendation note which was tendered to him. The Coroner, without hearing any evidence whatever, save the woman's statement, proceeded thereupon to lecture the relieving officer, and to infer neglect of his duty, and when that officer, in self-defence in the exercise of his undoubted right, and in perfectly correct form, proceeded to cross-examine the witness the Coroner, in a most unwarrantable manner, put him to silence and threatened him with expulsion.

But when the story told by the woman was sifted, and when the medical evidence was heard, the case against the relieving officer entirely broke down, and the Coroner felt it necessary to absolve that officer from the accus-

tion, which he had previously been so ready to take for granted.

We are quite confident that the Coroner for the City of Dublin intends to perform his functions with justice, impartiality, and regularity, but he has in this case—and not for the first time—marred these good intentions by his impulsiveness and his *cacoethes loquendi*. In this instance he, as reported, made nine separate speeches, most of them upon incomplete information and without any necessity, and he ended by proclaiming his complete retraction of his original opinion.

Such a method of conducting Coroners' inquests is not calculated to inspire confidence in the conclusions arrived at, and it is also very unjust to persons inculpated, and we therefore hope we shall not have occasion to call attention to it again.

### The Influence of Temperature on Muscles at Rest.

DR. MAX RUBNER has lately published in Du Bois Reymond's *Archiv f. Physiologie* an interesting account of some laborious and complicated experiments on the respiration of individual organs, the results of which have an important bearing on our knowledge of the tissue changes that take place in muscles at rest, and on the determination of their functional activity. We know now that muscle, even when not in contact with the body, respire. What influence temperature has on this respiration is, up to the present, not known, and Dr. Rubner has attempted to determine it, his experiments being carried on in Ludwig's laboratory in Leipsic. The uninjured hind leg of a dog was played over with a mixture of dog's blood and a saline solution (8·7 per cent. of common salt and 0·1 per cent. of phosphate of soda) whilst the author examined the irritability of the muscle and the gaseous contents of the blood of the crural artery and vein; the muscle preparation was contained in a zinc vessel with double walls, and filled with water of varying temperature. The most important result of the experiments consists in the proof of the dependence of the consumption of oxygen in muscle on the temperature of such muscle. In every case decrease of temperature was accompanied by diminished consumption of oxygen, on again raising the temperature the consumption of oxygen was increased; when the temperature fell 1 deg. C. the consumption of oxygen fell from 1·55 to 3·10 per cent., when it rose 1 deg. the consumption of oxygen rose 2·92 to 4·8 per cent. higher. The increase with rise of temperature was not constant in all cases as the consumption of oxygen by muscle was almost altogether independent of temperature within certain wide limits. It is only when the temperature passes these limits that consumption of oxygen is markedly influenced by its temperature. The conditions requisite for formation of carbon dioxide on the other hand, are essentially different from those favouring the consumption of oxygen. It showed itself independent of temperature, and especially of low temperatures. The facts demonstrate that, by the action of abnormally low temperatures the capacity of muscle for consumption of oxygen, and also its irritability can be inhibited; but a low temperature does not check the formation of carbon dioxide. Thus, two of the most

important properties of muscle may be shown by the varying degrees of heat—1. That of formation of CO<sub>2</sub> independent of the consumption of O (in low temperature). 2. The development of vigorous oxydation (in higher temperatures).

### The Healthiness of London.

THE extraordinarily low death-rate of 13 per 1,000 of the population of London was reached last week. This, we are officially informed, is the most favourable rate of mortality ever attained since statistics were regularly compiled and issued for the metropolis, and is beyond precedent also when compared with any other large city of the world. When we consider the enormous area and population of this modern Babylon, with the average addition of one thousand births over deaths within its radius weekly, it is the more astounding, and points unmistakably to the salubrity of its situation, the thoroughness of its drainage, its excellent water supply, and lastly, though not the least important factor, its complete sanitary supervision and control.

### Lupus and Tuberculosis.

In a paper communicated to the American Dermatological Association, Dr. J. A. Hyde, of Chicago, combats the view that lupus is chiefly associated with tuberculosis, and insisted that it is the product of a local infection by bacilli, entirely unconnected with any constitutional diathesis or predisposition. The grounds on which he bases this conclusion are, (1) The unimpeachable character of the family record in by far the larger number of cases of lupus vulgaris. (2) The fact that the disease is, in its inception, a disorder of the period of childhood, when, for the most part, the habits of the child are favourable to infection. (3) The several sites of predilection are those most favourable to such infection. (4) The failure of the disease to spread by inheritance. (5) The remarkable tendency of lupus vulgaris to cutaneous limitation. At the same meeting, Dr. White, of Boston, advocated the treatment of lupus by parasiticides, and instanced a large number of cases so treated with success; but he admitted that none had been under observation more than eighteen months, so that it was impossible to conclude they were absolutely and permanently cured. His method is to apply corrosive sublimate locally, as either lotion or ointment, the strength being two grains of the salt to the ounce of water or vaseline. The treatment extended over from four to eight weeks.

### The late Lord Shaftesbury.

If the number of benefits conferred on humanity may be accepted as a criterion of the veneration in which the name of Lord Shaftesbury will be held by posterity, then it is certain of being treasured henceforth as that of one of the greatest benefactors the world has seen. And truly the good old man who, full of honours and of years, was gathered to his fathers on Thursday last, has deserved well of his fellows; for the last sixty years of his life were spent in faithful service of the world, not perhaps in all things wisely, but in all, nevertheless, honestly and well. The late earl had identified himself with a vast number of practical philanthropic movements;

and although he was before all things a patron of evangelism in the church, he was besides this an active promoter of many beneficent social changes which have worked vast alterations in the lives and habits of the humbler working classes. In the amendment of the lunacy laws also he accomplished inestimable good, and his long association with reform of this description resulted in the amelioration of what was sadly in need of being changed. It would have been fitting that the national fame of Westminster should have received the remains of one who was, in the best sense of the term, a public benefactor; but his own commands and the wishes of his family forbid the realisation of the wish; a public funeral service will however be held in the Abbey to-morrow afternoon.

#### Westminster Hospital Medical School.

IN his introductory address to the students of the Westminster Hospital, on Thursday last, Mr. Cowell referred to the new buildings which are now ready for use, and which will afford a much-needed accommodation to meet the growing educational requirements of the school. The buildings comprise a very complete suite of rooms adapted for lecture, museum, dissecting, and laboratory purposes; and in addition there are commodious refreshment and smoking-rooms provided for the use of students. There is every prospect that the improvements thus made at Westminster will be duly appreciated, and that the school will benefit by the liberal changes that have replaced the old and inconvenient premises.

#### Adulteration in Dublin.

IN a communication published by Sir Charles Cameron, Public Analyst for Dublin, in *The Analyst*, it is stated that "the Sale of Food and Drugs Act has been carried out pretty fully in Dublin, as, indeed, were the two earlier Acts, so far as it was practicable. When they were first put in operation there was a pretty large amount of adulteration practised, as in other towns. Coffee and mustard were rarely met with in a pure state. The former, as a rule, contained chicory, burnt sugar, roasted grain, and other impurities; the latter always was more or less composed of wheat or rice flour, and in a few instances, of sulphate of calcium. Tea was occasionally, but not frequently, adulterated, chiefly with exhausted tea-leaves. Sugar was, except in two instances, always found to be pure. Bread was found to be adulterated with rice-flour, potatoes and alum; and flour with rice and alum. In 1870 I made an examination of 123 specimens of confections. Twelve articles, chiefly lozenges and 'sugar almonds,' had a bright orange hue, due to the presence of a variety of chromate of lead. Thirty-eight of the specimens had various shades of red. Of these, 36 specimens were coloured with cochineal, while 2 contained vermilion in the proportion of 4 grains per ounce of the confection, which was the cheapest kind of sugar-stick. At one time arsenite of copper was frequently used to impart a brilliant green colour to confectionery, but the numerous accidents that occurred from the employment of this poisonous pigment have so alarmed the public that green confectionery is rarely met with. Cough lozenges and Bath pipe contained gum,

sugar, and extract of liquorice, a few of them being slightly medicated by the addition of opium and camphor (probably in the form of paregoric elixir). Small quantities (under three per cent.) of plaster of Paris were found in the Bath pipe and cough lozenges, but they were probably derived from adulterated liquorice extract. A figure of a baby in its cradle had the following composition:—The cradle was composed of a mixture of plaster of Paris (calcic sulphate) and sugar; the body of the baby was sugar and rice starch; its eyes were Prussian blue; its cheeks were tinted with cochineal; and its dress was painted with chromate of lead. A great many forms of adulteration have been exposed in Dublin through the agency of the Acts relating to adulteration. Since the year 1870, nearly 700 persons have been convicted in Dublin for selling adulterated food, and the fines imposed upon them have amounted to nearly £3,200. At present very few articles are liable to adulteration save milk and butter. None of the specimens of coffee, tea, sugar, mustard, pepper, and liquors, lately collected for analysis, have proved to be adulterated."

#### No Accounting for Tastes.

To test the now prevalent opinion concerning the origin of cholera, M. Rochefontaine took a certain quantity of the dejections of a cholera patient containing the celebrated comma-bacillus, and made them into a bolus, which he swallowed. He was not seized with cholera.

#### Clinical Lectures by Mr. Hutchinson.

WE have much pleasure in drawing the attention of our readers to the series of clinical lectures by Mr. Jonathan Hutchinson, F.R.S., the first of which will be found in the present issue of the *Medical Press and Circular*. These addresses were delivered in June last at the London Hospital, where Mr. Hutchinson holds the post of Emeritus Professor of Clinical Surgery, and we feel convinced that in reporting them at length we shall be conferring on many readers a valued opportunity of perusing the opinions of their eminent author on the subjects discussed in them.

#### The Hospital Saturday Fund.

THE result of the Hospital Saturday Fund was communicated to the Board of Delegates on Saturday last by Mr. R. Frewer, the Secretary. The total amount available for distribution among the metropolitan hospital charities will, it was stated, amount to £10,000, as against £9,000 awarded last year. It was wisely decided to follow the example of the Hospital Sunday Fund, and set aside four per cent. of the above amount for the purchase of surgical appliances, exclusively of the money awarded to surgical aid and kindred societies. The Board will avail themselves of offers received of honorary services on the part of medical men who have agreed with them to attend at the office of the Fund, during certain hours most convenient to working men, for the examination of applicants. Having made so good an arrangement for themselves and the workmen, it is a pity the Board did not go a step further and retain the sum awarded to the surgical appliance societies in its own hands, as it

will be sure to administer its own money in a more economical manner than any surgical aid or other society will do or can do. This year the number of collecting boxes was considerably augmented: the result of the various collections amounted to £4,326 as against £2,907 of last year. The cabmen and steamboat men got together between them upwards of £300, and about £750 came in from certain remote districts of greater London. The street collection amounted to £2,365, as against £1,890 last year, and the expenses of collection were, on the whole, considerably less, a sign of the increasing interest taken by the Board of Delegates.

### The Night-Lecture System.

APPROPOS of the night-lecture system in Dublin, to which we refer in another part of this issue, and of the patent and acknowledged fact that the young gentlemen who are supposed to attend these lectures make no pretence of attending the hospital from which they subsequently produce diligence certificates, we call attention to a letter which appears in an evening paper, in which an appeal is made to the staff of the City of Dublin Hospital to change their visiting hour from 9 a.m. to 8 a.m., "same as Jervis Street Hospital," in order to accommodate a number of students who cannot attend at the former hour. And why cannot they attend? Because they are bound to be on their office-stool or behind the shop counter when the hospital teaching is going on, and, as a matter of fact, have never been present, except perhaps on a Sunday, in the hospital which certifies their diligence, unless when they go there to write their names (and possibly the names of their absent companions) in the attendance book. Can any one defend this system? Can any one respect the *bona fides* of the hospitals which certify these gentlemen, or of the colleges which accept such certificates? It is certainly a wholesome sign that such students are ambitious to learn something of practical surgery, and are willing to get up early in the morning for the purpose, but we put it to them whether they think it likely that they will ever make themselves honourable or competent practitioners by a half-hour of hospital snatched from their desk-work or by an evening "grind" dozed over when their hard day's work is over.

### Opening of the Session at St. Mary's Hospital.

At the introductory address, which was delivered by Mr. Pepper after the distribution of prizes, ladies were admitted, and at the dinner, which was held in the evening, one of the speakers, referring to the innovation, remarked that he hoped before long the annual dinner at the commencement of the session would be likewise graced by the presence of ladies. On the 2nd October a conversation was held on a scale of great splendour, the whole of the lower floor of the hospital, the medical school buildings, and the out-patient department being decorated with great taste, and hung with tapestries, wall decorations, valuable pictures, &c. The band of the Grenadier Guards and of the St. George's Rifles played selections of music in different parts of the building during the evening, and all sorts of objects of attraction were lent for the purpose of interesting the visitors, who could not have been less than 4,000 in number. Refresh-

ments were served gratuitously throughout the evening. Messrs. Maple & Sons decorated and furnished the large accident ward. A collection of Lambeth art ware was lent by Messrs. Doulton; china by Mr. Mortlock tapestries, brasses, &c., by Mr. Walkens; floral decorations by Messrs. Taviner & Moss; microscopes, &c., by Messrs. Smith & Beck; surgical instruments by Krohne and Seseman. A statue of the goddess Flora, illuminated by Swan's electric lighting apparatus, had a very pretty effect. The Japanese hall, arranged by Messrs. Pare and Arthur, and in which all visitors were invited to take tea by a young Japanese lady, was crowded throughout the evening. Mr. Edward Plater's Glee Union sang bewitching part songs, and Mr. Clifford Harrison recited at intervals to an audience extending far beyond the limits of the board-room into the passages and corridors. The entertainment gave the greatest satisfaction to all visitors, and great credit is due to the Dean and other members of the staff and hospital authorities for their excellent management in so laborious an undertaking.

### The British Gynæcological Society.

THIS society will hold the first meeting of the winter session on Wednesday, October 14, at 11 Chandos St., W., when a paper will be read by Dr. Jamieson, "On a New Operation for Ruptured Perinæum," and Dr. Heywood Smith will read "Notes of a Case of Hernia of the Ovary."

## Edinburgh.

[FROM OUR OWN CORRESPONDENT.]

EDINBURGH ROYAL INFIRMARY.—SUGGESTED CHANGES.—OPENING OF A NEW WARD.—Last week one of the hitherto unoccupied wards in the medical house of the Edinburgh Royal Infirmary was formally opened for the reception of patients. The ward has been placed under the care of Dr. J. O. Affleck, who has long acted as Senior Assistant Physician in charge of the special ward for delirium tremens and similar cases. This causes a vacancy in the Assistant Physicianship, which, doubtless, the managers will shortly fill. For some time back it has been felt that the number of the assistant physicians might with advantage be increased, and we cannot but hope that the present favourable opportunity to rectify this deficiency in the hospital staff will not be lost. With the abundant material which the out-patient department offers more might be done in the way of teaching. The conduct of the waiting-room is hardly in keeping with the excellent arrangements of the hospital generally. We have heard from several graduates of Edinburgh that, while anxious to avail themselves of this most important side of hospital experience, they found that the want of order and the adoption of the waiting-room as a place of rendezvous by a number of irregular students was so disturbing that regular attendance involved too great a waste of time to compensate for the scanty benefit received. The thing evidently only required to be pointed out to be corrected, and we are surprised that those who have felt the inconvenience have not approached those most interested in the matter. Another change that is looked forward to with hope is the opening of an additional ward for the treatment of the diseases of women. It is a pity that so much space still remains unutilised in such an institution and up to the



present the claims of this special department have hardly been sufficiently represented. It has often seemed to us matter for surprise that Edinburgh—the city of hospitals—with her peculiar traditions in this direction, has never seen her way to establish a hospital for diseases of women.

**EDINBURGH MEDICAL SCHOOL.—COMMENCEMENT OF WINTER SESSION.**—Last week the anatomical rooms in connection with the University, under the charge of Professor Turner, and those of Minto House and Surgeons' Hall, respectively, under the charge of Dr. Symington and Mr. M. Brown, were opened for the winter session. The chemistry laboratories are also getting into regular order. So far the number of students appears likely to be large, and Edinburgh is rapidly donning her wintry garb for hard work.

**EDINBURGH CITY FEVER HOSPITAL.**—Last week's report to the Edinburgh Public Health Committee showed that there were under treatment in the Hospital 77 cases of infectious diseases—namely, 46 of enteric fever, 2 of measles, 20 of scarlet fever, 1 of small-pox, and 8 of erysipelas. Of the 77 patients, 24 were children.

**EDINBURGH SICK CHILDREN'S HOSPITAL.**—The accommodation for in-patients in this hospital has now been considerably increased, through the transference of the fever cases to the City Fever Hospital, and the incorporation of the late fever wards with the general hospital. It is thus hoped that the teaching of the diseases of children, now formally recognised by the University, will receive a beneficial impetus, while the amount of material will be much increased.

**ADULTERATION OF BUTTER.**—A conviction was obtained last week under the Food and Drugs Act against an Edinburgh grocer on account of the exposing for sale as butter what at best could only be regarded as a mixed preparation. Dr. King, the city analyst, gave evidence to the effect that the sample submitted to him contained little or no butter, being composed almost entirely of grease, water, and salt. A further important question was raised as to the dangerous properties of badly-rendered fats, which are sometimes used for the preparation of such mixtures.

## Glasgow.

[FROM OUR OWN CORRESPONDENT.]

**THE OPERATION FOR SHORTENING OF THE ROUND LIGAMENTS.**—In a communication to our contemporary the *Brit. Med. Journal*, Dr. Jas. A. Adams, of Glasgow, remarks that "shortening of the round ligaments" is "an operation which was independently originated and brought before the profession, in 1882, by Dr. Alexander, of Liverpool, and myself." We have not the slightest wish to detract from the merits of Dr. Alexander or Dr. Adams in any sense whatever, but it is proper to remark that Mr. Walter Rivington also remarks, regarding this procedure, "The fact is that the operation was thought of and suggested by myself about fifteen years ago;" and Dr. Stirton, of Glasgow, informs us that he performed the operation five years ago, and abandoned it as useless and dangerous. After all, is this operation not of Continental origin, and of much greater antiquity than even fifteen years?

**GLASGOW SOUTHERN MEDICAL SOCIETY.**—At a meeting of this society, held on the 1st inst., the following gentlemen were elected office-bearers for the ensuing session:—President, William Carr, M.B.; Vice-President, Fred. A. Freer, L.F.P.S.G.; Secretary, James Hamilton, M.B.;

Editorial Secretary, John Glaister, M.D.; Treasurer, Edward M'Millan, L.R.C.S.E.; Seal Keeper, David Tindal, M.D.; Court Medical—Alexander Napier, M.D., Convener; Robert Pollok, B.D.; Neil Carmichael, M.D.; Robert Park, M.D.; James Morton, M.D. Three ordinary members to complete the Council—Wm. J. Shaw, M.B.; Alexander Rankin, M.B.; D. N. Knox, M.B.

**SUPPOSED POISONING OF CHILDREN BY SWEETS.**—A few days since a girl named Minnie M'Fadyen, eight years of age, purchased a quarter lb. of confections at the shop of a grocer named Fleming, of Wellington Street, Glasgow, which she took home, and distributed among her five brothers and sisters. All the children immediately afterwards were taken ill, and Dr. William Forrest, who was called, pronounced them to be suffering from the effects of an irritant poison. Dr. James Chalmers, who afterwards attended the children, considers them now out of danger. The case has been reported to the Procurator-Fiscal, and the police have seized a quantity of confections of the same kind in the shop of Mr. Fleming.

**THE GLASGOW WESTERN INFIRMARY.**—A public meeting of the subscribers and others interested in the Glasgow Western Infirmary was held on the 30th ult. to receive a communication from the managers as to the present financial position of the Infirmary, and to take such steps as might be deemed requisite to meet the necessities of the institution. There was a numerous attendance. The statement of the financial position of the Infirmary was submitted by Dr. M'Grigor. It showed that in 1884 the deficiency on the ordinary income had increased from £1,678 12s. 1d. in 1883, to £5,230 14s. 6d., the whole of which was met from extraordinary income, and in the present year the deficiency was estimated again at upwards of £5,000, against which the whole of the extraordinary income of the year, so far as available, had been taken up, the managers having had to arrange for an overdraft on their bank account to meet the current expenses of the institution. The ordinary subscriptions and donations this year had not shown a falling off from former years, so that the total deficiency to date was only £84 14s., but they were now for the first time face to face with a deficit which, if the institution was to be carried on in its present efficiency, would monthly increase unless the subscriptions were materially enlarged. Dr. Cameron, M.P., moved the first resolution—"That this meeting hears with deep regret the statements submitted, but feels assured that the difficulties of the institution having now been made known, the public will see the necessity of providing the funds requisite for maintaining it." The next resolution, having for its object "the raising of the sum of £5,000, to be placed at the credit of reserve fund for maintenance, in order to relieve the managers from present anxiety, and to enable them efficiently to carry on the work of the institution," was moved by Mr. J. Campbell-White, and seconded by Mr. John Muir. Both resolutions were passed, and a committee was then appointed to co-operate with the managers to assist in raising the £5,000 to supplement the ordinary income of the institution. Before the close of the proceedings the following subscriptions were announced:—Mr. J. Campbell-White, £200; Mr. James Campbell, Tillichewan, £100; Sir James Watson, £50, and Dr. Cameron, M.P., £50.

**GLASGOW DEATH-RATE.**—The death-rate in Glasgow for the week ending with Saturday, the 26th ult., was 19 per 1,000 per annum of the population, as compared with 19 in the previous week, and 25, 22, and 24 in the corresponding periods of 1884, 1883, and 1882.

## Correspondence.

## HISTORY OF THE PROGRESS OF LARYNGOLOGY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I trust you will permit me to add a few last words on John Avery's claim to priority of invention of the laryngoscope. Dr. Gordon Holmes refers me to Fauvel, who remarks that "Avery did not publish his discovery," and of which he says "nothing was known in the medical world till after those of Türck and Czermak." I cannot admit this to be a valid plea in any way, as I venture to think it would be difficult to say what constitutes *publication*, if the constant, almost daily, use of an instrument in the wards of a public institution, open to, and frequented by members of the profession practising in all parts of the civilised world, is not a publication in every sense of the word. About the time indicated in my former note Avery's reputation stood very high, and his painstaking operations on the palate, and his entirely new method of exploring the urethra and the neck of the bladder, was attracting considerable attention, so that Charing Cross Hospital was sure to be visited by every Continental surgeon who paid a visit to London; and I conclude "the medical world" was as well acquainted with Avery's new method of exploring the throat as it could well be. The reason why he refrained from writing at the outset was that he hoped to improve the instrument, and as I happen to know, since I assisted him in his experiments, he was trying to produce photographs of the vocal cords and larynx, with the view of illustrating what he was preparing for publication; his experiments, however, in this direction failed from the circumstance that the photographic process was then a much slower one than it is at present, and the patients could not be kept in position long enough to produce a tolerably perfect picture. A letter in my possession dated July, 1851, enables me to fix the date of these experiments in photography; in the same letter Mr. Avery alludes to the better illumination of the throat by using an extra large bull's-eye condensing lens, four inches diameter, with which I had a few days before provided him. This lens is figured in the first edition of my book on "The Microscope," published in 1854, page 74. There it appears arranged for condensing the light of a lamp for conducting histological dissections. Ten years afterwards the late Mr. James Yearsley invited me to meet Czermak at his house in Savile Row, who had just then arrived in London to give demonstrations of his improvements in laryngoscopy. Avery, in my humble opinion, has not received all the credit he deserves from the several writers enumerated by Dr. Gordon Holmes, or I should not have ventured to trouble you on this subject.

I am, Sir, yours, &amp;c.,

JABEZ HOGG.

September 30th, 1885.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—My "views" may be divided into two parts—firstly, into an argument against the generally-accepted views of voice-mechanism; and, secondly, into original theories to replace the impossible old ones.

If the "determination" of any one view be held to depend upon the *fiat* of men in authority such as Mr. Gordon Holmes, and the treatment which arguments in general are to receive is to be measured by the plan of action followed by Mr. Holmes in regard to mine, then I say, "May the gods help all views which come from other than the pens of the mighty!"

Neither Mr. Holmes nor anyone else, so far as I am aware, has ever refuted my argument against the old views of voice-mechanism, supported though they may be by the ridiculous experiments of Müller with weights and pulleys to the thyroid cartilage, and referred to by Mr. Holmes in this week's issue.

Mr. Holmes considers my views retrograde rather than progressive. I would ask, is a slight reference by him in the *Lancet* of 1879 to views of a century ago sufficient to prove that mine are identical with them? I think not.

My argument and views have now stood unrefuted for eight years, and I challenge Mr. Holmes or anyone to argue in any journal still.

I am, Sir, yours, &amp;c.,

C. R. ILLINGWORTH, M.D.

Sept. 30, 1885.

## Obituary.

DR. RICHARD MALCOLMSON, OF MELBOURNE.

[FROM A CORRESPONDENT.]

THIS gentleman died suddenly and unexpectedly on Saturday morning, 8th August, 1885. On the previous day he was busily engaged seeing patients, and during the morning he had visited his patients in Melbourne in his usual health. In the evening he was sitting conversing with some friends, when about a quarter past eleven he was suddenly seized with a fit. His brother, also a medical man, who, with another brother, has only recently arrived from England, was sent for, and a messenger was despatched for Dr. Williams, who, upon his arrival, found Dr. Malcolmson to be quite unconscious and completely paralysed in the left side. He died a few minutes after four o'clock on Saturday morning. Dr. Malcolmson received his medical education in Dublin, and arrived in this colony about 14 years ago, when he commenced practice in Port Melbourne, where he continued to reside. He was for a time one of the honorary surgeons of the Alfred Hospital, for over ten years he was surgeon to the Victorian naval forces, and a fortnight ago he was gazetted Fleet Surgeon, the highest position in the Naval Medical Service. About a year ago he was made a Justice of the Peace, and he sat regularly as a member of the Port Melbourne bench of magistrates. He was greatly esteemed by the people of Port Melbourne, and this feeling was manifested on Saturday by the partial closing of nearly every shop and place of business in the borough. Dr. Malcolmson, who was only in his thirty-eighth year, was married, and leaves a widow and two children. The deceased was the second son of Mr. Frederick A. Malcolmson, of Kilcomney House, in the county of Carlow. His remains were interred in the Melbourne General Cemetery on August 11th, with full military honours, the funeral being a most imposing one.

**The Mortality of Foreign Cities.**—The annual death-rates per 1,000 in the principal foreign cities, according to the last weekly returns communicated to the Registrar-General, are as follow:—Calcutta 27, Bombay 25, Paris 20, Geneva 16, Brussels 23, Amsterdam 17, Rotterdam 14, The Hague 17, Copenhagen 14, Stockholm 16, Christiania 17, St. Petersburg 26, Berlin 20, Hamburg 26, Dresden 22, Breslau 25, Vienna 24, Prague 26, Buda-Pesth 25, Rome 33, Turin 24, Venice 25, New York 24, Brooklyn 24, Philadelphia 21, and Baltimore 20.

**Vital Statistics.**—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 15.9 per 1,000 of their population, and were—Birkenhead 15, Birmingham 15, Blackburn 18, Bolton 19, Bradford 14, Brighton 16, Bristol 10, Cardiff 22, Derby 14, Dublin 22, Edinburgh 16, Glasgow 19, Halifax 17, Huddersfield 14, Hull 11, Leeds 16, Leicester 18, Liverpool 21, London 13, Manchester 15, Newcastle-on-Tyne 19, Norwich 14, Nottingham 15, Oldham 14, Plymouth 22, Portsmouth 18, Preston 23, Salford 17, Sheffield 21, Sunderland 20, Wolverhampton 13. The highest annual death-rates from diseases of the symtotic class in these towns were—From diarrhoea, 2.1 Preston, 2.2 in Manchester, 2.4 in Bolton, 2.7 in Plymouth, and 3.7 in Blackburn; and from "fever," 1.2 in Portsmouth and in Oldham, and 1.5 in Leicester. Of the 80 deaths from diphtheria, 18 occurred in London, and 2 each in Birmingham and Liverpool. Small-pox caused 8 deaths in London and its outer ring, and not one in any of the other large towns.

## Notices to Correspondents.

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.

**READING CASES.**—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

MR. S. J. BRIDE (Melbourne).—1. We shall be glad to receive the communication, and to insert it if found suitable. 2. Our publisher informs us that the numbers referred to are out of print, and are at present unattainable. He has made a note to procure and send them for the completion of your volumes if possible.

DR. B.—We purpose drawing attention to the subject in our next. AN EDINBURGH GRADUATE.—You cannot do better than adopt the work recommended.

MR. G. K. SMITH.—The local health authorities are the proper ones to apply to in such a case, and it would be their duty on receipt of properly authenticated information to take immediate steps for the abatement of the nuisance. Your course seems to us to be quite clear; you should at once give the necessary notice.

MR. GLASCOCK.—At present we have no means of communication with the party, but it is probable that in a few weeks we shall be in a position to send despatches with the certainty of their being duly received. Any letters or light parcels that you may desire to send we shall be glad to include; and it gives us much pleasure to find that we are not alone in the opinions we hold in this connection. You should send before the end of November.

#### PERRY DAVIS (THE PAIN KILLER).

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—In your last issue ("Notes on Current Topics") you have inserted the following paragraph:—

"An American contemporary states that Perry Davis, of Pain Killer notoriety, has become a lunatic."

This report is wholly false, and I shall feel obliged if you will say so in your next issue. The following statement, made by his heirs and successors in answer to the same slander of an American journal, I can vouch for as being absolutely true:—

"Perry Davis was born in Dartmouth, Mass., in 1791, and resided in Fall River before his removal to Providence in 1848. He began the manufacture of 'Pain Killer' in 1839, continuing the business, with his only son as a partner (under the firm name of Perry Davis & Son), until his death in 1862. Since Perry Davis's death the business has been carried on by his heirs, who are the sole proprietors of the trade mark—'Pain Killer'—and the only manufacturers of the medicine. Mr. Davis was one of the best known and most respected citizens of Rhode Island, and died in his own residence, beloved by all who knew him, leaving behind him many evidences of his wisdom, philanthropy, and public spirit.

"Respectfully,  
"Providence, R. I., June 2, 1885." "PERRY DAVIS & SON.

I have the honour to be,  
46 Holborn Viaduct, London, Faithfully yours,  
October 2, 1885. JOHN M. RICHARDS.

H. I. L.—From your description it is probable that the breast is the seat of a fibroma, which in this situation is but rarely found. For this reason any question of probability should only be decided after careful examination and consultation, and we strongly advise that you obtain the opinion of a skilled consulting surgeon at an early date, with a view to the adoption of the necessary measures, delay being most unwise. We cannot undertake to make any suggestion.

#### FOOT-PAIN IN CONVALESCENCE AFTER TYPHOID.

G. F. T. writes: I have under my care at present a case of typhoid fever. The patient is now convalescent, but a most unusual and distressing complication has set in. He has suffered for the past week from a most severe and constant pain on the dorsal surface of both feet. The slightest touch cannot be borne. I have tried local applications of ext. belladonna and glycerine. Ointment of aconiti and belladonna, &c., &c., but these remedies afford no relief. There is no oedema, nor any alteration whatever in the appearance of feet. Opiates give relief at night. The patient had hitherto been a healthy country lad, and had never had any other illness. Can you kindly advise me?

[Gently smear the following ointment:—R Extract. aconiti et glycerini, ℞ dr. i.; ung. hydrarg. ad oz. i. Fiat unguentum. Having smeared this ointment thickly on, wrap the feet up in a large poultice of very hot bran. Preserve perfect rest in the horizontal posture. A few days of this treatment will complete the cure. Should the pain in the meantime become intolerable, try hypodermic morphia.—ED.]

MR. GIBSON (Guy's Hospital).—The letter has been forwarded to the gentleman referred to.

#### MEDICAL ETIQUETTE.

A. writes: A and B. are dispensary medical officers, and are on most friendly terms. A. takes a few days' leave, B. acting for him during his absence. B. is called to see a patient of A.'s, as the latter is not at home. B. takes the fee and keeps it, and does not communicate with A., who is called in to see patient as soon as he returns from his holiday, and learns that B. called in his absence. Is B. entitled to the fee?

[The usual arrangement under these circumstances is that the locum tenens hands the person for whom he acts one-half of all private fees earned, but this understanding is usually expressed beforehand, and, in the absence of such an arrangement, the fee would belong to the cum tenens.—ED.]

HON. SEC. STUDENTS' DEBATING SOCIETY.—The lines of Perseus in his Satire are as follows:—

"Doctor—a patient said—employ your art,  
I feel a wild, strange fluttering at my heart,  
My heart seems tightened, and a foetid smell  
Affects my breath—all is not well.  
Medicine and rest the fever's rage compose,  
And the third day the blood more calmly flows."

MR. RUSSELL (Liverpool) is referred to our Students' Number, published September 23rd.

DR. FORSYTH.—Accept our best thanks for your communication, and our congratulations on your complete restoration to health. We gladly accept your offer; fulfilment on your own terms will be entirely acceptable, and as soon as possible the necessary arrangements shall be entered into. The rumour referred to in the letter was not altogether groundless, but it is doubtful how far all the conclusions were justified.

MR. WILKINSON.—After careful consideration of the article, we are unable to alter the decision already arrived at and communicated to you by post. If it were possible to deal in a different manner with it we would gladly do so.

#### THE BRADLEY FUND—(EIGHTH LIST).

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Will you kindly acknowledge the enclosed additional list of subscriptions?

I remain, Sir, yours faithfully,  
RICHARD JEFFREYS.

Eastwood House, Chesterfield, September 30, 1885.

Dr. W. H. Broadbent .. £2 2 0	Mr. Edward J. Betts .. £1 0 0
Mr. Timothy Holmes .. 2 2 0	Dr. Ptolemy S. H. Colmer .. 0 10 0
Mr. Clement J. Hawkins .. 1 1 0	Mr. A. Hamilton .. 0 10 0
Dr. W. H. Taylor .. 1 1 0	Mr. Frank S. Goulder .. 0 10 0
Mr. R. J. Fye-Smith .. 1 1 0	Mr. Allen Wearing .. 0 10 0

## Meetings of the Societies.

FRIDAY, OCTOBER 9TH.

CLINICAL SOCIETY OF LONDON.—Dr. Sawtell, A Case of Hematemesis and Melena in a Newly-born Child.—Mr. Barwell, A Case of Gastronomy.—Mr. Clement Lucas, Two Cases of Strangulated Umbilical Hernia treated by Excision of the Sac and Skin Covering.—Mr. Charles Symonds, A Case of Trephining for Compression by a Clot derived from a Lacerated Meningeal Artery, suggesting Temporary or Permanent Closure of the Carotid as a means of Controlling the Hemorrhage.

WEDNESDAY, OCTOBER 14TH.

BRITISH GYNECOLOGICAL SOCIETY.—At 8.30 p.m., Specimens by Dr. Fancourt Barnes, Mr. Reeves, and others.—Dr. Jamieson, Ruptured Perineum.—Dr. Heywood Smith, Hernia of the Ovary.

## Vacancies.

Manchester.—Owens College.—Professorship of Physiology. Applications, with testimonials, to the Registrar, not later than Nov. 9.  
Bipon Dispensary.—Resident House Surgeon and Dispenser. Salary, £100. Immediate applications to the Hon. Secretary.  
Royal London Ophthalmic Hospital.—House Surgeon. Full particulars on applications to the Secretary.  
Stockton Union.—Medical Officer and Public Vaccinator. Salary, £250 per annum, with fees. Applications, with testimonials, to the Clerk to the Guardians, not later than October 17.  
Swansea Hospital.—Ophthalmic Surgeon (hon.). Applications to the Secretary before November 3.

## Appointments.

LITTLETON, P. R., M.R.C.S., Medical Officer to the Workhouse, Ashbourne Union.  
MOBITOR, D. M.B., C.M. Aber., Medical Officer for the Huntingdon District of the Huntingdon Union.  
MMASURES, J. W., M.B.C.S., L.S.A. Lond., Medical Officer for the Stansfield District of the Todmorden Union.  
MILLER, E., M.B., B.Ch. T.C.D., Junior Assistant Medical Officer to the Sussex County Asylum, Hayward's Heath.  
POWELL, J. J., M.B. Lond., M.R.C.S., Senior Resident Medical Officer at the Royal Free Hospital.  
ROBINSON, W., M.D. & M.S. Dunelm, M.R.C.S., Medical Officer to the Workhouse, and Medical Officer of Health to the Stanhope District of the Weardale Union.  
SAMPLE, J. R., M.B., C.M. Glas., Medical Officer for the East District and Workhouse, Whitby Union.  
SHEEHAN, J. C., L.R.C.P. Ed., L.R.C.S. Ed., Medical Officer for the Lavenham District of the Colford Union.  
SLOMAN, H., L.R.C.P. Lond., M.R.C.S., Medical Officer for the South District of the Farnham Union.

## Births.

WALLER.—October 1, at 29 Abbey Road, St. John's Wood, N.W., the wife of Augustus Waller, M.D., of a son.

## Deaths.

ALCOCK.—At his residence, Kingstown, after a tedious illness, Surgeon Henry Alcock, late of Mount Nugent, aged 81.  
CONCANNON.—July 30, at Brisbane, Queensland, William A. Concannon, M.D., only son of the Rev. Dr. Concannon, Vicar of St. Paul's, West Brixton, S.W.  
DENHAM.—September 15, at 15 Fitzroy Square, London, Thomas Edw. Denham, M.D., of Wigton, Cumberland, aged 34.  
DRUITT.—September 27, suddenly, at Westfield, Wimborne Minster, William Drutt, F.R.C.S., aged 66.  
HOOKIN.—September 23, at Southport, Queensland, Australia, G. Treverne Hockin, M.R.C.S., L.R.C.P., L.M., fourth son of John Hockin, Esq., of Beckenham, aged 27.  
LEE.—September 29, at Highbury Hill, N., Alfred R. Lee, M.R.C.S., &c., aged 37.  
MOGER.—October 1, Robert George Moger, F.R.C.S., late of Highgate, N., aged 73.  
MONCKTON.—September 30, at his residence, Maidstone, Kent, Stephen Monckton, M.D., F.R.C.P., aged 61.  
PALMER.—October 2, at 46 Lower Baggot Street, Dublin, Joseph Palmer, M.D.

# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 14, 1885.

CONTENTS.		PAGE	PAGE
<b>ORIGINAL COMMUNICATIONS.</b>		<b>TRANSACTIONS OF SOCIETIES.</b>	
On the Surgeon's Share in Locomotor Ataxy. By Jonathan Hutchinson, F.R.C.S., F.R.S. Emeritus Professor of Clinical Surgery at the London Hospital; Consulting Surgeon to the London Hospital and to the Royal London Ophthalmic Hospital....	341	<b>CLINICAL SOCIETY OF LONDON—</b>	Hanging v. Morphine.....
The Nature and Treatment of Gout. By Dr. W. Ebelain, Professor of Medicine and Director of the Medical Clinic at the University of Göttingen.....	345	Hæmatemesis and Melsena in which Blood was First Vomited 21½ hours after Birth; fatal within 24 hours....	356
The Emergencies of Surgery. Being a Course of Lectures delivered in the Meath Hospital and County Dublin Infirmary. By Lambert Hepenstall Ormsby, M.D., F.R.C.S., Lecturer on Clinical and Operative Surgery, Surgeon to the Meath Hospital and County Dublin Infirmary, Surgeon to the Children's Hospital, &c.....	347	Two Cases of Strangulated Umbilical Hernia, treated by Excision of the Sac and Skin Covering, with Suture of the Ring, after Reduction.....	349
<b>CLINICAL RECORDS.</b>		Trephining for Compression by a Clot derived from the Middle Meningeal Artery, and suggested the Resort to Compression or Closure of the Carotid as a means of arresting Hemorrhage	351
The North Devon Infirmary.—Case of Chronic Peritonitis lasting over three months, with Extravasation of Fæcal Matter through a Perforation of the Cæcum. Under the care of Mr. Gamble. Reported by William L. Livermore, M.B.C.S., L.R.C.P., Resident Medical Officer.....	348	<b>THE WOLVERHAMPTON AND DISTRICT MEDICAL SOCIETY</b> .....	352
		<b>THE ABERNETHIAN SOCIETY—</b>	The Two Foundations of St. Bartholomew's Hospital.....
		<b>LEADING ARTICLES.</b>	
		MR. HUTCHINSON ON LOCOMOTOR ATAXY	353
		MEDICAL EDUCATION IN DUBLIN.....	354
		THE INFLUENCE OF FUNGI ON THE DEVELOPMENT OF GIANT CELLS.....	354
		<b>NOTES ON CURRENT TOPICS.</b>	
		Some Results of Alcoholism.....	355
		Zenana and Medical Mission School.....	355
		Ozone and Pneumonia.....	356
		<b>SCOTLAND.</b>	
		<b>EDINBURGH—</b>	
		Edinburgh Royal Infirmary: Recent Alterations.....	358
		University of Edinburgh:	
		Secretaryship to the Anatomus Academicus	358
		Presentation to Prof. Wilson.....	358
		Buildings Completion Fund.....	359
		The Adulteration of Foods.....	359
		Public Baths.....	359
		<b>GLASGOW—</b>	
		The Western Infirmary.....	359
		The Faculty of Physicians and Surgeons.....	359
		Prof. M'Kendrick on Temperance.....	359
		Correspondence.....	359
		Literature.....	360
		Novelties.....	362
		Opening of the Mont Dore of Bournemouth	363
		Medical News.....	363
		NOTICES TO CORRESPONDENTS.....	364

## A Clinical Lecture

ON

### THE SURGEON'S SHARE IN LOCOMOTOR ATAXY.

Delivered on June 8th, 1885, at the London Hospital.

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

Emeritus Professor of Clinical Surgery at the London Hospital; Consulting Surgeon to the London Hospital and to the Royal London Ophthalmic Hospital.

GENTLEMEN,—Locomotor ataxy is one of those diseases the knowledge of which has come to us since the days of my studentship, it has come quite recently, within the last twenty-five years, since Dr. Gull—now Sir William Gull—first well described a case of locomotor ataxy, although he did not give it that name. He was the first to notice the peculiarities. After that it was worked up by many physicians on the Continent, particularly by Dr. Duchenne, of Boulogne, who systematised our knowledge respecting it, and more recently still by Trousseau, Charcot, &c. Now the topic of locomotor ataxy has arrived at a very considerable degree of development. Next for my apology as a surgeon speaking to you about a medical disease, and my apology shall be very brief, it is this—that it is extremely important to the surgeon to understand locomotor ataxy just as I think it is important for him to understand most of the diseases which are considered to be out of his domain. The two departments constantly overlap one another, and especially the department of medicine overlaps that of surgery. The surgeon may make some very gross mistakes if he does not know how to recognise many of these diseases, and this is more particularly the case with regard to locomotor ataxy.

Of course you might remind me that, although I am speaking as a special surgeon, I am not speaking to

special surgeons, or to those who are educating themselves for surgery in particular; but I maintain that it is all the more incumbent on you to learn to recognise the condition before us.

You will, I daresay, consider that the definition of locomotor ataxy is tolerably easy, that when there is sclerosis of the posterior lateral columns of his spinal cord that then the patient will have certain defects in his gait—he will be unable to steady himself when his eyes are shut, but will tramble in a certain way, and you will be told that this is the pathology and characteristic symptoms of locomotor ataxy. Let me disturb your faith by saying that it is an exceedingly variable disease, and there are scarcely two cases which are exactly alike, and although the unsteady gait when the patient does not use his eyes is a critical symptom, I say that it is by no means present in all cases, and that it is only one amongst a very large group of very interesting defects and failures in nerve function which go to make up this exceedingly interesting and variable disease. I believe that we should help our diagnosis by laying down exactly what we understand by this term, and we may say that many persons have objected to this term. Say they, why call so variable a disease by a name which has reference to only one of its symptoms, and a symptom, too, which is not always present, or only late in the case? I do not know that we should gain by changing the name. It is very much better than the old one, *tabes dorsalis*, because it expresses, at any rate, one important symptom. All that is necessary is to remember that everything hanging round this name, the inability to steady oneself under certain conditions when deprived of the aids of external sensation, around this will cluster our conception of what we mean by locomotor ataxy. Let me re-assert that in many cases this will not be present, and we must diagnose the disease by other symptoms which we very often find in combination with it. I will say, then, that it is tolerably easy to diagnose when well-marked, but many are very little marked, and in these cases the diagnosis is often sufficiently difficult. If I

were to sum up the symptoms by which we easily recognise it, and this is only what you have seen done in the wards, I would give this group of symptoms—the ataxic walk, the inability to stand steadily when the eyes are shut, and this is due to the defect in the powers of observation in the tactile nerves of the extremity. The patient will manifest this difficulty of feeling with his feet, and knowing how to steady himself in a variety of ways, not only in walking with his eyes shut. A very useful question to put to a patient is, as to whether he can stand over the washhand basin without assistance during his ablutions, that is without using his left hand to steady himself, if he can then he is not ataxic, or but slightly so.

Then you will look your patient in the eye, and if he be in a definite condition of locomotor ataxy you will see that probably his pupils are very small, and this is a very common symptom, and I have noticed it many times in patients sitting opposite me in my room, they are unable to dilate well. Now, in connection with the small pupils, you have to examine as to another condition of the pupils. You have to investigate what is called the Argyle Robertson phenomena, just noticed by Dr. Argyle Robertson. It is simply this, that the patient has a pupil which is small and incapable, or almost incapable, of dilatation when the impulse of the light on the retina is withdrawn, so that you might at first sight be tempted to record the fact that the patient had motionless pupils, his pupils are always in the condition which they ought normally to be in when exposed to a full light, but in stating this motionlessness of the pupil, its incapacity for dilatation when shaded, it is not all, for if you will set this patient to the task of accommodation, if you will hold before his eyes some print or small object, and then tell him suddenly to look at the sky you will find that when he converges his eyes on a close object than his pupil manifests the power of contracting a little more, and when he looks at a distant object his pupil will become a little, a trifle larger again; still the power of dilatation is very defective, and the pupil never gets large. So that here you have a very easy test of the existence of locomotor ataxy so far as this symptom goes, to help us in the diagnosis, and it goes a very long way. It is, I think, a symptom which is susceptible of very few other indications, indeed it is almost pathognomonic.

Now we must add to our group that the patient in all probability has had some very peculiar pains in his limbs; they are variously described by different patients, but there are very few patients who do not complain more or less of these pains. I have said, in speaking of the gait, that the patient has not lost his muscular power, he might be able to carry his doctor upon his shoulders across the room if you will allow him to have his eyes open, it is not a case of muscular paralysis, and, as the pathology of the disease indicates from its being in the posterior columns, nothing concerning motion is implicated, it is in connection with sensation, not motion, those complex acts known as reflex are interfered with, it is the failure in the connection between the skin and the motor nerves which constitutes the disease. In connection then with the special part of the nervous system which is implicated, and we must say about these parts that it is the posterior lateral columns which are usually implicated, but sometimes the posterior internal columns are also involved, and that now and then it extends more deeply, and in connection with this interference we have very peculiar pains, though why they should be so peculiar it is difficult to say, but about this there can be no doubt that a patient who is the subject of this peculiar degeneration becomes liable to pain often of the most distressing kind. Sometimes they are very sudden, he will experience a sort of stab, he may be sitting at table and all at once cry out, saying that he has been stabbed, or they may be "lightning" pains radiating with considerable rapidity through a certain tract of muscle or bone, or they may be of a gnawing kind.

They all come on suddenly and last for a certain time, vary much in place, and after lasting for a certain time, cease. A patient who is ataxic and is accustomed to them will know how long they will last, how long they will keep him awake at night and so on. Sometimes the pains are very rare, and sometimes they come on every day, and entirely wear out the patient's strength by their severity and persistence.

In connection with these pains, which are described as gnawing, and which are then like rheumatic pains, we have also certain others which may be described as dull aches, and these are the pains which are frequently not unlikely to come under the surgeon's care, especially when they have to do with the bladder or rectum. I recollect in former years, when I knew less about it, having cases of what I called "pelvic ache," a very distressing ache often connected with the bladder or rectum or of the whole pelvic region, and now I recognise this as belonging to patients who are or are going to be ataxic. I think I have mentioned the most common symptoms, and now we have to say respecting locomotor ataxy that in certain cases we have other very curious conditions, and here again I am reminded that of patients in former days whom I attended without knowing in the least what was the matter with them, one, for instance, where I attended a consultation with Dr. Walter on a lady whom I saw subsequently with Dr. Hughlings Jackson, and we were exceedingly puzzled by her symptoms. Dr. Jackson used to be constantly sent for at all hours of night and day for attacks of uncontrollable vomiting followed by terrible collapse. He used to have to give her stimulants largely, and her collapse was often so extreme that he doubted whether she was going to recover. She had to keep perfectly still, the vomiting recurring on the slightest movement of the body. Now she had become a surgical case, because her eyes were affected, and she had paralysis of some of the motor nerves of the eyes; finally, she became the subject of typical locomotor ataxy, but at that time I could not make out what was the matter; but now I should be able to do so. She had the crises which are now known to be characteristic of locomotor ataxy. One case was that of a young medical man who had been under my care some years before for syphilis. He came to me with some very curious eye symptoms, and he was in the same state that I have described as belonging to this lady, and he told me he had had many of these attacks during the past months, so that we have to add to the symptoms which characterise the disease the occurrence of these *gastric crises*, meaning by this attacks of what one would call bilious vomiting, but that there is no headache or other symptoms of a bilious character, and it is attended by very much exhaustion; it comes on quite causelessly, or even if the patient is enabled to attribute it to some imprudence in diet, it keeps on in an altogether inexplicable manner. Ask, then, have you had "lightning" pains in your limbs, can you walk with your eyes shut, and then look at the pupils, and you can readily make a diagnosis.

I asserted that the disease is very prone to vary, and let me add that it is very irregular in its stages too. I see a good deal of this disease from people coming to me who have had syphilis, who have something the matter with their eyes, &c., and I say you cannot give to locomotor ataxy any definite stages, you cannot say it goes through any particular number of symptoms; you cannot lay down any rule which shall not be liable to as many exceptions as conformities. Its variability is much greater than the books lead us to suppose. Then its rate of progress is exceedingly changeable—in some persons it is an acute disease, and in others it takes twenty years before attaining any degree of severity. Let me state my belief that a large number of people are ataxic without knowing it in the least: their symptoms may be slight—very slight—the progress is slow, or it may be quite arrested, and this happens very often. If you have the curiosity to examine a number of your friends a certain proportion of them will be found to have had



Some of the symptoms of locomotor ataxy, but have ceased, or at any rate not progressed, so that I think the cases where we should be justified in calling it locomotor ataxy are really examples of unusual severity in which the disease has advanced beyond its more ordinary forms. Probably in its very ordinary forms it is a very common disease, the symptoms being so slight that the persons do not think it necessary to take medical advice on the subject.

Next, a few words as to the probable causes, and as to our essential idea of what locomotor ataxy is. I shall have to use here the word sclerosis, and I have to say that the final pathological result of the changes which attain to locomotor ataxy are of a sclerotic character. We get sclerosis of different parts. I have mentioned the posterior lateral columns as those in which it most usually occurs, but let us add that it may happen also in various other parts of the nervous system. A patient may become blind, and this cannot be dependent on sclerosis of the posterior columns: it is, of course, sclerosis of the optic nerves. You will get your best ideas of what it is if you conceive an individual in whom for some reason or another there has come about a tendency in certain parts of his nervous system to undergo low conditions of inflammation; a very slight inflammatory process takes place, and it is attended by an increase of connective tissue where healthy nervous tissue ought to have existed, and in this increased connective tissue and a slight hardening of the parts, and in the destruction of healthy nervous substance, we have the essential elements of locomotor ataxy.

Let us say that this inflammatory process is followed by atrophy, for sclerosis is always a permanent condition, and that it may happen in very various parts, and we have taught, that although it may happen in very many different parts of the nervous system, yet it is more liable to occur in some parts than in others. I have already mentioned the parts of the nervous system in which it occurs most frequently, but there are other parts in which it is very possible that it may happen, but which are difficult of examination. It is not difficult to cut out of a man's body his spinal cord, and to cut it into sections, and to ascertain how the posterior lateral columns are implicated, nor is it difficult to examine his optic nerves; but there are other parts where the examination is not so easy. It would be very difficult, for example, to examine the tactile papillæ and nerve terminals and end bulbs of his skin, and it is very possible that this tendency to tissue change implicating his nervous system affects the end organs, or the ganglia of his sympathetic nervous system may also take it on; so we may leave a wider field to locomotor ataxy than has hitherto been assigned to it.

Then, gentlemen, I have just suggested to you what the pathological conditions of locomotor ataxy are, this sclerosis of various parts having a special tendency for different parts, but it is probably with a very wide tendency to implicate parts which may not be suspected. We are well aware that the optic nerves are very frequently implicated, and many persons become blind, and this is one side where locomotor ataxy touches surgical practice. Patients with amaurosis see a surgeon with respect to it, whereas it is but one part of a tendency to premature decay on the part of their nervous system.

Now, as to possible causes, I have already alluded to the fact that my experience is considerable, because patients come to me thinking that their malady is due to syphilis, and this leads us to think that syphilis is a very common cause of it, and I think this is so. I would say that a patient whose nervous system has been at some remote time—ten, twenty, or thirty years ago, it may be—submitted to the syphilitic virus, remains ever afterwards more liable to undergo this process of sclerosis to which we have alluded, and that is as far as we can go. Very often the syphilitic patient is perfectly well in health; he may not have a single other symptom of syphilis, and yet the overwhelming proportion of cases in

which the patients of locomotor ataxy give a history of syphilis leads us to think that it has something to do with a predisposing effect. Nor does locomotor ataxy run the same course in a syphilitic patient as in another. You know the skin eruptions in syphilis are odd, irregular, and undefined, irregular in their distribution. Well, the same general character modifies locomotor ataxy in such patients. Nevertheless, there is a certain proportion of cases where no history of syphilis can be obtained, though the immense number of those who suffer from locomotor ataxy who give a previous history of syphilis is such as to have impressed the belief that the previous attack had had something to do with it. I may emphasise that by saying that it is exceptional to meet with ataxic symptoms in women. Of course, a larger number of men have suffered from syphilis than women. Then of the comparatively small number of women who suffer from locomotor ataxy, the proportion of those having had syphilis is more marked than in men. You cannot distinguish between the syphilitic and the non-syphilitic variety, and here still the disproportion between the sex occurs. Next is another fact which may help us as to its causes. It never occurs in children. I have never seen a case in a child, but I remember when I was at school that one of my young schoolfellows used to scream out that someone had stabbed him, and I know that he died some years after of a nervous disorder, and, looking at it since, I think he must have been one of those rare cases in which a young boy became the subject of locomotor ataxy. There are a few cases on record occurring in young persons, but, as a rule, it does not occur before puberty nor for some years subsequently. It is not uncommon between 20 and 30. Its occurrence in the male sex in preference—after the age of puberty—would seem to indicate as an exciting cause sexual irregularity or irritability, or losses, or in some way the sexual function has served to diminish the general tone of the system, and it is the way in which ataxic symptoms are set going.

So much, then, as to speculations as to causes. You will see that we have asserted that it is a degeneration of parts of the nervous system, brought about in a very obscure manner, for our patients who become subject to it do not appear weak at the time, and we cannot see why any part of their nervous system should undergo decay, but so it is, that a certain number of men, of young adult men—preferably those who have had syphilis—become liable to these changes.

Now for the changes likely to interest the surgeon. We have *ophthalmoplegia, internum or externum*; we have the *gastric crises, retention of urine, and disturbance of the powers of defæcation*; then *ulcus pedis perforans*, a very interesting condition; then *amaurosis*; then *Charcot's joints, pelvic aches*; and, lastly, we have *herpes*. Now, some of the most curious forms of herpes certainly occur in ataxic patients, and if you get a very curious form of herpes suspect ataxia. If you ask me what constitutes a curious form of herpes, I would remind you that herpes is an eruption which is located upon the skin by the nervous system; it is probably a neuritis; it is never symmetrical; it occurs on some part in such a way that you are obliged to see that it is the distribution of some particular nerve. Then herpes, as a rule, is spontaneously curable, and it vanishes without any special treatment; and when I state that if we get it in an exceptional form—I mean if it did not get well, or if it recurred very easily on the same part—then, in so far as it failed to conform to the ordinary character of herpes, so much the more should it excite our suspicion, and lead us, at any rate, to eliminate it.

Then *ophthalmoplegia internum*—a long word, but easy to explain. The plegia means paralysis, and *ophthalmos* means the eyes—hence paralysis of the nerves governing the intrinsic muscles of the eye. There are persons in whom these are lost, and this is seen in the Argyle-Robertson phenomenon, unless, as may occur, accommodation be not affected. You will meet with cases where both the radiating and the concentric fibres of the iris



are paralysed, and where accommodation is quite absent, and this constitutes ophthalmoplegia internum. It is usually met with without any other of the concomitant symptoms of locomotor ataxy, but I believe it is indicative of the advent of locomotor ataxy. When I first observed this peculiar group of symptoms I at once jumped to the conclusion, as I dare say you have already, that it was due to sclerosis of the lenticular ganglion, and no doubt exactly these effects would be produced. Nevertheless, in many cases I am inclined to think the process extends more deeply and further back in the nervous system. Then ophthalmoplegia externum—that is, paralysis external to the eye, and there are cases where the patient is partially unable to move his eye—his recti and oblique muscles are defective, and there is partial ptosis. Now, as a part of the changes in locomotor ataxy it is very common for a patient to have ptosis, to go through attacks of complete paralysis of the third nerve. These cases are very seldom curable. I am not able to tell you with any confidence whether the ophthalmoplegia externum leads to locomotor ataxy, but some of them do, I am sure, and one of the earliest cases I ever saw was a good example—a gentleman who sat in this room for many years, and who came under my care in the first instance for external ophthalmoplegia on both sides. I saw a very interesting example the other day in a gentleman from Ireland, with one eyelid drooping slightly, and the other very much so. He was unable to turn his eyes in any direction. In him the condition of ophthalmoplegia externum on both sides was very characteristic. He had had syphilis twenty years ago. He produced a photograph showing that it had begun as long ago as twenty years, and though now his eyelids quite cover his eyes, and he is obliged to turn his head in order to see, yet he is a devoted sportsman, and even last year he tells me he managed to kill snipe. So that, although the disease has been in progress for twenty years, he looks in perfect health, but he has various other symptoms coming on gradually, which make it plain that he will become ataxic. One of the most important topics are the defects in the function of the bladder in locomotor ataxy. I have detailed the changes in the pupil, the result of a disturbance in the reflex movements, and you have only to suppose parallel changes taking place in those parts of the venous system which have to do with the bladder and urethra, of those which tend to expel the urine, and those which tend to prevent its expulsion, and you will quite understand what takes place in locomotor ataxy with reference to the urine. The patients complain of sluggishness, a want of expulsive power, and this is owing to the defect in the nerve supply, similar to that in the eyes. Then your patients will come for retention of urine, and that is very peculiar—he lets his bladder fill even to above the umbilicus, and yet he makes no complaint as would under similar circumstances a patient with stricture, and this is owing to a failure to feel the desire to empty the bladder. One patient I knew told me he had been to several hospitals for retention, notably to St. Thomas', but though relieved, it had recurred. He used to lay for as much as thirty-six hours without having a catheter passed, and without calling the surgeon's attention to his state. Ataxic patients do not always suffer from retention, after one attack they may go on for months before they get another, but he will always have to wait a long time before he can bring about the act of micturition, and feels after the act as if he had only incompletely performed it. Then we have the *ulcus pedis perforans*. Now we have said that locomotor ataxy is a disease of sensation, and not of motion, and one of the symptoms is a partial numbness, never an absolute anaesthesia, or very rarely so, and if he be numb in his feet he will be apt to stand longer than he should on any one part of his feet; does not change his position with that ease and constancy that another man would; he gets in consequence what I may correctly compare to a bed-sore on the sole of his foot just on the tread of his

feet. First it is numb, then it gets into a corn, then it ulcerates and gets deeper, and then we may note this, that while a healthy person would be unable to stand upon the inflamed and ulcerated corn, the staxic patient goes on standing on the ulcer till it proceeds to a very unusual depth, and yet the patient comes walking into the consulting-room with a big inflamed ulcer on his foot which may extend even down to the bone. I am not exaggerating a bit, they can stand probing without wincing at all. This anaesthesia explains the peculiarities of the ulcer, and I cannot think of any other way of accounting for it. If you give such a patient an apparatus to prevent any pressure it will heal very well, and if you tell him that he must be careful to rest the sole of his foot, he will very likely go on for years without having another. It is not necessarily a consequence of locomotor ataxy, but only an accidental one.

Next as to Charcot's joints. We owe it to Professor Charcot, of Paris, that many persons are liable to a peculiarly destructive inflammation of joints, very similar to what we have long known as chronic rheumatic arthritis, especially as it occurs in very old people, patients in whom the functions of the nervous system have become obtunded. Locomotor ataxy is in many respects analogous to old age, and these changes in joints are among the resemblances. It is characterised by very extensive changes, perhaps enormous swelling, enormous effusion into the joint, or the formation of plates of bone in the capsule, or in the folds of synovial membrane, wearing away of the articular ends, and so on. Here, again, let me invoke the reason that the joints are without sensation. You will find that they can be moved about in any way you like, and the patient will make no complaint of pain. I believe, therefore, that the peculiarity is to be explained by reference to the fact that the patient is anaesthetic as regards pain, and so continues to walk about upon the joint which is the seat of rheumatic changes, which he would not do in health. I think it occurs more frequently in persons of a rheumatic disposition, and any little injury is apt to run on to these graver changes.

In conclusion, just two or three words respecting measures of treatment and prognosis. I think I asserted in the beginning of my remarks that the prognosis was very uncertain. What you have to do when you have made your diagnosis is to warn your patient not to expose his nervous system or organ to any cause of change. He must be careful how he stands. He must not expose himself to fatigue, and then he will not get so much pain as he otherwise would, and these constitute some of the chief measures—that he must never be fatigued, or exposed to cold. One patient I remember was very much worse after taking a long swim in warm water, which tired him very much, and from that day he was ill, and his symptoms advanced with considerable rapidity. I have known other cases where exposure from riding on the outside of an omnibus had a similar effect.

As to prognosis, it is variable. I have seen cases where the disease has lasted a great number of years, and some in which it has got steadily worse, and some in which it has been fatal. You know that it is generally said that a fatal result is inevitable. I have not seen many of my patients to the end, but I am inclined to think that the prognosis should not be so grave as one would gather from books. Many of my patients seem to have got better; the symptoms have subsided for a time at any rate, quite independently of any treatment. If I had had time I would have read you the notes of a case showing you the undesirability of giving serious prognoses. In this case a patient who was the subject of serious and advanced locomotor ataxy, was told he was not likely to live more than six months, and yet the next year he was better, and two years later he began decidedly to get convalescent, and now he is again able to walk about. There was no treatment here, only complete rest, and it resulted in partial recovery. I know of another case

where a medical man was told he could never get better. He sold his practice and went away to a warm climate to end his days, but to his surprise he got better, bought another practice, and is now in the possession of comparative health and vigour. If a patient with locomotor ataxy comes before me with a history of syphilis, I always give him a mercurial course, and I have known a good many persons to get better under it. I prefer mercury to iodide of potassium, and especially to the bromide of potassium, because it is not so depressing. It may be pushed to salivation without doing any harm.

## THE NATURE AND TREATMENT OF GOUT.

By Dr. W. EBSTEIN,

Professor of Medicine and Director of the Medical Clinic at the University of Göttingen.

*Non fingendum, aut excogitandum, sed inventendum quid Natura faciat aut ferat.—Bacon*

(Continued from page 325.)

### CHAPTER V.—(Continued.)

#### *Gout of the Human Subject from a Clinical Point of View.*

ALL the questions relative to the deposition of urates in a crystalline form are resolved in the following simple and satisfactory manner. The urates circulate in the blood in the form of *neutral* uric acid compounds. They crystallise out in the gouty deposits in the form of *acid* compounds, principally as acid urate of soda. To effect this a free acid is necessary, the conditions for the formation of which exist only locally. The free acid is plainly present only in the necrosed parts for the urates only crystallise out in them in gout. We may designate the formation of free acid as an effect of the necrosis. We see for example in the neighbourhood of the necrosed patches in the heart of the fowl, the ureters of which have been ligatures, extensive crystalline deposits of urates. We know that striped muscle after its death shows an acid reaction. Whilst thus the myocardium of the fowl becomes necrosed over a certain area through the action of uric acid, it becomes acid at the spot affected, and the neutral uric acid compounds circulating in the fluids become separated in crystals as acid salts.—So long as the muscular tissue is not dead, and thus has become acid, no uric acid salts crystallise out; neutral uric acid compounds, as easily soluble bodies may naturally be present in solution.—As a second example I adduce the following: This shows that tissue necrosis, even when it is not produced by urates may be the causal factor in the crystallisation of urates.

The kidneys of fowls slowly poisoned by the subcutaneous injection of neutral chromate of potash, which we saw die of uræmia after a larger or smaller portion of the excreting kidney parenchyma had become necrosed after the separation of the chromic compounds from the fluids, owe the necrosis of these excreting cells it is certain neither to uric acid nor its compounds. For the kidney parenchyma of the fowl has evidently a great resisting power against the action of uric acid. Although after the ligature of both ureters a large accumulation of uric acid compounds must at first take place in the kidneys, they do not in consequence of this become necrosed; whilst they are not proof against the excretion of chromic acid, inasmuch as necrosed patches develop in them. Now Gergens, who first accurately studied the action of chromic acid and its preparations on the animal system, and especially on the kidneys, has already noted that chromic acid first becomes free again in the kidney in contact with its epithelium. Become free in contact with the epithelium of the kidney, it exerts a poisonous action on it and may cause complete destruction of it. We may assume that the neutral urate of soda accumulated in the fluid of the kidney parenchyma

of the fowl becomes converted into acid urate of soda, and crystallises out in the portions of kidney tissue necrosed and rendered acid by the chromic acid.

As regards the crystalline patches of urates in gouty cartilage they are, as we have shown, limited to the necrosed parts of the cartilage. That such parts have an acid reaction may be proved without any trouble on cartilage removed from the body. A piece of blue litmus paper between two freshly cut surfaces of animal cartilage shows a distinct red colour, so that thus in necrosed acid cartilage tissue, the formation of acid urate of soda, out of neutral urate of soda and the crystallisation of it is clear.

Whilst independent of the necrotic gouty patches, in which by virtue of their acid reaction neutral urate of soda has become converted into less soluble acid urate of soda, the uric acid compounds, *i.e.*, the gouty poison also sets up necrosing and inflammatory processes, the doctrine of visceral gout rises above the problematical and mythical that cling to it so long as it is held with Garrod that that only is gouty, *i.e.*, stands in causal relationship with urates, in which these crystallise out. That there are changes of organs attributable to gout in which no crystalline deposits are demonstrable prominent investigators have placed beyond doubt. A. Charcot amongst others holds that crystalline deposits are not a necessary accompaniment of renal gout, an affection that represents one of the most important types of the disease, and Linnæus also states that deposits of urates are only occasionally met with in gouty kidney.

Whilst now the gouty process develops in primary gout in the articular cartilage and in the tissues, forming the joint, and in the immediate neighbourhood of these and constantly progresses from stasis of the uric acid in these localities, a portion of the uric acid passes over into the blood in which it may be demonstrated during an attack. In its passage through the various tissues and organs it produces many disturbances and changes. These are known under several designations as *wandering*, *retrocedent*, *visceral* gout. According to the amount of the circulating uric acid, the rapidity with which it is separated, the resisting power of the organ affected, &c., it causes in part transitory, slight, or more important functional disturbances, it causes in some cases more serious organic changes in vital organs which naturally, sooner or later, develop in greater or lesser intensity and extent. It may be fairly assumed that a plus of uric acid is formed in gouty individuals; for if the whole of the organs that usually form uric acid are in activity, which may be well assumed, and if further, in the case of primary articular gout, in addition to these it is formed also in the muscles and marrow of bones, we must necessarily contemplate the probability that there is an increase in the formation of uric acid in cases of gout. The excretion of uric acid, whether increased or diminished, speaks neither for nor against such increased formation, as the augmented uric acid is not necessarily excreted as such, and as notwithstanding no increase in uric acid formation, more than usual may be excreted so far as the further conversion of the uric acid in the system is hindered.

We will now consider a little more closely the principal changes of organs that follow in the train of primary articular gout.

If we first examine the gouty affections of the mucous membranes, we find that catarrh of them is decidedly frequent in the subjects of gout, and I know no ground for remaining sceptical on the point. They are intelligible on the ground of the irritating properties of the uric-acid-containing fluids. The most frequent are the gouty affections of the mucous membrane of the stomach, the so-called "gouty dyspepsia." I accept with Charcot the expression of Ball: "*La goutte est pour l'estomac ce que le rhumatisme est au cœur.*" I have already mentioned above that these diseases of the stomach have been frequently looked upon as causes of gout, a conception for which there is no foundation in fact. In the mean time it is not denied that imperfect stomach digestion, for example by resorption of abnormal pro-

ducts of it, may under certain conditions, unfortunately unknown, assist the development of the gouty process. I also concede that a gouty glutton and drinker may occasionally acquire indigestions unconnected with his gout. The other mucous membranes also, those of the intestines, of the urinary organs, of the organs of respiration, are often affected in gout. In consequence of the latter emphysema and asthmatic troubles develop, which along with the disturbances caused by gouty affections of the heart give rise to the most tormenting symptoms exhibited by that many visaged disease, chronic gout. In regard to catarrh of the urinary organs I may just draw attention to the so-called gouty gonorrhœa, which is of rare occurrence, and which for the most part, as far as my experience reaches, may be referred to catarrh of the out-let passages of the prostate. Quite recently I saw a man, in consultation, the subject of inveterate severe articular gout, who had been confined to bed for over five months, and in whom without any proper cause, without any urethral affection, hydrocele and acute epididymitis developed on the left side, and had remained stationary for nearly two months. But in what relation this affection, rather disquieting than tormenting to the patient, stands to the original disease, I do not take upon me to decide. The catarrhs of gouty individuals, so far as is known at present have nothing to distinguish them from affections of the mucous membranes that arise from other etiological causes, either in their clinical or their anatomical relationships, independent of their chronicity which is striking in many cases, and especially of their occurrence along with typical gouty symptoms, and particularly of joint affections. Etiology as everywhere so also here, is of very great practical value. Much disputed and, to some extent in most recent time ridiculed, are the gouty inflammations of the eye, a form of disease that has been observed in himself by no less a person than J. B. Morgagni, and which Scudamore has already mentioned, a so-called metamorphosis of the disease. It is unnecessary to say that by the use of such a word nothing is explained, only a fresh enigma is propounded. The observation of Th. Leber is very instructive, who describes a peculiar form of acute conjunctivitis, that on two successive occasions attacked a patient simultaneously with attacks of gout. Up to the present as far as diagnosis of the form of gouty inflammations is concerned also, the etiology, and the successful result of certain anti-arthritis methods of treatment are of significance, whilst the form of the pathological processes to the present hour affords no decided definable determining feature. But in practice are we any the better off, for example with a group of syphilitic inflammations of mucous membranes?

For the rest Th. Leber does not doubt, on the basis of his own observations, the possibility that true gout causes iritis and other inflammations of the eyes. In connection with this he recalls an observation where a serious affection of the vitreous came on in a patient who had long suffered from gouty articular pains and gravel that was considerably improved by the use of Carlsbad water and diaphoresis.

It is of especial interest that Mooren has observed congenital eye diseases in three cases of children of gouty individuals as a causation which points directly to a disposition towards diseases of the eye in those of a gouty tendency.

Finally, I may here call to mind in connection with the description of the gouty affections of the eye that, as I have already explained by the incorporation of uric acid in the cornea of rabbits, the gouty process can be originated always in the shape of infiltrations. As in the case of the experiment one must look upon the uric acid as the excitor of the inflammation, so in the case of gout of the eye one must look upon the uric acid simply as the pathogenetic factor.

I have laboured in vain, exclusive of these corneal infiltrations experimentally produced, which behave in a manner exactly analogous to the gouty inflammations of the human subject, to produce necroses of the tissue of

the cornea by incorporation of uric acid into it. Why I have not been successful I cannot say. I consider it most probable that the tissue of the cornea is especially resistant to uric acid; for the conclusion does not seem to me acceptable that the quantity so incorporated was too small, as relatively large quantities of the acid were injected into the tissues of the cornea.

A specially interesting and much discussed field is that of the gouty diseases of the skin, which are far more frequent than the gouty concretions met with in the skin and subcutaneous cellular tissue in unusually severe and inveterate cases of gout. Notwithstanding Hebra to the contrary and certainly rightly so, practitioners have decisively clung to the notion that there are skin diseases of gouty origin, that may be recognised with a probability bordering on certainty from the individuality of the patient, i.e., for the reason that their development has a relation to characteristic gouty symptoms. The standpoint taken by Hebra that dermatology can only reckon skin diseases as being the result of a general disease (blood disease, disease of the fluids, dyscrasia, &c.), when such general diseases develop that are, by consideration of them alone, independently of the mere individuality of the patient one is able to deduce the mode of origin, is opposed to a very large series of perfectly reliable observations from the various branches of pathology. Virchow, for example, some years ago proved in regard to cirrhosis of the liver that quite a number of causes acting as irritants of the liver may excite the process, so that later on no one was any longer in a position to draw conclusions as to the variety of the change, certain special cases excepted. We must in fact assume that under conditions, not as yet clear, the gouty poison may set up interstitial inflammation of the liver. After the assertion of A. Portal was apparently long forgotten, viz., that gout and rheumatism set up considerable indurations of the liver, which depend on accumulations of phosphatic material, Charcot has more recently returned to the interstitial changes in the liver, adding thereby two observations of cases in which undoubted gout-nodules were observed in the fingers and cartilage of the ear. The first case was undoubtedly one of hypertrophic cirrhosis of the liver, whilst in the other chronic icterus simply was observed, the nature of which was not clear. I myself add some pertinent observations. I attended a gentleman, æt. 62, who inherited gout from his father, and who had increased it according to his own statements by good living. He had put a limit to this after he had seen that in gout free living could not be indulged in with impunity. After 1866 the attacks of articular gout occurred more frequently, and in 1879, when I first examined him, he had chronic interstitial hepatitis with moderate enlargement of the organ. This had not given rise to any symptoms of obstruction, and the patient, living on his Tusculum with hard work in his garden, remained in this state in good general health for years, with the exception of typical attacks of articular gout. He has also fairly well recovered from some cardiac and cerebral symptoms which came on in July, 1881, in direct connection with an attack of gout. No kidney symptoms, albuminous urine, &c., had shown themselves up to that time, although the gout, which had then existed for sixteen years, had given rise to frequent, and sometimes serious, symptoms. Furthermore I have published an observation of a case in which I found crystallised concretions in the midst of hyperplastic connective tissue structure in a case of cirrhosis of the liver in a diabetic patient, which, perhaps, on the basis of their chemical re-action, I must consider as guanin concretions intermixed with hypoxanthine. The man himself has never had attacks of gout, although a son of his, not 30 years old, has already passed through a whole series of typical attacks. One might think in such cases in which cirrhosis of the liver develops in consequence of gout, that the liver affection should be much rather looked upon as the consequence of the slow and continuous action of alcohol beverages,

than as the effect of an abnormal quantity of uric acid, as A. Ollivier does with respect to the complication of gout with atheroma of the vascular system. In the meantime, however, the gouty patient whom I observed was not an habitual drinker; and then it is certainly worthy of note that in these cases the cirrhosis was of the hypertrophic form and not that of interstitial inflammation of the liver, the one usually met with in connection with abuse of spirituous liquors. In the case observed by me, even after the lapse of years, absolutely no symptom of obstruction of the portal system was demonstrable. Neither had there been any change in the volume of the liver.

(To be continued.)

## THE EMERGENCIES OF SURGERY.

Being a Course of Lectures Delivered in the MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY.

By LAMBERT HEPENSTAL ORMSBY, M.D., F.R.C.S.,  
Lecturer on Clinical and Operative Surgery, Surgeon to the Meath Hospital and County Dub'lin Infirmary; Surgeon to the Children's Hospital, &c.

### LECTURE III.

#### THE SURGERY OF THE THORAX OR CHEST.

Wounds of the Chest.—Classification.—Fractured Ribs.—Emphysema.—Pneumothorax.—Hæmorthorax.—Hernia of the Lung.—Hydrothorax.—Empyema.—Paracentesis Thoracis.—Wounds of the Lung.—Wounds of the Heart and Pericardium.—Wounds of the Diaphragm.—Excision of the Breast.

The chest is rather prone to injury and is subject to many forms of violence, such as blows producing contusion, or sharp cuts or wounds inflicted by stabbing or puncturing instruments; the immediate effect of the latter form of violence is hæmorrhage, and for such the anxious and immediate consideration of the surgeon is enlisted. How to stop it is the question uppermost.

Wounds of the Chest are divided into penetrating and non-penetrating. The non-penetrating are those wounds which implicate merely the soft coverings of the chest walls, without entering the pleural cavities. The penetrating are those which implicate the pleural cavities, and wound either the heart or great vessels, lungs, thoracic duct, or œsophagus.

As regards the prognosis, the penetrating wounds are necessarily far more serious and important when compared with the non-penetrating injuries, which last are treated very much in a manner that similar wounds on other parts of the body would be treated, and in dressing such wounds the first point in the treatment is "to arrest the hæmorrhage, no matter where it may spring from;" the lips of the wound to be brought in perfect apposition, and strips of adhesive plaster, from two to three inches wide, and extending from mid-sternum to mid-spine, so applied as to keep the ribs at perfect rest and the wound protected from strain or gaping.

All external wounds, however trivial, must be watched for the first two or three days after they have been received, as inflammation, abscess, &c., might arise. These must be checked with as little delay as possible, and any of the superficial arteries should be secured either by torsion or ligature, and firmly commanded at both ends, as false aneurisms not infrequently occur, owing to the surrounding loose cellular tissue which materially favours extensive extravasation. In all cases of external wounds the treatment is contained in a few words. Find out the situation and extent of the wound, and stop hæmorrhage by the easiest and readiest method, time is then gained to consider what is the next best thing to be done in anticipating or preventing secondary inflammation.

Penetrating Wounds of the Chest Wall.—Such may be immediately complicated by fractured ribs, emphysema, pneumo-thorax, wounds of lung, hæmorthorax, hernia

of the lung, wounds of the diaphragm, and subsequently by pleuritis, bronchopneumonia, hydrothorax, empyema, disease of the ribs, fistulous sinuses, deformity of chest. In wounds of the pericardium, heart, diaphragm, and large blood vessels, such injuries are fatal in the generality of cases, profuse hæmorrhage and shock, producing fatal syncope, being the most frequent cause of death. Cases, however, are on record where people have lived a long time after such injuries, and some have permanently recovered without any bad result.

Fracture of Ribs may either be simple, compound, or complicated. Simple fracture of one or more ribs may be easily recognised as a rule, at other times, however, when the patient is very corpulent and the fracture existing far back close to the spinous processes the diagnosis is not so well defined. The ribs generally broken are the third, fourth, and fifth, and about their angles. The two upper are less prone to fracture owing to their being shorter and by their being protected in front by the clavicle and by the scapula behind. The lower seven ribs are also less liable to fracture owing to their anterior termination being cartilaginous, and to their being so very moveable.

Causes.—Blow and contusion by direct or indirect violence, the stab of spears, or by the action of bullets, &c. In old people with brittle bones it may occur as the result of excessive coughing.

Symptoms of Uncomplicated Fracture of the Ribs.—Great circumscribed pain on inspiration and on pressure, crepitus cough, over-riding of the rib which can be ascertained by running the finger gently and evenly along the edge of the rib, and when the fractured spot is reached the patient may wince and a break in the evenness of the bone and a peculiar giving to the pressure of the finger is detected. However, whenever you are in doubt always treat the case for the most severe form of injury. This truth should be well borne in mind in nearly every form of accident in surgery, as it may save the timid surgeon many secret misgivings as regards the correct surgical course he should take in any given case.

Treatment.—Enjoin perfect rest, keep the elbow and arm to the side, get strips of plaster about two and a half inches wide and about twenty inches long and apply them from mid-sternum to mid-spine around the affected side, and allow the respiration to be performed by the opposite side and the diaphragm and abdominal muscles. If adhesive plaster is not available apply a bandage so as to maintain the arm and scapula at rest, keeping the bandage well above so as not to impede the abdominal and lower intercostal muscles.

In compound fracture of the rib where the intercostal artery is severed or torn, a different line of treatment is necessary. The rib may be splintered and comminuted. The small spiculæ of bone must be carefully picked out, and the hæmorrhage controlled, either by means of compresses, styptics, ice &c., or else by ligature. A silk handkerchief or other soft material firmly inserted into the wound may mechanically compress the artery against portion of the rib and may at times stop the hæmorrhage. A piece of wire passed round the rib with an aneurism needle is also recommended. You have to remember at the same time that the artery is found passing along the lower edge of the rib in a slightly indented groove. It has also been recommended in profuse hæmorrhage from the intercostal artery to bleed the patient from the arm until the patient faints in order to form Nature's coagulum or clot, this in fact will be reached if sufficient time has elapsed while means are employed to stop the hæmorrhage mechanically.

Surgical Emphysema signifies an infiltration of air taking place into the cellular tissue of the thoracic walls, and from thence passing into the subcutaneous tissue of the rest of the body. It occurs as follows: either from an external wound penetrating the pleural cavity and the air being necessarily drawn in from without, from within, or

where the lung is wounded from the extremities of a fractured rib passing through the two layers of the pleura. The air is forced first into the pleural cavities, and then further on in expiration the air is forced into the cellular tissue of the trunk.

*Symptoms.*—A soft compressible tumour is felt in the region of the injury which disperses and crackles on pressure; as the air extends under the skin the intercostal spaces are filled up, and the side of the chest wall is considerably increased on measurement. The patient also complains of pain, hacking cough, irritation of the larynx, and difficulty of breathing, with bloody expectoration. Emphysema is not necessarily a positive indication of wound of the lung, as mentioned by the older writers on the subject, as air may enter from the external wound, and not finding admission into the pleural cavity pass into the cellular tissue. In old works you find it recommended to hold a lighted candle opposite the external wound, and desire the patient to take a full inspiration, and if the candle is blown out it is considered to be proof positive that the lung is wounded.

*Treatment.*—Keep the patient at perfect rest, apply firm pressure over the seat of injury with bandage and compress or strips of adhesive plaster, and by this line of action the air is prevented from entering the cellular tissue, either from within or without, and what air may be extravasated is finally absorbed.

*Pneumo-thorax* signifies a distension or exhaustion of air into the pleural cavity whereby the lung is contracted and collapsed. It may be caused by the same form of injury as the last, such as laceration of the lung from a fractured rib, or bursting of a pulmonary abscess into the cavity of the lung.

*Symptoms.*—The affected side is materially clear on percussion; immobility of the ribs; great dyspnoea, with absence of the respiratory murmur, with puerile respiration on the non-affected side; enlargement of chest wall on affected side; the patient feels relief by lying on his back, or on the affected side.

*Treatment.*—Keep the arm to the side and the chest wall, strapped on the affected side with strips of plaster so as to keep the parts at rest. In some extreme cases where there is great difficulty of breathing it has been recommended to tap the pleural cavity with a trochar and canula, or if the air entered by an external wound such wound in chest should be re-opened.

*Hæmo-thorax* signifies blood extravasated into the pleural cavity, the result of a wound or other local injury.

*Symptoms* are those of general loss of blood out of the circulation; coldness of the extremities; general pallor of the skin; weak, thready pulse; difficulty of breathing; with the special local signs of inability of the patient to lie on the non-affected side; cough; bulging of the intercostal spaces; enlargement of the chest wall; dulness on percussion; absence of respiratory murmur; and frequently bloody, frothy expectoration.

*Treatment.*—First indication to stop the hæmorrhage by ascertaining its source. If from rib, compress the artery against the rib by pledget of lint, or ligature round rib, or firm pressure. Cold drinks, and the body kept at perfect rest. Second indication to remove the blood that is already extravasated, either by rest and absorbents, and if tedious to have recourse to tapping with trochar and canula.

(To be continued.)

PROFESSORS LEYDEN AND GERHARDT commenced their duties as Directors of the First and Second Kliniks respectively of the Charité Krankenhaus, Berlin, on the 1st inst. Professor Fraenkel, Stabsarzt Dr. Herrlich, and Professor Brieger will act as assistants in the First, and Stabsarzt Dr. Landgraf, Dr. Müller, and Professor Erlich in the Second Klinik. Dr. Müller follows Professor Gerhardt from Würzburg.

## Clinical Records.

### THE NORTH DEVON INFIRMARY.

*Case of Chronic Peritonitis lasting over three months, with Extravasation of Faecal Matter through a Perforation of the Cecum.*

Under the care of Mr. GAMBLE.

Reported by WILLIAM L. LIVERMORE, M.R.C.S., L.R.C.P.,  
Resident Medical Officer.

M. H., æt. 25, domestic servant, unmarried. Admitted on the 17th December, had been complaining for the past fortnight of shifting pains, at first more in the right side and then in the left, with considerable tenderness on pressure all over the abdomen. Has also suffered from occasional headaches and shiverings. The bowels are irregular, sometimes being confined, at other times there is diarrhoea. The appetite has been failing for some time. Patient has had a child between two and three years ago, which is living and healthy. Catamenia were regular up to three months ago, since then there has been amenorrhœa, no leucorrhœa. Her father is living and well, mother died in childbirth, there is no history of phthisis in the family.

*On examination.*—Patient was emaciated, and the face is pale and sallow. Abdomen was found very much distended and resonant on percussion all over. She says that she is in no pain at present, but complains of tenderness on pressure confined to the epigastrium, lies with the legs flexed on the abdomen, experiencing pain on straightening them. Lungs, liver, and spleen normal, no sickness or nausea, no appetite. Bowels confined, so an aperient was given. Tongue thickly coated with a white fur. The conjunctivæ are somewhat jaundiced. Temperature 100° F. Pulse 100, feeble and wiry. Urine high in colour, loaded with urates, sp. gr. 1026, alkaline, distinct trace of albumen, no sugar or bile pigments. Patient had been taking twenty grain doses of salicine and a pill of opium to alleviate the pain. She was now ordered a powder of calomel and opium, and a saline mixture.

Dec. 29th.—Patient has had several well-marked rigors followed by elevation of temperature (between 102° F. and 103° F.) and profuse sweats. Bowels very confined, and defæcation attended with pain.

Jan. 3rd.—Has had another rigor to-day. Abdomen is less tense, the motions are loose, yellow in colour, and very offensive. Has a short dry cough, but there is nothing abnormal to be discovered in the lungs. She is having fluid nourishment with Brand's essence of beef. The saline mixture was stopped and a carminative given, the powder continued, Temperature ranged between 100° F. in the morning and 102° in the evening, three ounces of brandy daily.

8th.—Has had some diarrhoea which was checked by a chalk and opium mixture. Temperature fell to normal this morning but rose again towards evening.

12th.—Temperature has again risen to its former high level. Urine is now free from albumen, and has less urates. She complains of pain and tenderness on deep pressure in the median line below the umbilicus. The appetite has improved.

17th.—Tongue thickly coated, breath foetid, bowels require to be relieved by occasional aperient.

19th.—Patient complains of burning pain in the abdomen, which is very tympanitic. Temperature 102° in morning and 101° in the evening.

22nd.—Motions tinged with blood. Temperature fell to 99°. Patient feels sick, and is dull and apathetic and requires coaxing to take nourishment. Evening temperature up again to 102·8°.

24th.—She feels and appears better to-day. No pain nor tenderness, but is thirsty. Morning temperature 99·4°, evening 101°.

28th.—Still improving, slight tenderness in the left hypochondrium. Pulse 96, and strong and regular.

Feb. 1st.—Temperature has again risen to 102·8°. Pulse 112. Bowels confined. Face flushed, complains of headache and of tenderness in the left hypochondrium, where there is a little impairment of resonance, Urine again examined, found to contain a trace of albumen, is alkaline and highly coloured, no deposits of urates. Was ordered, in addition to the carminative mixture, some of the syrupus calcis lacto phosphatis.



6th.—Motions tinged with blood, some tenderness in the left iliac region, and has vomited once or twice during to-day. Temperature 102.4°.

11th.—There is no blood in the motions now. Patient takes a good quantity of milk and beef-tea. Temperature 102°.

18th.—She remains about the same, but is very emaciated, eyes sunken, lies continually with the legs drawn up, though the pain on extending them is sometimes absent. Motions again coloured with blood.

24th.—Since last note there has been little change in the patient, but this morning the temperature has suddenly fallen to 98°, and she states that she is feeling much better. Bowels moderately regular, no blood or pain. Tenderness very slight, urine remains the same.

26th.—Temperature again to 101.8. Vomited this morning, which was tinged with blood.

March 1st.—Patient can extend the legs without any pain.

8th.—Has continued the same since last note; has had no sign of catamenia since admission. This morning there was more pain and distension, which were relieved by hot fomentations.

14th.—Temperature suddenly fell to 98.8. Has more pain to-day than she has had since admission; confined to the left side; has no appetite; but continues very thirsty. Ordered soda water.

18th.—Abdomen very distended; suffers severe pain at times, especially on the left side. Temperature is 101.8. Bowels more regular, and motions more natural. Patient remained very quiet, and is very emaciated. Vomiting frequent. Ordered lime water with the milk.

20th.—Temperature now fell to 96.8 very suddenly. P. 120, feeble. Much tenderness is complained of, but says she does not suffer any pain. Bowels open last evening, with which was passed a quantity of bright blood. All medicine was omitted, as it caused sickness. Brandy increased to four ounces.

24th.—Temperature has remained down between 96 and 97 since last note. Patient scarcely noticed anything around her. Vomits all that is swallowed. The vomit is of a green colour.

25th.—Patient looks very exhausted. Temperature 96.6. P. 100. Legs at right angles with the body. The legs are very emaciated, and both feet are swollen, with œdema. Abdomen very distended, and occasionally she complains of gnawing pains in the left side. Patient now takes extremely little nourishment. In this state the patient lingered on, complaining very little, or not at all, until she died on the 30th day of March, remaining sensible up to the end.

*Autopsy.*—Twenty hours after death. Rigor mortis not well marked. Body very emaciated, no post-mortem discoloration. Abdomen was very distended, but collapsed on being opened, a large quantity of gas with a most offensive odour escaping. On fully opening up the cavity the transverse colon was found adherent to the anterior wall of abdomen, and empty. A quantity of fecal matter had been extravasated into the peritoneal cavity, and some two or three ounces of thick offensive fluid were found in the true pelvis. Behind the transverse colon, between it and the vertebral column, was a mass, including the greater part of the small intestine, that was so matted together as to make it impossible to unravel them. The surface of this mass was of a dark green colour covered with patches of lymph. On cutting into the mass the walls of the gut were found to be thickened and infiltrated, and their calibre diminished. The mucous lining was healthy and free from ulceration. On finding the cœcum it was adherent to the walls, and on its convex aspect was found a small aperture, the size of a goose quill, through which fecal matter was then exuding. The vermiform appendix was healthy. No sign of inflammation could be detected in the neighbourhood of the orifice, and the edges of which were smooth and apparently cicatrised. Lungs normal, no adhesions. Kidneys small and shrunken, but otherwise of healthy appearance, capsule not adherent. Other organs healthy.

The case was remarkable for the obscurity of the symptoms and the fact that though the disease was on the right side of the abdomen the symptoms mostly pointed to the left. The chronicity of the peritonitis in the presence of fecal extravasation which, by the post-mortem appearance, could not have been of recent date, especially the fact that there was no sign of inflammation around the hole in the intes-

tine, is another special feature of the case, showing the tolerance that may be established in the peritoneum in some cases, while the same circumstances would in most cases set up such inflammation as to cause death in a few days.

## Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, OCTOBER 9TH, 1885.

The President, Mr. T. BRYANT, F.R.C.S., in the Chair.

Dr. SAWTELL on a case of

HÆMATEMESIS AND MELÆNA IN WHICH BLOOD WAS FIRST VOMITED 21½ HOURS AFTER BIRTH; FATAL WITHIN 24 HOURS.

(With a preparation of the stomach showing ulceration).

A small, male child, born April 9th, 1885, after a natural, but rather tedious, labour, suddenly vomited blood 21½ hours after birth, and, a few hours later, melæna succeeded. Up to this time milk was taken, and vitality seemed but slightly impaired. The discharge of blood continuing, much altered by admixture with meconium and mucus, the child rapidly sank, and died within twenty-four hours from the first appearance of blood. Besides general measures, sulphuric acid was given in tincture of cardamoms. *Post-mortem*, the stomach alone showed causal lesions—viz., small, but deep, round or oval ulcers on posterior wall of cardiac end, near the lesser curve. Dr. Sawtell remarked that, after some examination of the subject, he had failed to find any record of a similar case. He quoted Billard's paper in the *British and Foreign Medico-Chirurgical Review* for 1853, in which Rahn-Escher states that softening of the stomach and bowel is sometimes found. An interesting case observed by Dr. Richard Neale revealed no lesion of any kind. Dr. Edis, in the *British Medical Journal* for 1879, deals with *spurious hæmatemesis*; so also Dr. Thorburn. But records of true intestinal hæmorrhage in infants are so rare that Dr. West relates only three as occurring in his extensive practice, and only one of these in the new-born. Finally, Rilliet's elaborate essay does not give any cases of ulceration. The author inclined to the opinion that the ulcers arose from portal obstruction and erosion by gastric juice, and concluded his paper by pointing out the difficulty of diagnosis and treatment, and the truth of Dr. West's observation that the new-born suffer less from the effects of hæmorrhage than might be expected.

Dr. RADOLIFFE CROOKER remarked on the analogy borne by this case to those of purpura neonatorum, except that the hæmorrhages in the latter were usually confined to the skin, and the cases generally did well.

Dr. EDIS pointed out that in cases of bleeding nipples children sucking at them returned the blood swallowed with the milk, and often in an uncoagulated state. In these, however, removal of the cause banished the effect due to it.

Mr. CLEMENT LUCAS on

TWO CASES OF STRANGULATED UMBILICAL HERNIA, TREATED BY EXCISION OF THE SAC AND SKIN COVERING, WITH SUTURE OF THE RING, AFTER REDUCTION.

He began by stating that for several years he had been in the habit of excising the sacs when called upon to operate for strangulation in cases of hernia (of whatever kind), and that he had been led to do so, not so much for the purpose of producing a radical cure (though this was an advantage), as to lessen the mortality from the operation. He regarded the sac itself as a danger, from its badly nourished texture, its tendency to suppurate or slough, and its liability to collect discharges, and guide them into the peritoneal cavity. To rid the patient of this abnormal, over-strained, ill-nourished, not only useless, but absolutely injurious, piece of tissue, should be the aim of every surgeon when called upon to operate for strangulation, after reducing the bowel. To speak of such a proceeding as "unsurgical" was a wanton misuse of the adjective. It was probably the only operation for radical cure that would bear the test of time. He regarded no operation for femoral hernia complete



till the sac had been excised, even though the bowel might have been reduced before opening the sac. The same might be said of acquired inguinal. The congenital inguinal presented "especial difficulty as the whole sac could not be excised without sacrificing the testicle, but he usually excised the funicular portion, and rigid antiseptics is here advisable. He was about to advocate much more radical measures in cases of umbilical hernia than were usually adopted, and he believed the mortality would thus be greatly lessened. The first case was of peculiar interest inasmuch as the operation was performed on a patient in an advanced stage of dropsy from Bright's disease. It might be studied with a case reported in the Guy's Hospital Reports for 1879, page 332. In that case he had twice operated on a femoral hernia, at an interval of eleven months, for strangulation during dropsy from heart disease. A married laundress, æt. 48, had suffered some years from winter cough, but till June, 1883, believed herself healthy. She then began to suffer from dropsy. In July, 1884, paracentesis abdominis was performed, when she was under the care of Dr Wilks. She was tapped a second time in February 1885, and a third time on April 9th of this year, when eighteen pints of fluid were withdrawn. She then had very general anasarca, râles over both lungs, and dulness of the bases, urine depositing one third albumen on boiling, and containing some blood. On May 22nd, at 4 a.m., the umbilical hernia, which she had had some years became strangulated, and Mr. Lucas operated at one o'clock, having failed to reduce it by taxis. It was found necessary to open the sac, when a considerable quantity of fluid escaped, and a large piece of purple small intestine came into view. The opening was enlarged so far as to admit the finger into the abdomen, but owing to the water pressure behind it was found impossible by manipulation to reduce the bowel. Finding the obstacle to reduction was the peritoneal fluid, Mr. Lucas placed the patient on her side, and holding the intestine on one side with his finger passed through the aperture allowed, in this way, three and a half pints of ascitic fluid to escape. After this the bowel was easily returned. He then cut away the whole of the sac, and afterwards all the thin distended skin. Three stout chromicized catgut sutures were next passed through the margins of the umbilical opening to the peritoneal surface, tied, and cut short. The skin margins were then brought together with wire sutures. Carbolic spray and antiseptic dressings were used. Sickness ceased at 10 the next morning, and the patient was comfortable. All the wire stitches were removed on the sixth day, and the wound appeared to be healed although the urine still contained one third albumen and some blood. A few days later slight suppuration took place, and the cause proved to be one of the catgut stitches which came away unchanged on the fifteenth day. After this she gradually improved, and left the hospital on July 25th, at which time there was no tendency to protrusion at the umbilicus. The second case was that of an exceedingly stout plethoric woman, æt. 52, who was admitted into Guy's Hospital on Sept. 6, 1885. She is married, and has four children. When lifting a heavy pole of clothes eleven years ago she first felt something give way at the navel. Since that time she has on four occasions required chloroform for the reduction of the hernia which was of large size. The last time it was thus reduced was in August, 1884. At 10 a.m. on Sept. 5th, as the result of a severe fit of coughing the rupture became distended and irreducible. She was seized with severe pain over the stomach, and vomiting occurred soon after and continued till her admission at 7 o'clock in the evening of September 6th. Her bowels had not acted since the hernia came down. She was sick soon after her entry, bringing up dark greenish fluid. She was in much pain, and very restless. The hernia was of large size, and uneven on the surface, four inches by three in diameter, tense, devoid of impulse, and tender on manipulation. Taxis having failed both before and after the administration of chloroform, Mr. Lucas proceeded to operate at 9 o'clock in the evening. A vertical incision, about four inches in length, was made at the upper part of the tumour, and the sac being exposed, the ring was divided outside, and taxis again applied without success. The sac was then opened, and some blood-stained fluid escaped. The sac was found to contain a large mass of adherent omentum, forming an omental sac, within which the bowel was strangulated. After division of the stricture

several feet of dark-coloured intestine were reduced; the transverse colon then appeared in the sac, but it was not strangulated. Two large pieces of omentum were then ligatured with green catgut and cut away. The sac was next separated from its connections, and cut away, except at the lower part, where the adherent omentum made it impossible completely to remove it. Three stout green catgut ligatures were then passed through the edges of the aperture to the peritoneal surface, and the opening thus closed, the stumps of adherent omentum and sac being outside. The skin was cut away and its edges brought together with wire sutures and an aperture left for drainage at the lower front. Carbolic spray and antiseptic dressings were used. She had no sickness after the operation, and was quite relieved from abdominal pain, the abdomen remaining soft and free from tenderness. On the 10th there was a rise of temperature, and on being dressed some blood-stained discharge escaped from the lower part of the wound. After a week a slough came away, evidently the remnant of sac and stump of omentum. After this she rapidly improved, and had a normal temperature. Her bowels acted on the 15th. On Sept. 23rd the drainage tube was removed. Sept. 27th she got up and was practically convalescent. The cases illustrate the value of removing the sac and closing the abdominal aperture. Neither patient was in a good condition for operation, one being in an advanced stage of dropsy from heart disease, the other exceedingly fat and flabby. In both a large quantity of bowel was strangulated, and in one the hernia was much complicated by adherent omentum. In both some suppuration occurred, and in one sloughing; yet no suppuration extended to the peritoneum, as would probably have been the case had the aperture been left patent. Both patients recovered without any symptom to cause serious anxiety.

The PRESIDENT congratulated Mr. Lucas on the success of his treatment, and directed that the discussion of the paper should be confined to the subject of umbilical hernia.

Mr. GOLDING BIRD failed to quite agree with the arguments advanced by Mr. Lucas, though he considered the practice recommended was sound. He urged that post-mortem examination of such cases showed that peritonitis always began around the bowel, and not at the mouth of the sac, as described by Mr. Lucas, and he thought the history of the second case seemed to indicate the existence of some other cause than mere back flow of pus as producing the result. In other forms of hernia than umbilical he contended the practice in question should not be had recourse to. In the latter he had for some years adopted the plan.

Mr. WALSHAM had performed the operation, removing the sac, in three cases of umbilical hernia, in seven of femoral, and in two of inguinal. One of the umbilical cases recovered well, was not fitted with a truss, and required none. He urged the necessity of completely extirpating the sac, of paring the edges of the tendinous ring, and of suturing the latter together. He preferred carbolic silk as safer than catgut for ligaturing. In a fatal case, in which death occurred on the second day, he found that almost complete healing had occurred on the peritoneal face of the wound. In none of his cases had a truss been used, and there had not been any return of the hernia two years after the operation.

Mr. MAKINS had performed one operation of the kind, which proved successful, but the patient—a phthisical man, æt. 40—died three weeks later from hæmoptysis.

Mr. BALLANCE said that two years since he operated on a woman fifty years of age, the subject of an umbilical hernia as large as a cocoanut, and which contained six inches of gut and a mass of omentum. The intestine was returned with difficulty; the omentum was removed as freely as possible, and also the whole of the sac, and a considerable amount of skin. He had seen the patient recently, and there was no return of the hernia.

Mr. SYMONDS described an unusual case, in which an umbilical hernia consisted of two parts, one only being reducible. The other part was strangulated, and on being exposed it was returned to the abdomen after first being reduced into the other chamber of the sac, through an aperture in the septum separating the two cavities. The hole in the septum was sutured. In a second case, also, two hernias were found, a septum dividing them, as in the former case. The result as regards return of the rupture in these cases was not known. In femoral hernia he always removed the sac, and in one instance a return took place. He considered

it essential to a radical cure that the edges of the cut sac should be sutured.

Mr. GODLEE observed that in one case of his own the edges of the abdominal aperture could not be apposed because the opening was so large, and he drew the attention of the Society to a rare form of hernia in children, in which the hernia was directly into the umbilical cord. In one such case he operated unsuccessfully. The cæcum and some adjacent intestine were found in the sac.

Mr. HOPKINS said he had operated in one case, the age of the patient being 70 years, in which, having made a semi-lunar incision around the sac, reduction could not be effected, but which followed after opening along the linea alba.

Mr. BRYANT considered it very cheering to hear of so many successful operations on strangulated umbilical hernia, especially as it was so dangerous a condition. He thought that removal of the sac should only follow when it had been opened for purposes of exploration, and he deprecated the adoption of the practice, as an universal rule, for application to all herniæ. He would perform the operation himself under appropriate circumstances, although as yet he had never done so, having found the plan of opening the neck of the sac and incision of the structure succeed in all cases hitherto. He would strongly recommend this proceeding, and especially in old people.

Mr. BARKER urged that the difficulty of separating the sac from the skin need not, as suggested, bar the operation. The sac could be removed through an elliptical incision, the parts being dissected away for an inch around the opening. In two cases operated on he found no difficulty in removing all the sac, and good union followed.

Mr. HOWSE thought that each case should be treated on its own merits, and not in accordance with sweeping general rules. In recent cases, and when healthy tissue existed, the patient ought not to be submitted to the risk incurred by the formation of a large wound, with possible failure to bring the edges together. Less radical proceedings were to be depended on in such cases if immediate steps were taken for relief, and in his opinion the treatment advanced by Mr. Lucas should be adopted only in cases of long standing.

Mr. LUCAS, after expressing surprise at the conservative suggestions made by Mr. Howse, said he did not urge the invariable necessity of paring the edges of the sac. He insisted that, if suppurated occurred in a large sac having a large aperture at the umbilicus, pus would certainly find its way into the abdomen. In his own second case the stump of omentum sloughed naturally, and thus complicated recovery. He did not approve of silk ligatures in preference to catgut. He believed that radical cure would be ensured by removal of the sac, provided a truss were worn sufficiently long; and in umbilical herniæ the suture gave very material assistance. In cases, however, in which reduction proved easy of accomplishment, removal of the sac might possibly be dispensed with.

Mr. CHARTERS SYMONDS read a case of

**TREPHING FOR COMPRESSION BY A CLOT DERIVED FROM THE MIDDLE MENINGEAL ARTERY, AND SUGGESTED THE RESORT TO COMPRESSION OR CLOSURE OF THE CAROTID AS A MEANS OF ARRESTING HÆMORRHAGE.**

A man, *æt.* 43, fell from a height of six feet, striking his head. He was admitted immediately into Guy's Hospital, and was seen shortly after in a totally insensible condition, with right hemiplegia, a pulse of 52, and falling. He had two abrasions on the left temporal region, and a large extravasation of blood. Though there had been no conscious interval, Mr. Symonds immediately trephined on account of the hemiplegia and deepening coma. The site selected was rather posterior to that usually chosen, as here the chief injury seemed to have been received. On elevating the disc of bone a pulsating clot was exposed and removed. The bleeding was profuse, and to reach the laceration a great deal of bone was removed by Hoffman's forceps, two loose pieces of the sphenoid being found. Two lacerations were found in the vessel; one was closed by under-running the vessel with fine gut; the other by completing the division of the vessel and twisting both ends. The bleeding, however, still continuing, and the bone having been incised to the base, the hæmorrhage was finally arrested by under-running the artery with a piece of the dura mater, and making traction on the ligature carried out of the wound, and by a pair of torsion forceps pushed down into the farthest accessible point and given a half-twist. The operation

altogether lasted two hours, and the man lost much blood. Recovery was immediate. As soon as the clot was removed the pulse rose from 40 to 64, and the muscles of the right foot moved; and at the conclusion of the operation the man could move his right arm and leg, and give his name and address. The next day he answered all questions and spoke rationally, and seemed to have completely recovered his consciousness. The same afternoon he became restless, and finally delirious, coma supervened, the temperature rose gradually, reaching 104.8 shortly before death, on the 26th, at 3.15 p.m., or fifty hours after the accident. At the post-mortem the dura mater over the exposed area was yellow and purulent, and there was general congestion. The temporo-sphenoidal bone on right side was bruised, as was the cerebellum. The fracture seen from the site of the operation to the wing of the sphenoid, and there divided into two branches, one running over the orbital plate to reach the cribriform plate of the ethmoid, the other reaching the same point after traversing the optic forearm and sphenoidal fissure. In his remarks Mr. Symonds said that his main object was to call attention to the paucity of information upon the best method of dealing with the bleeding vessel, and to suggest a resort to compression of the carotid from the moment such a case is seen, and to its ligation should, after trephining, other means fail to arrest the bleeding. Though no mention was made in our leading works of this method of arresting the hæmorrhage, he had no doubt that the idea had occurred to others before it had to him in connection with this case two years ago. He said that probably such severe hæmorrhage was not often encountered, and suggested that possibly the loss of the local pressure of the cranial contents owing to the non-recovery of the brain might partly explain it in this case. To the severity of the operation, to its great prolongation, and to the loss of blood he attributed the fatal meningitis, and did not think that the result affected the average success of trephining. As to whether it would be better to secure the external or common carotid, he thought that while ligation of the external would remove the special cerebral dangers attending closure of the common, its safety was yet to be established. He considered that with our present method of treating wounds less danger need be apprehended from secondary hæmorrhage, and he would therefore prefer to close the external carotid. Mr. Furneaux Jordan's suggestion to ligature the carotid instead of trephining, while it was thought effective, would, Mr. Symonds considered, be confined to those cases seen very early, and would therefore have but a limited application. The absence of the interval of consciousness was considered to be due to concussion, while the strictly localised character of the paralysis was unlike that seen in cases of cerebral laceration.

Mr. HOWSE narrated two cases bearing on those of Mr. Symonds' the first, that of—

H. H., *æt.* 10; admitted July 26, 1884, 12.30 noon. *Accident.*—Fell down fore hatch, distance of six feet, eighteen hours before admission. *On Admission.*—In a state of coma, which came on four hours after the accident. Pupils unequal, left and right; limbs rigid; convulsive movement of right arm and leg. *Operation.*—Three hours after admission trephining of left parietal eminence, removal of blood clot, fresh hæmorrhage. Digital compression of common carotid for three hours. *Progress.*—Moved right arm and leg on the evening of 26th; no hæmorrhage; went on well; no pyrexia. August 21st.—Wound healed; pupils equal; went into park; when walking drags both hips somewhat, though right the most; right shoulder tends to drop; reflexes equal; left facial paralysis. September 3rd.—Paralysis of right arm and leg has become worse. 15th.—Tonic contraction of right arm and leg. October 8th.—Right arm completely contracted; left facial paralysis persistent; general health perfect. November 20th.—Removed to medical ward. The second was that of—

F. F. *æt.* 51, a carman; a healthy man. *Accident.*—Patient was loading a waggon with rags, the hook gave way by which he was holding, and he was pitched forward on to his forehead, falling about ten feet; brought immediately to hospital. *On admission, 11 a.m.*—No sign of paralysis anywhere, was heavy and drowsy, but answered questions: much effusion under scalp, bleeding from right nostril, none from ear or mouth; pupils normal; pulse slow and laborious. 12.30 p.m.—Increasing insensibility, now quite unconscious, breathing stertorous; right hemiplegia with some amount

of spasm. *Operation.*—2 p.m.—Mr. Howse trephined skull with largest sized trephine over the left parietal bone, towards the upper part. There was a large clot of blood between the dura mater and bone, this was removed; there was much hæmorrhage. Dressings were applied, and it was hoped the bleeding would cease under pressure and cold. After the operation the patient moved his arm and leg a little, but they still remained very rigid. He continued unconscious. *Second operation.*—Hæmorrhage continued, so at 5 p.m. the dressings were removed, and more bone was removed (mainly with Hoffman's forceps) and several branches of the middle meningeal were ligatured. This failed to arrest the hæmorrhage, so Mr. Howse cut down upon the external carotid artery, and ligatured it. Hæmorrhage immediately ceased. The patient, however, remained insensible, and died about 8.45 the following morning. *Post-mortem.*—Left parietal bone separated from frontal at coronal suture, the right also for about an inch, and then a fracture ran obliquely backwards across this for about three inches; bone not depressed. Some amount of clotted blood still remained on the dura mater. The under surface of left middle cerebral lobe was much bruised to depth of about half an inch. Viscera healthy.

On the suggestion of the President, Mr. Howse undertook to contribute reports of these two cases for publication in the "Transactions."

#### THE WOLVERHAMPTON AND DISTRICT MEDICAL SOCIETY.

REPORT for Session 1884-85, read at the annual meeting, October 8, 1885. Mr. NEWNHAM in the chair.

##### PAPERS READ BEFORE THE SOCIETY.

Dr. RANSOME, of Manchester, on "Chest Mapping and Measuring" (at the inaugural meeting).

Dr. TOTHERICK on "Cases of Illness brought on by Waiting at Railway Stations."

Mr. V. JACKSON on "A cheap and ready way of Treating Club-Foot."

Mr. CHESHIRE on "The Value of Cocaine as a Local Anæsthetic."

Dr. SMITH, of Bilston, on "Puerperal Fever."

Mr. CROCHETT on "Puerperal Fever."

Mr. MANBY on "Climacteric Disorder."

##### CASES EXHIBITED.

Mr. V. JACKSON.—A case of congenital inguinal hernia successfully operated on. A case of excision of the knee. Two cases of the radical cure for hernia which had been successful. A case of double excision of elbow. A case of excision of os calcis.

Dr. TOTHERICK.—A case of disseminated sclerosis.

Mr. MANBY.—A case of talipes cured by operation.

Mr. BATTERHAM.—A case of trephining by Mr. Manby.

Dr. DINGLEY.—A case of screw drivers' cramp. A case of true Eastern leprosy. A case of pseudo-hypertrophic muscular paralysis.

Sixteen morbid specimens and some new kinds of instruments had also been shown.

#### THE ABERNETHIAN SOCIETY.

Dr. E. W. ROUGHTON, President, in the Chair.

ON Thursday, Oct. 8th, Mr. MORRANT BAKER, F.R.C.S., delivered the Introductory Address, on

THE TWO FOUNDATIONS OF ST. BARTHOLOMEW'S HOSPITAL, of which the following is an abstract:—

St. Bartholomew's Hospital was founded more than seven centuries ago by Rayer, commonly called Rahere, from the Latin *Raherus*. Thus we may boast of being members of the oldest hospital in London. In the British Museum is a manuscript, written a few years after Rahere's death, by one of the monks of the Priory of St. Bartholomew the Great, and devoted almost entirely to the life and acts of our founder. From this we learn that Rahere was born of low lineage, but in his youth he haunted the houses of noblemen, and even the King's palace (Henry I.), where the in-

feriority of his birth was probably overlooked for the sake of the brilliancy of his social gifts. He is often referred to as the King's minstrel, or even jester, probably erroneously, for his position seems rather to have been that of court favourite. Repenting of his follies and sins he went to Rome, where, being grievously sick and deeming his last hour nigh, he vowed that, if God would grant him his health, he would return to his country and there found an hospital wherein he might minister to the necessities of the poor. His vow was heard, he recovered, and in a vision St. Bartholomew appeared to him by night, and commanded him to found a church in his name at Smithfield, in the suburbs of London. He returned thither; the King approved his design; and the church was founded in March, 1113, while the "hospitable house" was erected a little way off. Smithfield was at that time a marsh, with the public gallows standing in the only dry spot, and it was no easy task to build there. Rahere took advantage of the superstition of the age, and by feigning himself an idiot obtained the help of children and servants in collecting building materials; by his preaching he brought in further contributions, and thus the work was completed, many miracles of healing bringing fame and gifts to the church. The King confirmed his previous grant by a charter, which gave full liberty and great privileges to the priory and hospital. Rahere died, after having been prior for twenty-two years and six months, and was buried in his own church, of which only the choir now remains. The lying-in and sick wards of a parish workhouse of the present day would probably represent more nearly the condition of the hospital for some centuries after its foundation than any department of a modern hospital. Not much of its plan and extent is known for several generations, and after restorations, one of which was undertaken, at his own cost, by Richard Whittington, Lord Mayor of London, in 1423. Smithfield was noted as a place for tournaments, and it is probable that many a dismounted knight has been taken within the friendly shelter of the hospital, where his bleeding wounds would be stanchd with red-hot irons and boiling pitch by the priestly house-surgeon and dresser of the period. It is known that Wat Tyler was carried into the hospital after his conflict with Walworth, the Mayor, in Smithfield. The cattle markets and horse-fairs, and the great annual fair at St. Bartholomew-tide, would also probably provide plenty of surgical cases in the early, as they certainly did in the later, stages of the hospital's existence. At the Reformation, the priory and hospital of St. Bartholomew did not escape the general downfall of monastic institutions, and the ecclesiastical part disappeared without much regret. But with the hospital the case was different, and in 1537 Sir Thomas Gresham, with the aldermen and citizens of London, begged the King to grant them the governance of the hospitals then existing in London. In 1544 letters patent were issued vesting the governance of the hospital in a Master and four Chaplains, but its possessions were not re-granted. This attempt was naturally a failure, and about two years later the King consented to grant to the Corporation of the City a new charter, by which the hospital should be re-founded for the reception of 100 poor and sick, and to endow it from its former possessions to the extent of 500 marks per annum, on condition that the citizens should be bound to give a like sum yearly. Thus the second foundation of the hospital came about, and we call King Henry VIII. the second founder. In the reign of Edward VI. a Preface, with an account of the rules and regulations of the hospital, was published in reply to certain slanders which had been spread abroad. This was reprinted in the last volume of our hospital reports. The governors of the new foundation were a president, four surveyors, four "almshouses," the treasurer, and two "scrutiners." The officers were the hospitalier, the renter clerk, the baker, the porter, the matron, twelve sisters, and eight "bycotes." There were also three surgeons and a minister named "The Visitour of Newgate." The earliest separate engraving of the hospital, so far as is known, was published in 1720 in Stow's Survey of London; it then consisted of two small quadrangles instead of one large one.

A DISTINGUISHED service reward has been bestowed upon Surgeon-General J. H. Innes, C.B., Honorary Surgeon to Her Majesty.

REGISTERED FOR TRANSMISSION ABROAD

## The Medical Press and Circular

Is published every Wednesday morning Price 5d. Post free 5½d.

POST FREE TO ANNUAL SUBSCRIBERS . . . £1 2 0

" IF PAID IN ADVANCE . . . 1 1 0

Post-office Orders and Cheques to be drawn in favour of—

A. A. TINDALL, 20 King William Street, Strand, London, W. O.

A. H. JACOB, 3 Molesworth Street, Dublin.

Agents for Scotland:—

MACLACHLAN &amp; STEWART, South Bridge, Edinburgh.

A. &amp; W. STENHOUSE, Hillhead, Glasgow.

Sole Agent for the Continent:—

JOHN F. JONES, 81 Bis, Rue du Faubourg Montmartre, Paris.

ADVERTISEMENT SCALE—Whole Page, £5 0s. 0d. Half Page, £2 10s. 0d.; Quarter Page, £1 15s. 0d.; One-eighth Page, 12s. 6d.

Small Announcements of Practices, Assistancies, Vacancies, Books, &amp;c. of Seven lines or under, 4s. per insertion; 6d. per line beyond.

Considerable reductions are made from the foregoing Scale when orders are; even for a series of insertions. Letters in this department should be addressed to the Publishers.

SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIÈRE, Rue Hautefeuille, Paris—post free in advance, £1 3s. 6d. per annum.

SUBSCRIPTIONS FOR RUSSIA are received by Messrs. RAJCHMAN and FRENDELER, 18 Senatoren Street, Warsaw—post free, £1 5s. 0d. per annum.

SUBSCRIPTIONS FOR THE UNITED STATES are received in New York by Messrs. WILLMER &amp; ROGERS; Philadelphia, by Dr. BRINTON: post free in advance, 5½ dollars (£1 8s. 6d.) per annum or direct from the Offices in this country for the same amount, if remitted by International Post-Office Order.

## The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 14, 1885.

### MR. HUTCHINSON ON LOCOMOTOR ATAXY.

THE lecture on locomotor ataxy in its surgical aspects, by Mr. Jonathan Hutchinson, F.R.S., which appears on another page of our present issue, will be read with especial interest, and we venture to think that the views therein expressed will meet with approval from, at any rate, the most experienced in this particular affection. It is very important to receive, as the matured conviction of as high an authority as Mr. Hutchinson, the statement that locomotor ataxy does not necessarily demand a hopeless prognosis; and the assurances and evidence he gives to the effect that improvement, if not actual cure, can reasonably be looked for in many cases, are exceedingly gratifying. In this connection it is, of course, essential to bear in mind the preponderating evidence that syphilis is, if not the immediate, the predisposing cause of the disease; and it is especially interesting to learn how close a connection between the two conditions is suggested by Mr. Hutchinson's own experience in practice. It is no small triumph on the part of progressive medicine that our knowledge of locomotor ataxy is as considerable as it is at the present time, for in the history of discovery, a period of five and twenty years is but a brief space in which to accumulate comprehensive details respecting a hitherto unrecognised affection. It is remarkable, however, what extensive advances have been witnessed in this direction in the last two or three decades, not alone as regards locomotor ataxy, but

also in reference to several other diseased conditions that possessed no definite reality for practitioners of a not by any means remote generation. It would be withholding the just recognition of services did we not acknowledge how great is the indebtedness of medicine to Mr. Hutchinson's personal labours in this direction, for it is difficult to estimate how largely his influence has been instrumental in fashioning our corrected views of innumerable subjects which have been illuminated by the results of his patient devotion to their study and elucidation. Associated with locomotor ataxy the varieties of ophthalmoplegia, which, as significant of neurotic changes, possess so high a diagnostic value, have, through him, been rendered capable of general recognition; and to the gradual completion of the clinical picture of this now common ailment, he has contributed no less successfully than Gull or Charcot. One of the most interesting points dwelt on in the lecture is that of the occurrence of locomotor ataxy in persons under adult age, and the observation made upon the school companion of the narrator sufficiently indicates the possibility of the disease originating in non-syphilitic subjects. That the disease is necessarily dependent on specific infection is, notwithstanding assertions to the contrary, by no means essential to believe; nor is its vastly more frequent occurrence under such conditions at all destructive of the probability that it can be excited by circumstances apart from the presence of the poison of syphilis. It might, however, be imagined that the mercurial treatment of the disease, for which Mr. Hutchinson expresses a decided preference, indicated its invariable dependence upon syphilis, and it may be well to guard against this apparent error, as will at once be done when the fact of decided improvement having taken place in some cases simply with rest and change is borne in mind.

It is a little startling to be informed that "a large number of people are ataxic without knowing it in the least," but at the same time it is comforting to learn that, as a rule, the symptoms do not extend beyond the earliest indications, and except in the few cases, comparatively, where the disease progressively advances, no ill consequences are experienced. This suggestion of the common occurrence of slight ataxia opens up the probability that, being thus generally distributed, the victims of syphilis are frequently already prepared for the exhibition of symptoms of locomotor ataxy when constitutional infection has advanced sufficiently far to convert premonitory into obvious signs of its presence. On the other hand, however, it may be urged that, under like conditions, if syphilis is the principal factor in exploding the mine laid by the all but universal prevalence of incipient ataxia, then the subjects of syphilis ought almost invariably to become markedly ataxic; and this we know not to be the case. It is only, however, by considerations such as these, and by viewing the whole question in every possible light, that we shall by-and-by attain to clear perceptions of the etiology of the disease; and it is a satisfactory sign of the advance of thought, in the absence of an indubitable explanation of all its phenomena, the tendency of observers is to speculate in the direction of more acceptable theories of causation.

Mr. Hutshinson on a memorable occasion declared a surgeon to be "a physician who knows how to use his hands," and there can now-a-days be small reason for any apology on behalf of a surgeon who seeks to demonstrate the surgical relations of any disease, and above all such a disease as locomotor ataxy. Not, however, that much in the way of operative interference can be attempted, but because of the importance of recognising the beginnings of disease when they are possibly masked by what appear as more urgent or more demonstrative evidences of a different affection. There is a form of perforating ulcer of the foot, for instance, which is not uncommonly met with among hospital out-patients, and which, in the absence of any marked evidence of ataxy, is generally put down as due to no particular cause; and as it readily heals under treatment, the patient is discharged cured without any further question as to his future. It is not unlikely that these cases will ultimately develop into locomotor ataxy, and is equally probable that appropriate treatment at this stage, continued for a length of time, might be the means of arresting the progress of the disease permanently. The true significance of such, and all similar instances, will only become clear as our information becomes wider and more accurate. That this will be the case there is every reason for assuming; and as well that the results of observation will add much to the power of relief already possessed, while the efforts of the practitioner will be more and more closely directed at once to discriminate the onset of symptoms at the very earliest period of their occurrence, and, by prompt and efficient treatment at this stage, to effectually arrest its development.

#### MEDICAL EDUCATION IN DUBLIN.

THE descent of the Carmichael College into the Avenue of the night-lecture trade is a transaction of which we feel convinced the directors of the College are heartily ashamed, and we suppose allowance must be made for the depression in the certificate business, and for the impossibility of schools and colleges living by fair, honest teaching. We much regret that any institution in Dublin should be obliged to sacrifice its legitimate line of business, and go into the trade in adulterated goods in order to make a profit, but the fact that teachers of high character and respectability are obliged to do so is a reason the more for putting down these sophisticated evidences of study. Possibly some good may come of the splitting up of the market in these quasi-certificates. Enough of them have hitherto been put into circulation to keep one school alive, but, as the number of bank clerks and shop assistants who buy their proofs of study in this way is limited, it may be hoped that their patronage, when divided between two institutions will not be of sufficient value to induce either to carry on the system.

The stock argument in favour of the night-lecture system is that, by its means, some of the most industrious and smartest men get into our profession. The meaning of this, it seems to us, is that, because, in spite of their deficient education, and by reason of the manifold faults of our examinations, a few clever fellows manage to get their diplomas in a state of semi-ignorance, it is, therefore, warrantable to clear the road of all educational im-

pediments in order to encourage the invasion of a host of young men who may not be either industrious or intelligent. It is quite possible that a bright, hard-working shop assistant may scrape through with no education except that got in the "grind-room," and may learn his business effectively upon the bodies of his patients when he gets them, but we do not suppose that the representatives of either the Carmichael College or the Ledwich School would say that such a means of achieving professional competency is to be encouraged. And yet it is the means, and the only means, open to the young man who makes his medical education a sham in order that he may hold on to the other real daily business of his life.

We have pointed out without ceasing that medical school teaching in Dublin might be, and was in very many instances, an absolute sham, and that the testimonials of diligent study current with the College might be and often were untrue. The statement is equally true with reference to hospital study and hospital certificates, but what we now feel it necessary to call attention to is the fact that the issue of certificates does not necessarily prove that the hospital has the means of teaching, however willing it may be to teach. We are constrained to notice this matter by an extraordinary, and we must add, most disingenuous statement publicly made by Mercer's Hospital in its advertisements and circulars. We take from the announcement of the Hospital in the *General Advertiser* the statement that "students will have the advantage of instruction in every branch of medical science at institutions containing over 300 beds," and there can be no question that such a statement is calculated to leave on the mind of the unsophisticated reader the idea of a field of medical and surgical study more extensive than that offered by any other Dublin hospital.

But what is the fact? Mercer's Hospital has publicly declared that it can only afford to keep open 41 beds, and the actual number of beds occupied and available for clinical instruction may be as much less than this as circumstances require. The difference between these 41 beds and the 300 which are promised to the student is composed of an average of 64 beds occupied daily in Cork Street Fever Hospital, about two miles away, and a maximum of 26 available in the National Eye and Ear Hospital, to both of which institutions, we believe, Mercer's pays a fee for each student.

It seems to us that if the authorities of Mercer's were prevented filling more than 40 of its beds—upon which we commiserate with them—they would have done better to refrain from striking other hospitals "below the belt," as this advertisement undoubtedly does.

#### THE INFLUENCE OF FUNGI ON THE DEVELOPMENT OF GIANT CELLS.

LANGHAUS first studied the absorption of extravasation experimentally, and showed that in the case of rabbits this took place in such a manner that contractile cells appeared in the tissues surrounding the extravasation, which destroyed the red blood corpuscles with formation of pigment. In pigeons, in which the blood clot has a firmer consistence, the destruction of blood corpuscles by

contractile cells is limited to those present in the connective tissue surrounding the great mass of the extravasation. Contractile cells are formed also on the surface of this mass in numerous layers, but in the lowest layer, that in contact with the mass, giant cells are formed which in two or three days completely surround the whole blood clot in concentric layers. This was the first example of the absorption of firm masses by giant cells, to which was shortly added the knowledge of the absorption of bone by osteoclasts. It was the first observation that determined that the giant cells of tubercle were not to be regarded as specific elements of such a tubercular swelling, but they could also form on the surfaces of foreign bodies. The recent inquiry of Dr. Naegele, to which we are now referring, deals principally with those giant cells the specific nature of which in their relation to tubercle has been again contended for, and the author once more takes up the investigations of Langhaus principally in reference to two points; although in his experiments Langhaus never had suppuration. Naegele proposed to himself the following query: Do not fungi find their way into the extravasations along with the blood clots, and have not these fungi some influence on the formation of giant cells? To determine these points seventeen experiments were performed septicly on pigeons, and twelve gave positive results, *i.e.*, micrococci were found in the extravasations, a homogeneous limiting layer, and on the outer side of the clot giant or epithelioidal cells. In the five negative experiments neither micrococci were found in the blood clots, nor had they a homogeneous limiting layer, nor were giant cells present. Twenty-one aseptic experiments were carried out. Of these twenty gave positive results, and one negative only. Of the twenty positive ones there were neither micrococci, limiting layer, nor giant cells; whilst in the remaining one all were present. As the author obtained identical results in the whole of the thirteen experiments in which sepsis intentionally or unintentionally took place, he arrived at the conclusion that the question he set himself to decide must be answered in the affirmative—that sepsis was necessary to the development of giant cells in extravasations. As, moreover, in twenty-five experiments carried out intentionally or unintentionally aseptically, neither micrococci nor giant cells were to be found, he believes himself justified in the conclusion that the presence of the latter is due to the chemical action of the fungi present in the extravasation. The fungi do not act mechanically as foreign bodies, but in some other way, for they are not present in the giant cells themselves, nor in their immediate vicinity, but only in the extravasation itself. So much may be concluded from the labours of Dr. Naegele: that various kinds of fungi may cause the development of giant cells; besides tubercle bacilli we have the fungus of actinomycosis, as well as the cocci and bacilli of Dr. Naegele's experiments, which belong to still another species.

We learn that Dr. Ph. Abraham, who has lately resigned the Curatorship of the Irish College of Surgeons, does not intend to vacate his Examinership in Physiology in the same body.

## Notes on Current Topics.

### Some Results of Alcoholism.

SOME interesting evidence relating to the effects produced on important organs of the body by long continued indulgence in alcoholic drinks was given at an inquest held last week in the Holborn Town Hall. The subject of inquiry was a female costermonger who had been found dead in bed, and who had been addicted for a long period to habits of intemperance. The report of the post-mortem examination of the body described the left lung as weighing one pound fifteen ounces, while the right one had almost entirely disappeared. Portions of the right organ, on being thrown into water, immediately sank; and the chronic congestion to which it had been subject had naturally led to changes in the heart, which, was both very fat and very much softened; its weight was fifteen ounces. The published accounts do not state the condition in which the other organs were found, but there can be little question that the appearance of the liver would be typical of the circumstances under which the unfortunate woman had so long been living.

### Zenana and Medical Mission School.

THE annual meeting of the friends and supporters of the Zenana and Medical Mission was held recently at the Mansion House, when the chair was taken by the Lord Mayor. This association has been in existence more than five years, and during that time it has been able to do much good in the way of sending aid to the millions of native women in India, who, save from their own sex, are debarred by their religion from receiving the ministrations of the profession. The Zenana School is designed to instruct women willing to devote themselves to service as missionaries in India in the outlines of medicine and surgery, so that they may be in a position to give skilled help to female natives as occasion arises. To this end a regular series of lectures is given to the students by well-known members of the profession, who generously give their services without remuneration; and arrangements have been made whereby practical experience is gained in several of the smaller hospitals, the wards of which are thrown open to students from the School. The great amount of good already flowing from the existence of this institution has been amply testified in reports received from India, and there can be little question that as its objects and usefulness become more widely known among the public, that funds will flow more freely into its treasury. Last year the total income of the Society was £1,104, but as the annual subscriptions increase, so will the sphere influenced by it be extended, and the Committee are now making a special appeal for £2,000, in order to be enabled to be affiliated with a general hospital, and thus raised to the status of a recognised medical school.

IN Spain the daily number of deaths from cholera has fallen to about one hundred, and in Sicily to about half that number. There are still scattered cases in Italy and France, and a correspondent of the *Standard* states that there have for some time been cases at Nice, which have been kept dark.



### Ozone and Pneumonia.

SHOULD it turn out that certain observations respecting the influence of ozone on the animal economy, made by Dr. Daniel Draper, of New York, are confirmed, it will be incumbent on us to regard ozone in a very different light to that in which it has hitherto been customarily considered. According to the views now prevalent respecting this agent, ozone is almost the most important health-sustaining and reviving element in the atmosphere, and those situations in which it is more abundantly present have long been sought as the most desirable in which to spend a holiday. Dr. Draper's attention was drawn to the fact that for some years the death-rate from pneumonia in New York has reached a considerable, and while it has varied from year to year irregularly, it rose this present year to a higher number than in any similar period since 1834. Dr. Draper was at once struck by this result of his examination of records, and applied himself to discover a cause for the phenomenon, and especially whether atmospheric changes were in any way associated with it. Accordingly, he carefully studied the meteorological records stored in the New York Central Park Observatory, and he now declares that the years specially marked by prevalence of pneumonia were those in which the amount of ozone registered as present in the air was highest, and in which also the number of days on which this form of oxygen registered itself was greatest. It is, of course, quite possible as yet that Dr. Draper has only succeeded in detecting an interesting coincidence; but, on the other hand, also, he may have laid his finger on a very important explanation of the relations between cause and effect. That which he has accomplished is still only a first suggestion of research; but as in these cases beginning is often the most difficult step leading to successful discovery, the value of such a suggestion cannot be over-estimated. More will surely come of it.

### Hanging v. Morphine.

PROF. F. H. GERRISH, of Bowdoin College, in a paper read before the Maine Medical Association, condemns the prevalent mode of carrying out the extreme penalty of the law in civilised countries, and passes in review several substitutes for hanging that have from time to time been suggested. None of the means, however, so far proposed approve themselves to his mind, and after much consideration he has at length decided in favour of morphine hypodermically administered in a lethal dose. The details of an execution under such circumstances are thus pictured: At the appointed time the sheriff, accompanied by two deputies and the citizens prescribed by statute, enters the cell of the convict, who is lying on a couch. The sheriff administers six grains of sulphate of morphine under the skin of the felon, who in a few moments begins to feel drowsy. Soon he is overpowered with sleep, and the officer, to make assurance doubly secure, repeats the dose. Within half-an-hour the heart has ceased to beat, and the man is dead, having passed away without pain, convulsion, struggle, or consciousness. The advantages claimed for the method, with, it must be confessed, considerable show of truth, are its painlessness, freedom from the chance of horrible

displays, reduction of the dramatic element to a minimum, and its inexpensiveness. It would seem that the author of this paper was partly moved to its preparation by the horrible spectacle presented in this country when the attempt was made, and three times failed, to hang Lee, the Babbacombe murderer, on which occasion, it will be remembered, the drop refused to descend from some cause. It would indeed be a great improvement could the usual death by hanging, after judicial sentences of capital punishment, be replaced by a speedy, certain, and painless method, from which all the repellant elements associated with executions were absent. Professor Gerrish's suggestion merits at least a full consideration; and it is an undoubted advance over other means which from time to time have been advocated, such as electricity, strychnia, chloroform, &c., none of which are entirely without some drawbacks. There is a decided tendency towards replacing hanging as a means of killing with some more perfect means; possibly morphine offers a solution of the problem.

### Clinical Society of London.

THE first meeting for the present session of the Clinical Society of London took place on Friday evening last, the President of the Society, Mr. Thomas Bryant, F.R.C.S., being in the chair to welcome the members on once more resuming the labours interrupted by the summer recess. Referring to the work done by the Society in the last session, Mr. Bryant exhibited the new volume of "Transactions," the size of which is double that of any preceding issue of the work, and the value of which is largely added to by including in its contents a full shorthand writer's report of the memorable discussion on Charcot's Joint Disease. This volume also contains the important report on Spina Bifida, drawn up by a Committee of the Society appointed about two years since, and embodying a vast amount of information. The Secretaries are much to be congratulated on the work in every way.

### Medical Candidates for Parliament.

DR. CAMERON has been selected, by a large majority, the Liberal candidate for the representation of the College division of Glasgow in the next Parliament. Dr. Alfred Carpenter will contest the Reigate division of Surrey, and we earnestly trust he will succeed. He has devoted much of his life to the public health, and is thoroughly versed in the subjects of legislation in this direction. Moreover, he is a staunch Medical Reformer, and will be invaluable as such in a House of Commons which so greatly needs guidance in the matter. As a representative of the Reigate division he would be worth a dozen such nonentities as Sir Trevor Lawrence. By-the-way, we may as well mention, to avoid mistakes which might arise from his connection with the British Medical Association, that Dr. Carpenter is *not* the medical candidate who sold himself to the Anti-Contagious Diseases agitators, nor has he pledged himself to any other of the bands of fanatics which work the other *Anti-crazes*. He is quite incapable of purchasing a seat in Parliament by such a disreputable compact. Mr. Erichsen's candidature of the Edinburgh and St. Andrews Universities makes very promising progress, and he will, very probably, suc-

ceed in securing the seat if only he receives the united support of the medical electors. We earnestly trust that his opponent will not score a single medical vote, and that not a single medical voter will abstain from recording his suffrage. It would be madness for them to allow political considerations, with which they have no great concern, to interfere with them in securing such a representative of Medicine as Mr. Erichsen.

#### Irish Poor-law Inquiries.

LAST week we had occasion to animadvert upon the extraordinary method in which the City of Dublin Coroner manages his inquests. We have no desire to say more on the subject except that an official investigation since held by the Local Government Board has proved that the hasty censure of Relieving Officer Anderson by the Coroner was based altogether upon rash assumption, and not upon reliable evidence. Our present purpose is to point out how unjust to an accused officer and how utterly inconsistent with equity or fair play is the present method of Poor-law investigation. The present case will illustrate our meaning. One of the guardians, on the faith of some loose hearsay, addresses to the Local Government Board a series of complaints against the relieving officer, which, if they were true, would justify his immediate dismissal, and, if not true, were scandalous libels. The inquiry is granted, but the accused officer knows nothing of the evidence which will be offered against him until the moment it is produced in court, and consequently he is not in a position to rebut it. In this instance he went to great trouble to prove an *alibi*, which he did by most conclusive evidence; but the guardian who made these charges never appeared at all, and did not offer any proof whatever. It was manifest that the charges against the officer were absolutely and wholly false. We insist that it is a most improper system that a vindictive guardian should have power to slander an officer, that the proofs which he proposes to offer are never communicated to the defendant, and that, when the charges made turn out to be untrue, the officer has no remedy nor any compensation for the trouble, expense, and annoyance he has suffered.

#### Charing Cross Hospital.

ON Friday evening last we had the privilege of appearing as a guest at one of those happy *réunions* which have now become an institution at the commencement of the winter sessions with most of the medical schools—the annual dinner of the students of the Charing Cross Hospital, Sir Joseph Fayrer, K.C.S.I., an old student of the hospital, being the chairman of the evening, the Holborn Restaurant, of late so much resorted to for gatherings of the kind, doing its best to make the dinner an enjoyable one. On the removal of the cloth, the chairman, in a few well-chosen and appropriate words, gave the “Health of Her Majesty the Queen.” This was followed by the “Army, Navy, and Auxillary Forces,” Mr. Bloxam, F.R.C.S., replying for the first-named, and Mr. Cantlie, F.R.C.S., for the last, who referred with pride to the share taken by the students of the hospital in the augmentation of the Volunteer Medical Staff Corps, and in obtaining its recognition as a regular arm of the

Service by the Government, a movement brought about, we may add, mainly by Mr. Cantlie's exertions. Mr. Morgan proposed the “Hospital Medical School,” and Sir Guyer Hunter, replying, referred in high and glowing terms to the late Mr. Conolly, an old student of the hospital, who distinguished himself on the field of battle both in the Zulu war and in the Egyptian campaigns, for which he was awarded a medal, but unfortunately did not live to wear it. He fell a victim to the horrid Soudan climate—died, in fact, from fever brought on by overwork and want of rest and good food. Dr. Bruce spoke of the earlier struggles of the School, and of the high position to which it has now attained among the medical schools of the metropolis. Dr. Pollock, replying on behalf of the staff, with his wonted geniality, referred to the earnestness and zeal with which the resident officers endeavoured to discharge their duties, and in every way assist their seniors in their desire to make the work of the hospital thoroughly efficient. Mr. Wallington was called upon to acknowledge the toast designated by the Chairman as the toast of the evening, “The Students' Dinner.” “The Old and Present Students”—this being the largest gathering on record—was proposed by Dr. Green, and replied to by Dr. De la Motte and Mr. Chitty; while the sister institution, the Royal Westminster Ophthalmic Hospital, was responded to by Mr. Jabez Hogg and Mr. Juler; and a very pleasant and successful evening was brought to a close by Mr. Barwell, who gave the “Health of the Chairman.”

#### Medical Society of London.

THE Lettsomian Lectures will be delivered on Jan. 4th and 18th and Feb. 1st in the ensuing year by Mr. Jonathan Hutchinson, the subject being: “On some moot points in the Natural History of Syphilis.” The annual Oration will be delivered on May 3rd by Dr. R. Douglas Powell. The subject of the Essay for the Fothergillian Gold Medal to be awarded in March, 1886, is “The Nature of the Fevers usually termed in this country Febricula, Simple, Continued, and Modified Typhoid”; for that to be awarded in the following year, “On the Methods and Results of Operative Treatment in Malignant Disease.” Essays are to be sent to the Registrar, at the Society's House, on or before the 1st of November next preceding.

#### Testimonial to Mr. Timothy Holmes.

ON the retirement of Mr. Holmes some time since from the post of chief surgeon to the Metropolitan police, a movement originated among the Divisional Surgeons to mark their sense of Mr. Holmes' courtesy and kindness to his colleagues, in some fitting manner. Accordingly a subscription list was opened, and so well was the scheme supported that on Wednesday last a handsome tea and coffee service was presented to Mr. Holmes at his residence in London. The presentation was made by Mr. Bond, F.R.C.S., treasurer to the fund, who was accompanied by a deputation of nearly forty divisional surgeons. In acknowledging the valuable testimonial, Mr. Holmes expressed the gratification it afforded him to receive such a proof of the success which had attended his efforts to carry out the duties of his office harmoni-

ously; and he paid a high tribute to the ability and skill of the body of divisional surgeons, stating his belief that no body of men received better or more efficient attention than the metropolitan police.

THE Lord Chancellor for Ireland has appointed Dr. O'Reilly, F.R.C.S.I., to the Commission of the Peace for the County Meath, on the recommendation of the Marquis of Headfort.

THE question of creating a Doctorate of Medicine, to be granted by the London Colleges of Physicians and Surgeons to their licentiates and members, will be discussed at the meeting of the College of Physicians on the 16th inst.

THE building of the eastern wing of St. Mark's Ophthalmic Hospital, Dublin, has been completed. The new wards will be utilised for the reception of patients as soon as funds are provided to purchase the furniture required.

DR. SYMES THOMPSON yesterday commenced a course of four Gresham Lectures, at Gresham College, on Diseases of the Heart. These lectures being endowed, are free to the public, and will be continued at 8 o'clock each evening of to-day and two following days.

THE Professorship of Natural Philosophy in the Queen's College, Galway, being now about to become vacant, candidates for that office have been requested to forward their testimonials to the Under-Secretary, Dublin Castle. The candidate who may be selected will have to enter upon his duties forthwith.

DR. GUY P. L'E. NUGENT, who for some time has filled the office of Assistant Physician to the House of Industry Hospitals, Dublin, has been elected by the Board of Governors to the Physiciancy, vacated by the death of Dr. Benjamin G. MacDowel. Dr. Nugent is a Bachelor in Medicine and Surgery and a distinguished *alumnus* of Dublin University, and has for some time been connected with the School of Physic of the University in the capacity of Demonstrator. He also has already had some valuable experience of his new duties, having from time to time acted temporarily as Physician to the Whitworth and Harkwicke Hospitals during the absence of the Physicians. The appointment is fully approved by all those who regard merit and competency as the true qualification for the office.

National Dental Hospital.—We are asked to announce that in consequence of the success of the first series of dances held last year at the Marlborough Rooms, Regent Street, W., in aid of the funds of this hospital, the committee have the pleasure of announcing that a second series of four dances will be held at the same rooms this year, under the patronage of the Marchioness of Abergavenny, the Countess of Wilton, the Countess of Charlemont, the Countess of Normanton, &c., &c., on Wednesday, October 28th, Wednesday, November 25th, Wednesday, December 16th, and Monday, January 25th, 1886. The number of subscribers is limited. Tickets can *only* be obtained from the patronesses, stewards, or from the secretary, at 149 Great Portland Street, W. 174,155 cases have been attended to during the past ten years at the hospital.

## Edinburgh.

[FROM OUR OWN CORRESPONDENT.]

EDINBURGH ROYAL INFIRMARY.—RECENT ALTERATIONS.—During the year ending 30th September the number of patients treated in the Royal Infirmary was 7,854, as compared with 7,624 during the previous year, giving an increase of 230. The total number of deaths for the same year was 479, as compared with 520 in the previous year, giving a decrease of 41. The new ward, which has just been opened under the charge of Dr. Affleck, still further increases the possibilities of treatment and of instruction. In addition, increased accommodation is being arranged for by the alterations which are now in progress in connection with the medical wards. The slope of the infirmary site towards the south architecturally necessitated a considerably loftier south front. Hence each of the southern extremities of the long medical blocks is provided with an additional well-built room on the ground level. Hitherto the rooms have not been in use, because of the awkward means of access, and the object of the present changes is to remedy this defect. In the western turrets of each of the two central pavilions spiral staircases are being built, which will admit of direct communication between two of these unoccupied rooms and the corresponding medical wards. This arrangement will afford room for twenty-four additional beds, without necessary increase in the nursing staff, while the patients will be under the charge of the physician to whose ward the rooms are attached. The cost of the alterations is estimated at £400. The selection of a new assistant physician has begun to occupy the minds of those interested in the institution. The election will probably take place in about a fortnight. There is no want of highly-qualified candidates, but it is more than likely that the strong claims of Dr. Byron Bramwell, the present pathologist, will receive just recognition. We are glad, however, to observe that the feeling gains ground that an increase in the assistant staff ought now to be made. We are convinced that with a wise management and a proper division of work the possibilities of the medical waiting-room might be turned to far greater account, and one of the chief difficulties of the over-crowded state of the Edinburgh Medical School largely overcome.

UNIVERSITY OF EDINBURGH.—SECRETARYSHIP TO THE SENATUS ACADEMICUS.—The Secretaryship to the *Senatus Academicus* of the Edinburgh University, lately held by Professor John Wilson, who, after long service has retired from the Chair of Agriculture and from the Senate of the University, has been placed in the hands of Professor Kirkpatrick, LL.B., Professor of Constitutional Law and History and Dean of the Faculty of Law.

UNIVERSITY OF EDINBURGH.—PRESENTATION TO PROF. WILSON.—Last week Professor John Wilson, F.R.S.E., F.G.S., who, after thirty-one years of service, has just vacated the Chair of Agriculture and Rural Economy in the University of Edinburgh, was presented with a handsome piece of silver plate by a number of his old students. The veteran agriculturist, in returning thanks, remarked that though quitting the chair he had long occupied, he was not separating himself from his favourite studies, and he hoped the link that united his students and himself would remain strong. Professor Wilson is succeeded by Professor Wallace, a former student of Edinburgh, and lately Principal of Cirencester Agricultural College.

EDINBURGH UNIVERSITY.—BUILDINGS COMPLETION FUND.—The Building Committee in connection with the

University Extension Scheme are taking active steps for the accomplishment of their proposals, The Committee is of opinion that to complete the educational buildings proper the sum of £15,000 is needed. Mr. M'Ewen has generously offered £5,000 on condition that the remaining £10,000 be made up by public subscription. Up to the present £7,000 has been obtained. With the view of hastening matters, Professor Turner, the *interim* Convener of Committee, has addressed a letter to the Town Council expressing the hope that the City authorities, who have already acted so generously towards the University, would consider this fresh appeal in the same spirit. We feel sure that the Town Council will not be wanting in the matter, though possibly for the suspicion of opposition that betrayed itself the University is not altogether irresponsible.

**THE ADULTERATION OF FOODS.**—Mr. J. Falconer King, the City Analyst, has just submitted his quarterly report for the quarter ending 30th September. During the quarter fifteen samples had been sent to him for analysis—three of butter, four of milk, two of condensed milk, three of whisky, two of water, and one of sweetmeats. Of the butter, two samples were extensively adulterated, containing little or no butter, and consisting almost entirely of grease, salt, and water. Of the milk, three samples were genuine, while the fourth was unadulterated, but of very poor quality. Both samples of condensed milk had been prepared from milk much reduced in quality by the abstraction of cream. All the samples of whisky were genuine. The sweetmeats showed traces of the presence of a metallic compound, probably as colouring agent. The two samples of water were impure. The report further stated that it was probable that much of the food sold, especially to the lower classes, was adulterated, but from the nature of things it was almost impossible to get hold of samples for examination.

**PUBLIC BATHS.**—It has been decided by the Town Council to erect public baths on part of the old infirmary ground, involving an estimated expenditure of £11,080.

## Glasgow.

[FROM OUR OWN CORRESPONDENT.]

**THE GLASGOW WESTERN INFIRMARY.**—In our last impression the financial embarrassments of the Glasgow Western Infirmary were indicated. We have always maintained that a point would soon be attained to, not only in Glasgow, but in other cities, beyond which the public would refuse to support medical charity, and, we think, most justly refuse. Excessive and indiscriminate medical charity is a serious question, not only for the medical profession, but for the public; the former it robs and the latter it demoralises. The Western Infirmary of Glasgow was called into existence to serve the ends of the medical professors, and while no one will call in question the motives of the late Mr. Freeland, it will be admitted by all impartial persons that Mr. Freeland did a most unwise thing in bequeathing £40,000 to build a wing to the Western Infirmary. The infirmary was already too large, and ordinary prudence and foresight would rather have dictated the safe investment of these £40,000 towards the maintenance of the hospital as it stood. A wing being built, it must be filled, and being filled the public must support it. It is notorious that the class of people, speaking generally, who seek gratuitous advice at the Western Infirmary of Glasgow are such as to whom charity should not be extended, and that consequently a gross injustice is thus done to the pro-

feccion in order that the ends of a few professors may be served.

**THE FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.**—The annual meeting of this Faculty for the election of office-bearers took place on the 5th inst. The old examiners were almost all re-elected. The Faculty is made the battle-ground of the medical schools, and examinerships are eagerly sought after, not only for their pecuniary value, but as commanding an influence over students, as lecturers who are also examiners are for obvious reasons preferred by students. That lecturers should at all be examiners is, we hold, totally wrong in principle, and it is to be deplored that the Faculty should be monopolised to such an extent by the schools. In a most extraordinary speech Dr. Bell, at this meeting, stumbled upon a few wholesome truths. Dr. Christie was unfairly used, in not being re-elected, from the point of view of use and wont in the past.

**PROFESSOR M'KENDRICK ON TEMPERANCE.**—At the Evangelical Alliance Conference held in Glasgow on the 8th inst., Dr. J. G. M'Kendrick, of the Glasgow University, read a paper on "Temperance," treating the subject from the standpoint of a physiologist and physician. The issue was, he said, between moderate drinking or not drinking at all. It was significant (1) that a great change had taken place in scientific opinion as to the habitual use of alcohol as an adjunct to diet; (2) that the moderate drinker had a lurking suspicion that even a small quantity of his favourite beverage was not good for him; (3) that a man usually took liquors simply because he had acquired a liking for them, and believed they promoted a feeling of sociality. In referring to the physiological action of alcohol, he remarked that a good deal of exaggeration and mis-statements had prejudiced the legitimate arguments of total abstainers in the minds of many thoughtful men. When it was asserted, for instance, that the habit of taking a glass or two of wine or beer daily was necessarily injurious to health, and would in time produce a deterioration of the tissues of the body, a statement had been made which could not be proved. Such a statement did infinite harm to a good cause. The habitual use of spirits in a state of health was, however, not justifiable under any circumstances or in any climate. None, however, but men of extreme convictions would condemn the use of alcoholic liquors as a medicine.

## Correspondence.

### POOR-LAW MEDICAL OFFICERS' SUPERANNUATION AND MEDICAL MEMBERS OF PARLIAMENT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—At the meeting of the Council of the Poor-law Medical Officers' Association, held on Thursday last, the 8th inst. (*inter alia*), the case of Mr. Isaac Flower, until recently Medical Officer of the Carford St. Peter district of the Warminster Union, Wilts, was taken into consideration, and a resolution was come to that I should lay the facts before the profession through the columns of the *Medical Press and Circular*, &c., and in accordance therewith I have respectfully to request insertion of the following in your this week's issue.

Mr. Flower was appointed district medical officer on the formation of the union forty-nine years ago, and has held office uninterruptedly during the whole of that lengthened period to the satisfaction of the poor and the board, before the latter of which he has never been arraigned, nor his conduct in any way questioned. His salary, inclusive of all extras, was £100. Last summer, finding that infirmities were coming upon him which would interfere with the due performance of his duty, he was induced to send in his

resignation (he was in his seventy-fifth year); at the same time made application for superannuation. In due course the question came before the board of guardians for consideration. At such meeting Lord Haytesbury moved that a permanent annuity should be granted; this was negatived. It was then proposed that one year's salary should be given in the shape of a gratuity; to this an amendment was made that the sum should be £50 only. On this being put to the vote it was carried by 12 to 11; but we learn that up to the present Mr. Flower has not signified his acceptance of this insulting offer. He has, however, written to the Local Government Board, stating the facts, and asking their interference, and has got for reply "that it is entirely within the discretion of a board of guardians whether or not they will grant a superannuation allowance either for a limited period or otherwise to an officer on his ceasing to hold office, but they would if he desired it forward a copy of his letter for the consideration of the Warminster Guardians," a perfectly useless procedure *per se*, as all that would arise would be that the board would direct that the department's communication should be laid on the table.

Having regard to the lengthened tenure of office, the high character of Mr. Flower, and his advanced age, this procedure of the Warminster Board of Guardians is in the highest degree unjust to this gentleman; and this brings me to the next point in my letter, where, let it be distinctly understood, I write for myself alone, and not under the direction of the Council. I refer to an increase of Medical Members of Parliament, by whose aid only can this Permissive Superannuation Act be amended, as well as other legislative requirements affecting the pecuniary and social interests of medical men.

I see that there are several medical candidates before the constituencies, and I further note that the two Scotch and the London University have candidates competing who are not of the medical profession. It is not to be expected that the present representation of the London University can be disturbed, but we surely can, if we be so minded, wrest the two Scotch Universities from the hands of lawyers or laymen. In the case of Edinburgh and St. Andrews we have as a candidate an able, nay gifted, surgeon, Mr. Erichsen. I trust I shall not be held to be presumptuous in asking my fellow-graduates to disregard all considerations as to whether this gentleman be a Liberal or Conservative, but vote for him solely because he is a high-class medical man.

I would urge the same policy in every borough or division of a county where a medical man is a candidate, and I do so for the reason that there will be plenty of candidates left to take charge of general political considerations; but unless we are up and doing on this occasion we shall be, as we have been hitherto, without political influence in the councils of the nation, a want which I have striven to secure Medical, Poor-law, and Sanitary Reform through the House of Commons.

I am, Sir, yours, &c.,

JOSEPH ROGERS,

Chairman Poor-law Medical Officers' Association.

31 Montagu Place, Russell Square,  
October 10th, 1885.

## Literature.

### GOUT. (a)

It is taken for granted by the first of these writers that gout is extending its ravages as a disease, and becoming more complex in its manifestations year by year in this country. The number of books, papers, &c., that are published annually on the point would seem to sanction or support this view. The Reports of the Registrar-General do not however encourage this belief, for they only give 497, 522, and 524 as the numbers of deaths registered under this heading for the years '81-2-3 respectively. If these are to be relied on as an accurate representation of the situation our author's assumption must be set aside as untenable. It

is, moreover, disproved by the personal memoirs, autobiographies, and other books of that kind that crowd upon us so rapidly now-a-days, and the greater facilities afforded by our railways and steamers for change, recourse to the sea-side, health resorts, &c., would seem to imply that this decrease was more due to hygienic influences of this kind than to greater abstemiousness as regards liquors, or even a lesser indulgence in what are called the "pleasures of the table" than our fathers practised. Not that this item or element is to be excluded from our calculation of the probabilities of the case. We are no longer the gross feeders we used to be in the olden times in this country. The drinking feats of the Georgian era are now rarely heard of amongst us. The insurance offices are not so exacting in this respect as they were wont to be, and even the playwrights and the sensation-novelists of the period do not now *always* get rid of their stock-villain or bloated Nabob through this channel.

But whatever doubt may exist in others' minds as to the prevalence of this disease at the present time in our midst, our author has no doubt in his own as to its "essential state." He says, without any hesitation, that this consists of an excess of uric acid in the blood, and he regards the pain that is produced by a localised attack of the disease as purely mechanical; in other words, as due to the pressure on, or stretching of nerves that an exudation of a semi-fluid solution of this acid into the interstices of the tissues of the part produces. He further implies that this effusion destroys or disorganises the texture of the tissues it penetrates, but he alleges no proof of this assertion, and we know, as a matter of fact, that the parts attacked by gout very soon regain their ordinary tone, calibre, and feeling after it has quitted them. We also know that the deranged stomach and the disturbed kidney soon follow suit, and if this local stretching or even disorganisation be the all in all of an attack of gout, how does it happen that the system generally is so deeply involved in it as to sympathise with it, through the heart, the brain, or other equally vital organ, as it so frequently does. Moreover, if this uric acid be as he assumes, "an excrement which has no place in the healthy body," would it not be better to try and get rid of it as soon as possible, like other excrementitious matters, through its alleged homes, the liver or the kidney, than waste our time and our patient's strength, as he advises, over fomentations, flannels, and other placebos of that kind? But of a truth a typical attack of gout implies much more than a mere mechanical stretching and straining of parts, and what this "much more" is our author fails, like so many others before him, to point out.

Dr. Granville looks everywhere, like a firm believer in its hereditary transmission as he is, for evidence of its morbid influence, and that, too, though the underlying malady does not otherwise declare itself in the system. This heredity is, however, more manifest among males than it is among females. Their temperance, indoor-lives, and other domestic or sexual peculiarities diminish their liabilities in this respect, but though child-bearing and other women escape the graver visitations of this complaint, they do not go scot-free. Many of the anomalous symptoms our female hospital and other patients complain of would, we feel assured, find a readier solution of their obscurity, through our recognition of this influence than is now always aimed or arrived at in our clinics. But this is a matter of almost daily professional observation, and as to the many secondary results of this so-called gouty constitution, he enumerates, such as gouty obesity, gouty dyspepsia, gouty headache, and neuralgia, &c., are they not sometimes susceptible of other interpretations than those he puts on them? We think they are. We also think that the mastery which science is now so rapidly establishing for us in the unexplored territories of the Nervous System will, ere long, enable us to get rid of this gout-bogey in that field, and to get rid, at the same time, of those quaims and terrors and fidgets that constituted the opprobria of our art, and constituted also the hunting-grounds of those professors or pretenders who lived on the credulity or abused the confidence of our maiden sisters or spinster aunts.

Our author is very strong, as might be expected, on the subject of gouty sleeplessness, and we notice with pleasure the fact that he deprecates the use of "soporifics" in the treatment of this very distressing symptom. "The practice is not (he justly urges) less scientific, but it is certainly not one whit more so than to treat pains in the epigastrium with

(a) "Gout in its Clinical Aspects." By J. Mortimer Granville, M.D. London: J. and A. Churchill, 1885.  
"Gout and its Relations to Diseases of the Liver and Kidneys." By Robson Roese, M.D. London: H. K. Lewis, 1885.

anodynes, without taking the trouble to inquire whether there be any organic disease of the stomach or not, whether the food taken is digested, whether it is properly masticated, or whether the patient is suffering from excess, or, it may be, starving. We cannot (he continues) proceed a single step on the way to treat sleeplessness intelligently until its form.....is definitely ascertained, and the cause of wakefulness clearly made out." Just so find out the "form" and the cause will soon follow, and then any one of the "score or more" funny or fantastic processes recommended at pp. 113-14 of this manual will do the job. Then a bandage over the eyes or some cotton wool stuffed into the ears, a pinch of snuff, or "a blast of the pipe" will turn the scale, and our wakeful sufferer will sleep in the eye of Phœbus till "the bawdy hand of the dial stands at the prick of noon." But in sober earnestness this wakefulness is about the worst feature, as well as the most intractable outcome of this malady, and the man who will suggest a means—other than that by soporifics—of subduing it will confer a benefit on his species that no tongue can adequately praise or reward. The warm or hot bath followed by the cold douche to the temples, occiput, and nucha is the remedy we ourselves find most effectual in such cases.

His description of the gouty affections of special organs, though meagre and inadequate, is yet interesting, and so far as it goes reliable. But it does not go far enough, anyhow, not far enough in respect of one of those with which we ourselves have had a somewhat protracted and unpleasant acquaintance, and many more suicides result, we feel assured, and much more misery accrues from these cruel complications than is described in books or are figured in the records of the Registrar-General. Be that, however, as it may, ample justice is done, and evidently so from experience to the gouty affections of the brain, spinal cord, &c. But little or nothing is said in these pages about the apoplexies or other forms of sudden death that so frequently follow these, and the resemblance or relationship, if any, between gout of the spine, and tabes dorsalis is not alluded to. The warning of Juvenal, "Hinc subitas mortes et intestata senectus" might well be taken into account by practitioners and others in this connection, and it is scarcely necessary to point out that whenever there is depression with drowsiness or worse, coma, with convulsions, the end cannot be far off.

But it is impossible for us to do justice within the limits at our command to the many other really striking or suggestive features of this book. We can only say that it is agreeably written and judiciously arranged, and that the author of it does not advocate asceticism, vegetarianism, or semi-starvation in the treatment of this disease. On the contrary, he more than insinuates that port wine—he insists on its being *kept long enough in the wood*—is not merely innocuous, but decidedly beneficial during the intervals that interpose between the attacks. There is a useful though somewhat varied formulary in the second part of it, as well as practical hints on sea-bathing, baths, and waters, and special drugs, and altogether our author has, by his masterly grasp of the subject in all its Protean relations, better succeeded in unravelling the mysteries of this hitherto ill-understood malady than any other recent writer of our acquaintance.

Dr. Roope's book is cast in a lower key, and makes little or no pretence to far-fetched theories or high-flown forms of phraseology. It is, indeed, an essentially practical little treatise which may be safely commended as a guide or aide-memoire to the busy practitioner who has no time to study more pretentious volumes, and who will find in its pages all that he wants to know of the teachings of modern science on this vexed subject. Its principal object is to show "that functional disorder of the liver underlies the majority of gouty manifestations," and to this object the greater part of its author's reasonings are directed. It is, however, proverbially difficult to prove a negative, and it is no reproach to Dr. Roope to say that he has not quite succeeded in proving this his thesis. It may be doubted, indeed, if such a thesis admits of being proved at all in the present state of our knowledge or rather ignorance of the physiology of this organ, and it is scarcely fair to saddle this useful though comparatively passive viscous with the paternity of a disease that "is capable of assuming such widely different forms, and of causing such a number of symptoms, disturbances, and complications" as can *only* be explained through an actual outburst of it.

Uric acid is, of course, trotted out again and, for the

hundredth time in these pages, as the *fons et origo mali*, and its *place of origin* in the animal economy is ascribed by, *inter multos alios*, our author, to the spleen, the liver, the lymphatic glands, the connective tissue, and the muscles. The kidneys serve only as a filter for it under this arrangement, but when they act exclusively in the case on their own account, "the epithelial cells of the uriniferous tubules are credited (by whom?) with the power of selecting from the blood the necessary materials, and of converting them into uric acid." That may be so for aught we or our author knows to the contrary, but this "power of selection" if it exists at all must be very irregularly exercised, and the very fact that such vague explanations are gravely put forth at all in this connection in such a work only tends to show that "the theory that in gout the uric acid excreting function of the kidney is defective, rests upon a pure hypothesis, and could be accepted only if no more suitable theory could be discovered." We ourselves prefer looking to the blood for the place of origin of this mysterious and many sided malady rather than to the liver or the kidney, but we think that the *materies morbi* generated in this operates through the nervous system, and we are glad to see that the "young bloods" of the profession are coming round to this Cullen's theory of its origination and pathology.

The author's own views as contra-distinguished from his hypotheses may be briefly summarised as follows, and we must refer to the book itself for what he says about the cardiac, hepatic, renal, &c., complications this disease induces or produces in the economy. He holds then (1) that uric acid is the *materies morbi* of this disorder; (2) that urate of soda is the cause of the gouty inflammations of joints; (3) that this results from the imperfect transformation of albuminous substances; and (4) that this imperfect transformation is for the most part due to functional disorder of liver. Where the kidneys become *secondarily* affected this is owing to the irritation that is set up by this all pervading uric acid, but when we ask for evidence of all this we get a *vow et preterea nihil*; we ask for bread and are offered a stone in the shape of a high-sounding phrase like metabolism or metamorphosis, elimination or oxidation, *materia pœoœoes*, &c., &c., which may mean anything or nothing, according, as Captain Cuttle would say, to the construction you put upon it or them.

But whatever objection may be urged against our author on this score, or whatever we may think of his theories, only one judgment can be formed of his directions for the treatment of this complaint and its accessory troubles and complications. These are comprehensive, judicious, and practical, and such as any tyro might carry out without misgiving, and the earnestness with which he deprecates the application of leeches, blisters, or cold in any form to the affected joint is worthy of every acceptance and commendation. He begins by quoting with approval—an approval we heartily endorse—a remark of Dr. Todd's to the effect that "there is no disease in which the patient can do so much for himself, or in which the prescriptions of the physician are of so little avail without the full and complete co-operation of the patient as in gout," and William Cadogan, Fellow of the College of Physicians, said the same thing upwards of one hundred years ago. "Poor men! (he exclaims) is not the gout sufficiently distinguished? But where is the remedy? Certainly not in the precarious skill of prescribing doctors, or the secret of ignorant and enterprising quacks. But it is (he adds) the constant course of life we lead, what we do, habitually every day, that, if right, establishes our health, if wrong makes us invalids for life," from this and other ailments of its kind or complexion.

"The diet and the condition of the liver are (continues our author) the first subjects which require attention on the part of the physician and his patient," and whatever opinion we may hold as to the part, if any, this organ plays in the production of this disease, there can be no doubt as to the necessity of regulating the dietary if we would make any impression on the diathesis. There is no need, however, for an absolutely vegetarian, much less for a semi-starvation diet in this disease, "abstinence from or at most a very sparing use of the coarser ingredients (always excluding beef) of animal food will suffice." Eggs, milk, chicken, and butter, &c., will supply all the nutriment that is required, and we entirely think with our author that "both theory and experience teach us that alcohol in any form should be avoided by gouty subjects." We also think with him that water taken internally washes out the stomach, augments secre-



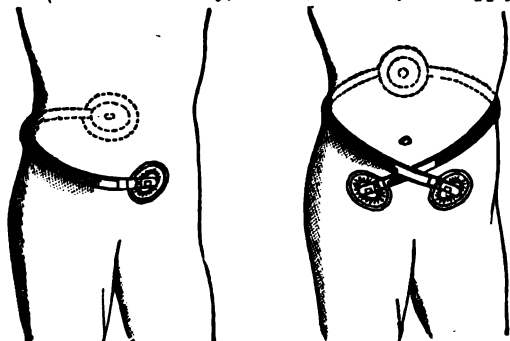
tion, promotes the transformation of tissue, removes waste products from the blood, and thus fulfils many of the indications for the treatment of gout, and were we asked for a briefer or more pithy expression of our opinion on the point we would say to the patient, with Horace, "Tu pulmentaria quære sudando," or better, perhaps, with Abernethy, "Live on a shilling a day, and—earn it." That would be *our* remedy for the diathesis. We are unable to suggest any improvement of or on the details suggested by our author for dealing with the acute attack itself.

### Novelties.

#### A NEW TRUSS ARRANGEMENT FOR THE COMFORTABLE AND STEADY SUPPORT OF THE DOUBLE INGUINAL HERNIA.

Suggested by HY. ARMSTRONG RAWLINGS, M.R.C.S.

THE Salmon and Ody, single truss with its ball and socket joint, long sweeping spring from the centre of the back to the further side in front is simply perfection, and has stood the test of practical use for twenty years. Why not therefore, by simple multiplication of the same instrument, give an equal boon to the sufferers from double hernia? This under my direction has been carried out with complete success. The subjoined sketch will show at a glance this new arrangement. The two arms of the spring cross each other in front, without in the slightest degree interfering with each other's action. I find also, that by joining the two spring firmly together behind, great steadiness is secured. The springs by this arrangement are prevented from falling down over the hips, and allow free action to the legs and to the springs themselves. The advantage of having the springs in two parts is, that the maker (S. Salmon & Ody, Strand, London) can apply a



stronger one either side if required. Other recommendations connected with the truss are as follows:—

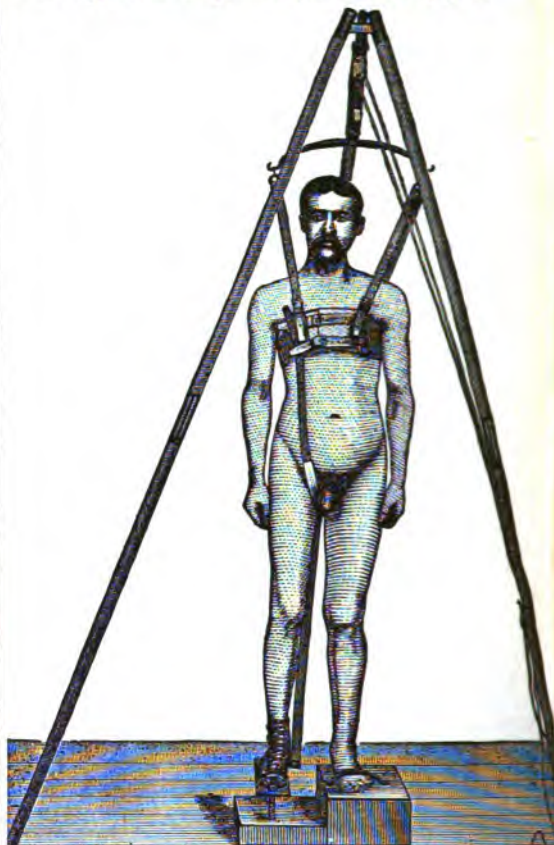
Trifling pressure over the hips; free motion of the body, with comfort in stooping. The perfect action of the ball and socket joints with the elongated springs (which press the pads inwards instead of outwards) enables much smaller ones to be used, and secures the great desideratum of not arresting the flow of blood from the extremities of the body. To render this truss comfortable, I considered it most desirable to construct an inexpensive elastic pad, which has been done by introducing coils of india-rubber tubing. It is well to remember that the *lower edges* of the pads in front should just rest on the bone below. Mr. Cantlie, of Charing Cross Hospital, has seen this double truss in action, and considers it most perfect.

#### A NEW APPARATUS FOR THE IMMEDIATE APPLICATION OF THE PLASTER OF PARIS SPLINT IN FRACTURES OF THE SHAFT OF THE FEMUR.

Suggested by ED. COTTERELL, M.R.C.S., L.R.C.P. Lond.

THE satisfactory method of treating fractures of the shaft of the femur in children by means of the immediate application of the plaster of Paris bandage has led me to devise an easy means of applying this efficient mode of treatment when we have to deal with a case of fracture of the thigh occurring in an adult.

The apparatus which I have contrived is a modification of Sayre's suspension apparatus, and has been manufactured for me by Messrs. Maw, Son, & Thompson, who have carefully carried out my instructions. It consists of a tripod with a cross bar and pulleys similar to Sayre's; the counter extension is made from the axillæ by means of a broad padded leather chest belt, and by a perineal band fastened to the same. The extension is made from the foot by means of a boot fastened to an iron foot plate, which rotates by means of a screw, and which can also be extended by similar means. The sound leg rests upon a step formed by the box, in which all the apparatus except the tripod will easily pass.



The method of using this apparatus is as follows:—Whilst the patient is lying down the belt can be applied to the chest, and the step being placed under the centre of the tripod, the patient is carefully lifted so as to rest his sound foot upon the step, leaving the injured one hanging over the side, but being held steady by an assistant. The cross bar is now lowered and attached to the chest belt by means of the straps, and then by pulling the cords the patient is to be supported but not raised from his sound leg. The foot piece being raised to its full height, is now fastened on to the foot of the injured limb, by means of the boot, which has been previously fastened to the lid of the box by thumb screws. Should there be any rotation outward of the lower fragment, this can be remedied by rotating in the boot, to the sole of which is fixed a screw arrangement for this purpose. Having got the foot into position, with plenty of extension, the length of the two limbs should be measured from the anterior superior iliac spine, to the lower border of the patella, and any shortening may be remedied either by tightening the perineal band, or by the extension screws attached to the foot plate. When the limb is judged to be in accurate position, a roller of flannel should be applied to the limb and pelvis, padding the ischial and femoral tuberosities with a little cotton wool. The flannel should be begun just above the boot and carried well over the pelvis. The plaster should now be carefully applied over the flannel. In order to strengthen the part over the groin and at the seat of fracture, slips of tin should be included in the bandage over these parts. When enough plaster is judged to have been laid on, and the splint is well set, the foot piece

and perineal band may be removed, and the patient laid in recumbent position, care being taken not to break the newly-set plaster.

This immobile apparatus should be worn for about six or seven weeks, the patient meanwhile getting about on crutches, having a patten, about four inches high, placed on the boot of the sound leg.

#### OPENING OF THE MONT DORE OF BOURNEMOUTH.

We have on former occasions described the Mont Dore of Bournemouth as it was intended to be by the Directors, but we have now had the opportunity of examining it on its completion. On Saturday last special saloon carriages were engaged to take down by the 2.15 train from Waterloo some hundred or more visitors, under the guidance of Dr. Meadows, to remain guests of the Company from Saturday to Monday.

On their arrival at the Mont Dore they were received by Dr. Emonde, the Resident Physician, who has recently come from the Mont Dore, Auvergne, and who conducted them through the baths. The system of baths is very complete, consisting of Turkish bath, full-length baths of hot and cold sea water, spring water, and artificial Mont Dore water, aspiration room, vapour and pulverised water, nasal and throat irrigations, electric baths, douches, &c. The sea water is pumped up from the sea, the pipes for which are very extensive, and were laid down at a cost, we believe, of over £2,000. The Mont Dore treatment is carried out by means of the Mont Dore water brought from Auvergne in bottles, so that for sprays, inhalations, drinking, &c., veritable Mont Dore water alone is employed, but for the large baths artificial Mont Dore water—that is, having the same mineral composition (arsenuret of soda). The Turkish bath is bright and pretty, and most perfect of its kind, the ventilation allowing of so pure an atmosphere that a temperature of 305°F. was borne without discomfort. There is a good plunge, and the douches, needle sprays, &c., in connection with the bath are all that can be desired. After the inspection of the baths the guests were received at dinner in the great ball-room. The toasts of the evening included "The King and Queen of Sweden," who laid the foundation-stone of the building after the visit of the Queen to Bournemouth on account of her health. In reply to the toast "Success to the Mont Dore of Bournemouth," proposed by Mr. Horace Davy, M.P. for Christchurch, Dr. Meadows, whose name was associated, remarked in a very appropriate speech that perhaps as a commercial undertaking it might not behave to take part in the direction, but as a public benefit it became a duty so to do, and he believed that this institution would prove a public benefit to the people of this country at large. Dr. Emonde, from Mont Dore, Auvergne, said that he considered the establishment magnificent, its arrangements most perfect and most complete, more than equalling those of the Mont Dore of the Continent.

On the Sunday morning most of the visitors personally tested the comfort of the baths, after which some returned to London; others prolonged their visit till the Monday morning.

Every one who visits the Mont Dore of Bournemouth must coincide with the opinion expressed by Dr. Emonde at the dinner, that the establishment is magnificent, most comfortable, and most perfect. It will afford invalids suffering from phthisis, chronic bronchitis, rheumatism, chronic joint affections, and chronic inflammations of all kinds, opportunities of treatment and of recovery from their ailments which they have not had before in this country. We congratulate Dr. Meadows and the directors on the happy result of their labours so far, and trust that the unequalled advantages offered by this institution may rapidly become known to the medical profession and to the people.

### Medical News.

**New Books and New Editions.**—The following have been received for review since the publication of our last list, Sept. 2nd.:—Atlas of the Cutaneous Nerve Supply of the Human Body, by Jacob Heiberg, M.D., and W. W. Wagstaffe, F.R.C.S. Eminent Doctors: their Lives and their Works, by G. T. Bettany, M.A. (2 vols.). The Blot upon the Brain, by W. W. Ireland, M.D. Ed. A Complete Pro-

nouncing Medical Dictionary, by J. Thomas, M.D. Cancer, by Willard Parker, M.D. The Mother's Manual of Children's Diseases, by Chas. West, M.D. Medical Experiences in India, by S. E. Maunsell, L.R.C.S.I. Alpine Winter, by A. Tucker Wise, M.D. Guide to the New Pharmacopœia, by Prosser James, M.D. Elements of Pharmacy and Materia Medica, by Wm. Whitla, M.D. (3rd Edit.). A Summary of New Remedies, by T. M. Dolan, M.D. The Diseases of Sedentary and Advanced Life, by J. Milner Fothergill, M.D. Diseases of the Larynx, by Dr. Gottstein; translated by P. McBride, M.D., F.R.C.P. Ed. The Insane in the United States, by D. Hack Tuks, M.D. Transactions of the Willan Society, edited by Jas. Startin, Vol. I. The History of Homœopathy: its Origin and Conflicts, by W. Ameke, M.D.; translated by Alfred E. Drysdale, M.B., and edited by R. E. Dudgeon, M.D.

**Guy's Hospital Conversations.**—As usual, the medical session at Guy's Hospital was ushered in by a *conversazione*, which was attended by rather over 3,000 people. The medals and prizes to the successful students were distributed by the Treasurer at 10 o'clock in the anatomical theatre, which was crowded with ladies and gentlemen interested in the prize winners. In the course of his short speech the Treasurer drew attention to the remarkable successes which Guy's had for some years past obtained at the various examining boards. Thus at the Intermediate M.B. at London University in July last, 24, or a quarter of the whole number of successful candidates, were from Guy's, and in the honours examination a quarter of those placed were Guy's men, and out of four exhibitions two were obtained by Guy's men, and marks qualifying for a third were obtained. At the B.S. examination a third of the successful candidates were from Guy's, and a Guy's man qualified for the gold medal at the M.D. At the College of Surgeons, both at the Fellowship and Membership, the average of Guy's men who passed was very high. Thus at the spring primary, 37 out of 39 were successful. At the Apothecaries' Hall the surgical scholarship of £100 and the medal for botany both fell to Guy's men. After a short speech from Dr. Wilks the company returned to that part of the Hospital devoted to the *conversazione*, where the pretty and elaborate electric lighting by Messrs. Woodhouse and Rawson, and the very tasteful decorations by Messrs. Morris and Co. commanded universal admiration. Some of the most interesting exhibits were the instruments adapted for applying the electric light to medical purposes, Mr. Wilson-Swan kindly exhibiting some of his own inventions. The various collection of microscopical objects was particularly good, Messrs. Gowan and Crook, students of the hospital, showing some very beautiful bacilli. Messrs. Tooth gave a fine display of pictures. Messrs. Coote and Tinney entertained the company with excellent musical performances. The anatomical, comparative anatomy, and pathological museums were lit with the electric light, and in the latter Dr. Goodhart showed all the pathological specimens added to Guy's during the last year. The grounds were illuminated in the same style as at the Inventions. All the company seemed to have enjoyed themselves thoroughly, and did not separate till a late hour, each carrying away with him a very tasteful programme and a leaflet containing an account of the work of Guy's Medical School for the past year.

**St. Thomas's Hospital.**—The following gentlemen have been awarded open scholarships in Natural Science:—Arthur Francis Stabb, scholarship, £100; Seymour Graves Toller, scholarship, £60. O. R. Box, A. C. Lankester. T. A. Dukes, and M. C. Clutterbuck obtained the number of marks qualifying for a scholarship.

**MR. HERBERT PEARCE**, assistant to Dr. Appleton, of Beverley, committed suicide on Monday last by taking prussic acid. The deceased, who was under notice to leave the employ of Dr. Appleton, left a note stating what he had done. He was thirty-two years of age.

**The Mortality of Foreign Cities.**—The annual death-rates per 1,000 in the principal foreign cities, according to the last weekly returns communicated to the Registrar-General, are as follow:—Calcutta 32, Bombay 25, Madras 33, Paris 18, Geneva 19, Brussels 20, Amsterdam 17, Rotterdam 16, The Hague 13, Copenhagen 16, Stockholm 18, Christiania 20, St. Petersburg 25, Berlin 20, Hamburg 26, Dresden 19, Breslau 26, Munich 24, Vienna 21, Prague 24, Buda-Pesth 23, Trieste 22, Rome 28, Turin 19, Venice 25, New York 25, Brooklyn 25, Philadelphia 21, and Baltimore 16.

## Notices to Correspondents.

**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.

**READING CASES.**—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

**LOCAL REPORTS AND NEWS.**—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

### THE NEW INLAND REVENUE ACT AND MEDICAL CORPORATIONS.

We are requested by Her Majesty's Commissioners of Inland Revenue to draw attention to an announcement in our advertising columns with a view to the sending in of returns by medical and other Corporations for the assessment of the duty on such property as may come under the Inland Revenue Act, 48 and 49 Vic., cap. 51, passed last session. These returns must be sent in before the 1st of December next.

MR. J. BLAND is referred to another column of present issue.  
DR. BRAILY is thanked.

### "THE SACRAMENTAL CUP."

J. H. R. (Edinburgh).—We do not think it advisable to invite discussion on the subject. No good could possibly arise therefrom, and much sorrow might accrue to those persons whose lives are made happy by partaking of "the Sacramental Cup." We do not believe in syphilis from such a source, nor do we know any member of the profession who has ever seen an authenticated case of infection from this source. It may form a convenient source for evil-disposed persons on which to throw the onus of their maladies, but we do not care to lend countenance to such by admitting its possibility.

MR. J. ROSE (Halifax).—We have referred to the dates mentioned, and do not find the article. Probably an error of one figure; please give us correct data.

MR. T. G. (Liverpool).—The subject was embraced in Mr. Hutchinson's Lectures delivered last year at the London Hospital, and published in our columns.

### CONSULTATIONS ON DISPENSARY PATIENTS.

J. J. McN. writes: A doctor was summoned by ticket to attend a case of midwifery, and finding the case required the assistance of his immediate colleague, he sent for him to come at once. How far justified was his colleague in attending upon strength of note, regardless of relieving officer's ticket, the patient being a considerable distance away, and how may payment in such a case be rendered feasible?

[Precedent and custom provide that the order to the consultant must be given by the relieving officer, and an order or request given by the medical officer does not bind the board of guardians to pay. We doubt whether this custom is good law, and it would, we think, be worth while to test the question by getting a consultant—whose fee was refused—to sue the guardians, and thus decide whether, under the circumstances, the medical officer is not a responsible agent of the guardians, with due authority to retain a consultant. In any case, the relieving officer can, if he pleases, make the claim of the consultant good by giving an order subsequent to the attendance.—ED.]

**SHEFFIELD.**—If possible in our next. Proof will be sent you in due course.

MR. A. S. (Brighton).—We cannot look at the professional differences of opinion in the case, in the light of one who is not in a position to understand first causes. The lay public are too apt to jump to conclusions in these matters. Were we to give you our opinion you would probably decline to act on it from the tone of your letter.

MR. A. FORD, F.R.C.S. Edin.—A correspondent asks for information about this gentleman, who thinks it necessary to advertise himself, his F.R.C.S. Edin., and his "permanent" migration to Waterford in the Irish newspapers, amongst the advertisements of cheap coals? He desires to know whether the F.R.C.S. Edin. is still sold for £25 to all comers, and also whether Mr. A. Ford's method of entering into professional competition in Waterford would be considered by the Fellows of the Edinburgh College to be in good taste?

### THE BRADLEY FUND—(NINTH LIST).

To the Editor of the Medical Press and Circular.

SIR,—Please acknowledge the following contributions in the next issue of your Journal. And as it has been decided to close the subscription list on Monday, the 26th of October, I shall be glad if those gentlemen who have not already paid their subscription would kindly forward me their cheques as soon as convenient.

I remain, Sir, yours faithfully,

RICHARD JEFFREYS.

Eastwood House, Chesterford, October 7, 1885.

Mr. Alfred Willett	.. £2 2 0	Mr. Matthew Hallwright	£1 1 0
Mr. Malcolm M. McHardy	2 2 0	Dr. Arthur W. Orwin (2nd)	
Dr. G. C. Dale	.. 1 1 0	donation)	.. 1 1 0

## Meetings of the Societies.

WEDNESDAY, OCTOBER 14TH.

**BRITISH GYNECOLOGICAL SOCIETY.**—At 8.30 p.m., Specimens will be shown by Dr. Fancourt Barnes, Mr. Reeves, and others.—Dr. Jamieson, Ruptured Perineum.—Dr. Heywood Smith, Hernia of the Ovary.

THURSDAY, OCTOBER 15TH.

**OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.**—At 8 p.m., Living and Card Specimens.—At 8.30 p.m., Mr. W. Lang—(1) Detached Retina in Yellow Spot Region re-shown; (2) Pterygium of Conjunctiva.—Mr. Spencer Watson, Granular lids and Vascular Cornea treated by Peritomy.—Dr. J. B. Lawford, Tuberculosis of Choroid.—Mr. G. Anderson Critchett, A Case of Orbital Cellulitis.—Mr. Walter Jessop, On a Case exhibiting Definite Movements of the Pupils with the Action of the Intrinsic Muscles of the Eye.—Mr. E. Nettleship, A Case of Fatal Meningitis after Excision of the Eye-ball.—Mr. Simeon Snell, Foreign Bodies in the Back Part of the Eye with Preservation of Sight.

**HARVEIAN SOCIETY OF LONDON.**—At 8.30 p.m., Mr. A. G. Skeels—(1) A Case of Iodic Purpura; (2) Specimen of Pyo-salpinx.—Dr. W. R. Chesdie, The Treatment of Chorea.

FRIDAY, OCTOBER 16TH.

**SOCIETY OF MEDICAL OFFICERS OF HEALTH.**—At 8 p.m., Dr. W. H. Corfield (President), The history of House Sanitation.

## Vacancies.

Manchester.—Owens College.—Professorship of Physiology. Applications, with testimonials, to the Registrar, not later than Nov. 9.  
Ripon Dispensary.—Resident House Surgeon and Dispenser. Salary, £100 per annum, with furnished apartments, &c. Applications, with testimonials, to the Hon. Secretary immediately.  
St. Asaph Union.—Medical Officer. Salary, £90 per annum. Applications, with testimonials, to the Clerk on or before October 22.  
St. Olave's Union.—Resident Assistant Medical Officer and Dispenser. Salary, £100 per annum, with furnished apartments, &c. Applications, with testimonials, to the Clerk not later than October 19.  
Stockton Union.—Medical Officer and Public Vaccinator. Salary, £250 per annum, with fees. Applications, with testimonials, to the Clerk to the Guardians, not later than October 17.  
Swansea Hospital.—Ophthalmic Surgeon (hon.). Applications to the Secretary before November 3.  
West London Hospital, Hammermith, W.—House Physician and House Surgeon. No salary. Applications, with testimonials, to the Secretary by October 22.  
Westminster General Dispensary.—Resident Medical Officer. Salary, £100 per annum, with furnished apartments. Applications, with testimonials, to the Secretary before October 19.  
Worford House Hospital for the Insane, Exeter.—Assistant Medical Officer. Salary, £150, with board, &c. Applications, with testimonials, to the Medical Superintendent on or before October 21.

## Appointments.

FREEMAN, W. T., L.R.C.P. Lond., Medical Officer and Public Vaccinator for the Fifth District of the Bradford Union.  
GEEVES, E. H., M.B., Pathologist to the Liverpool Royal Infirmary.  
MAYNARD, F., M.B. Durh., M.B.C.S., L.R.C.P. Lond., Assistant House Surgeon to the Preston and County of Lancaster Royal Infirmary.  
MOORE, W. F., M.B. Durh., M.B.C.S., Junior House Surgeon to the Preston and County of Lancaster Royal Infirmary.  
MURDOCH, J. W. A., M.B., C.M. Glas., Assistant Medical Officer to the Berks County Lunatic Asylum.  
NEWSON, G. D., M.D. St. And., M.B.C.S., Medical Officer of Health for the Bridlington Urban Sanitary District.  
NOBLE, J., M.B., C.M. Ed., House Surgeon to Barnhill Hospital, Glasgow.  
POWELL, J. H., M.B.C.S., L.R.C.P. Ed., House Surgeon to the Westminster-Mare Hospital and Dispensary.  
SYMON, Dr. M. J., Honorary Ophthalmic Surgeon to the Adelaide Hospital.  
THORBURN, W., M.B., B.S., B.Sc. Lond., Surgical Registrar to the Manchester Royal Infirmary; also Surgical Tutor to the Owens College, Manchester.  
WILLIAMS, W. T., M.B.C.S., L.S.A. Lond., Medical Officer for the Bednesford District, Cannock Union.

## Births.

MARTIN.—October 8, at 20 Mark Street, Fortrush, the wife of J. C. Martin, M.B., of a daughter.  
THURLAND.—October 10, at 1 Wilmington Square, London, W.C., the wife of F. E. Thurland, M.B.C.S., of a daughter.  
WOODS.—October 2, at Killarney Asylum, the wife of Oscar Week, M.D., Medical Superintendent, of a son.

## Deaths.

CLARK.—October 2, at 2 York Buildings, Clifton, Bristol, Wm. Nichol Clarke, M.B.C.S., L.S.A., aged 56.  
CRANK.—September 30, at Danett House, Leicester, Joseph Wyatt Crank, M.D., aged 80.  
HAMILTON.—October 4, at Oakfield, Torquay, William Hamilton, M.B., late of Marlton, Co. Wicklow.  
MARKBY.—October 4, at Stanley Villa, Zetland Road, Bristol, after many years of suffering, Thomas Markby, M.B.C.S., L.S.A. Lond., aged 47.  
RUSSELL.—October 5, at Edgbaston, James Russell, M.D., formerly Senior Physician to the General Hospital, Birmingham, aged 67.  
WARREN.—October 11, at 28 Harcourt Street, Dublin, Frederick Wm Warren, M.A., F.R.C.S., aged 38.



# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 21, 1885.

CONTENTS.		PAGE	PAGE
<b>ORIGINAL COMMUNICATIONS.</b>		<b>TRANSACTIONS OF SOCIETIES.</b>	
The Harveian Oration for 1885.—The Influence affecting the Modern Progress of Medicine. Delivered before the Royal College of Physicians of London, on Monday, October 19th. By Richard Quain, M.D., F.R.C.P. Lond., F.R.S. Censor of the College .....	365	WEST LONDON MEDICO-CHIRURGICAL SOCIETY— Stricture of the Small Intestine.....	377
The Nature and Treatment of Gout. By Dr. W. Ebsstein, Professor of Medicine and Director of the Medical Clinic at the University of Göttingen.....	372	<b>LEADING ARTICLES.</b>	
The Emergencies of Surgery. Being a Course of Lectures delivered in the Meath Hospital and County Dublin Infirmary. By Lambert Hepenstal Ormsby, M.D., F.R.C.S., Lecturer on Clinical and Operative Surgery, Surgeon to the Meath Hospital and County Dublin Infirmary, Surgeon to the Children's Hospital, &c. ....	374	THE HARVEIAN ORATION.....	377
<b>CLINICAL RECORDS.</b>		THE GENERAL MEDICAL COUNCIL.....	379
North-Eastern Hospital for Children, Hackney. Cases of Diphtheria and Laryngitis Under the care of Dr. Armand Sempé .....	376	THE BRADLEY FUND .....	380
		<b>NOTES ON CURRENT TOPICS.</b>	
		The New Entries .....	381
		The Irish Conjoint Examination Scheme ..	381
		Practice v. Research .....	382
		Production of New Bone from Periosteal Grafts .....	382
		The Physicancy to the Queen in Ireland ..	382
		A Remarkable Case of Self-Mutilation .....	382
		Irish Preliminary Examination .....	383
		Medical Women for Burma .....	383
		Is Alcohol a Food? .....	383
		A Plague of Cantharides .....	383
		Irish Graduates' Association .....	383
		The Irish Pharmaceutical Society .....	383
		The Griffithswald Professorship of Surgery ..	384
		The Doctorate for London Students .....	384
		The Irish Academy of Medicine .....	384
		The Irish College of Physicians .....	384
		<b>SCOTLAND.</b>	
		EDINBURGH—	
		Edinburgh Royal Infirmary: Nurses versus Doctors.....	
		Post of Pathologist.....	
		Threatened Suspension of the Carbolic Spray System in General Surgery .....	
		The Royal Hospital for Sick Children .....	
		The University Court .....	
		<b>CORRESPONDENCE.</b>	
		The Diseases attributed to Tobacco .....	
		Zenana and Medical Mission School.....	
		<b>LITERATURE.</b>	
		William Fairlie Clarke, M.D., F.R.C.S.....	
		A Guide to the Examination of the Urine .....	
		Lunacy Literature.....	
		<b>OBITUARY.</b>	
		Dr. Fred. Warren, of Dublin .....	
		<b>MEDICO-LEGAL INTELLIGENCE</b>	
		A Question of Diplomas and Fees .....	
		Medical News .....	
		NOTICES TO CORRESPONDENTS.....	

## The Harveian Oration for 1885.

### THE INFLUENCE AFFECTING THE MODERN PROGRESS OF MEDICINE.

Delivered before the Royal College of Physicians of London, on Monday, October 19th, 1885.

By RICHARD QUAIN, M.D., F.R.C.P. Lond., F.R.S.,  
Censor of the College.

PRESIDENT AND GENTLEMEN,—It is known to the majority, or even to all, of those whom I have now the honour to address, that our great ancestor Harvey, when he conveyed by indenture his patrimonial estate to our College, made that conveyance subject to certain trusts. One of these trusts, Sir, had reference to the duty of to-day, which, at your request, I am about to endeavour to discharge.

Save for a few brief periods of intermission, this duty has been fulfilled annually since the year 1656, when the first Harveian Oration was delivered by Dr. Edward Emily. In the lengthy roll of those who have succeeded this first Harveian Orator we find the names of many Fellows who have been highly distinguished, not only in the annals of our College, but also in the still wider annals of English science and literature. To follow such eminent men, in the discussion of subjects on which little that is new can now remain to be said, is an undertaking from which I should naturally have recoiled. But, remembering, Sir, that the request proceeded from you, the distinguished President of our College, once a fellow-student, always a friend, I felt that it was no longer open to me even to hesitate. I felt that I must adopt the words of the Controller Calonne, who, when asked by Queen Marie Antoinette to undertake a duty which her Majesty considered to be difficult, replied, "If it be only difficult, it is done; if it be impossible, it shall be done." In the spirit which suggested his answer I am here; and I crave the indulgence of my hearers whilst I address myself to my task.

For more than twenty years I have listened with attention to successive Harveian Orations, and I have read with care those which have been published during the same period. I

have scarcely known which most to admire: the patient research on which these orations have been founded, the philosophic spirit which has breathed through them, or the eloquent and impressive manner in which the conclusions of the authors have been laid before the College. Some of my predecessors have reminded us of Harvey's personal history and surroundings. By others we have been told what was known of the circulation of the blood before his time; and his method of research and his calm inductive reasoning have been admirably portrayed. By others, again, Harvey's claims to originality in relation to his great discovery have been fully set forth; and have been established with a certainty which can never be disturbed. In one of these brilliant discourses his observations on Generation found an able and fitting exponent. On another occasion his philosophy, more especially with reference to the doctrine of final causes, was admirably discussed. On another the bearing of his discovery upon the improved knowledge of therapeutics and the better practice of medicine which have resulted from it was fully described, and the great philosopher was regarded in the light of a physician as well as in that of a physiologist; while we seem still to listen to the oration of last year, in which Harvey was represented as having anticipated some of the great discoveries which mark the present period. Reflecting on these admirable discourses, I felt that it would be impossible for me to retrace such familiar ground, otherwise than at the risk of reminding many of my audience how often they had already heard the same story, related in a more eloquent and a more impressive form.

Meditating, then, on the subject on which I should address you to-day, I remembered that I should have before me the portrait of our great predecessor, who might for a moment be assumed to animate the picture, and to be prepared to listen to what I had to say. And venturing then to ask myself what the founder of this Oration would most desire to hear, it seemed to me that he would say—as might be anticipated from a character so unassuming, so simple, so opposed to ostentation and display—"Of myself I have heard much: I appreciate the honour, the esteem, and the regard entertained for me by my successors. My work has accomplished all that I could have hoped for or desired. Tell me then, if you can, something of the profession which I love so well."

Anxious to fulfil a wish so unselfish and disinterested, and

remembering that Harvey had assigned to the Harveian Orator the duty of encouraging his fellows to search out the secrets of Nature, it occurred to me that there are two of these secrets which, though not strictly of the kind to which our benefactor's words were intended to apply, are yet of sufficient interest and importance to justify me in asking your attention to them for a brief time to-day.

The first of these secrets has reference to the past: Why is it that amongst a vast number of persons, alike in ancient and in modern times, medicine has not enjoyed that high estimate of its value, as an art and as a science, to which it is justly entitled? The other problem requires the exercise of the prophetic spirit, since I seek to ascertain whether we have any grounds for anticipating a more satisfactory future for our profession, either in the security of the foundations on which it is laid, or in the consequent appreciation of it by the public.

Why, then, is it that both in ancient and modern times medicine has been so often regarded with scepticism and want of confidence, and so often treated with satire and even with contempt?

In seeking an answer to this question, we cannot be surprised that scepticism as to the powers of the healing art should be rife, both within and without the profession when we regard the nature of the problems with which we have to deal. The want of faith may be traced to two sources: one intrinsic, and due to the inherent complexity and difficulties of the subject; the other accidental, external, to be found amongst the people at large. In its scientific aspect, medicine possesses this peculiar difficulty and source of uncertainty; that the individuals or units with which we have to deal not only differ from each other, but also vary constantly, each one within itself. They are subject to endless influences from within and from without, mental or physical, inherited or acquired. This ceaseless change of circumstances, and the variations consequent upon it, complicate and confuse the problems presented to the scientific physician, increase the labour of his investigations, and render his conclusions so far uncertain that only repeated verification can bring satisfaction to his mind. This source of difficulty is, however, so fully appreciated by those whom I now address, and by all indeed who are interested in the pursuit of science, that I do not propose to dwell upon it here, but rather to turn to what I have called the external causes, which, by affecting the feelings and judgment of the masses, have frequently thrown doubt and discredit upon our professional proceedings.

Evidence of the existence of such doubt, both in the past and in the present, is to be found in the judgments of men of science, not excluding indeed members of our own profession; in the sarcasms of dramatists and satirists, and still more in the daily action and behaviour of the sick, who, by submitting themselves to the treatment and by accepting the nostrums of charlatans and quacks, in the same spirit in which they would have recourse to our own aid, manifest the equal esteem in which they hold us all.

I can best address myself to my argument by recalling to your memory some of the oft-quoted sentiments, which, in the half truths they have expressed, indicate the aspect in which our art has appeared to thoughtful minds.

Quot Themison *ægros autumnò occiderit uno?*

asks Juvenal satirically, in reference to the leading practitioner of his day—an expression which has been parodied in our own times by the eminent statesman who asked his friend and physician how many deer he had killed during his autumnal holiday; and, on being told a dozen or more, exclaimed, "I congratulate you: you could not have had more success amongst your patients!" Turning to our profession, we find Celsus asserting that "*optima medicina est non uti medicinâ.*" Even Hoffmann exclaimed "*Fuge medicos et medicamenta si vis esse salvus.*" Dr. Gregory half a century ago expressed a remarkable opinion, not more discouraging to his profession as a physician than damaging to his reputation as a prophet, when he said, "I think it more than possible that in fifty or a hundred years the business of physician will not be regarded even in England as either a learned or a liberal profession." Majendie once stated that "the doctor is often superfluous, sometimes mischievous, and occasionally fatal."

It was not likely we should escape from Shakespeare's criticism. "Trust not the physician," said Timon to the banditti; "his antidotes are poisons, and he slays more than

you rob." The opinion entertained of our profession by Molière is too familiar to need repetition; whilst Voltaire tersely described our practice as "pouring drugs of which we know little into bodies of which we know less." The late Dr. Arnold wrote not so long ago: "The philosophy of medicine, I imagine, is almost at zero; our practice is empirical, and seems hardly more than a course of guessing more or less happy." I might easily extend this list, but there is probably no question more comprehensive and more damaging in its inference than that asked by the late Sir William Hamilton: "Has the *practice* of medicine made a single step since Hippocrates?" Embodying as it does the essence of adverse criticism and coming from so high an authority, I nevertheless hope to succeed in showing how utterly unfounded is the suggestion which it embodies.

The tone of low esteem which runs throughout these quotations, often the reflex of current opinion, as well as of that of the individual, compels an attempt on our part to trace the causes to which it may be attributed. These, I think, may be considered as threefold in their character: first, the very course and progress of the science and art of medicine itself from the earliest times to the present day; secondly, the amazing credulity of the mass of mankind; and thirdly, the obstinate and unreasoning incredulity of no inconsiderable minority.

In looking back on the history of our art we may remember how it was believed to have emerged from the clouds, and how those who practised it were regarded as gods; how subsequently in the hands of Hippocrates the art first assumed the form of a science, and was by him and his immediate successors pursued on a line of careful observation, influenced by, but not entirely subjugated to, the prevailing philosophical speculations on the nature of things; how further, impeded at its origin, it became for centuries the prey of rival systems, which, based on *a priori* speculations, and founded on ignorance, were made to fit in with notions engendered by imperfect knowledge. The mere mention of some of these systems is sufficient to suggest the absurdities they propounded, and to justify the taunts and sneers of those who, even could they accept the doctrines set forth, were shaken in their faith when they witnessed rival sects strenuously contending each for its own infallibility. Galen strongly condemned the distinctions made by these sects as leading to interminable hypotheses and disputes; in which each individual supported his own theory to the disparagement of others, and to the great injury of medicine in general.

How, then, can we blame the critic who was bewildered by the rival factions of dogmatists, empirics, methodists, pneumatists, and eclectics, together with the many others in whose hands medicine was "reduced to a mere department of speculative philosophy, involved in futile disputations and in formulas based on no substantial facts," and who for six centuries practically monopolised the healing art? Through the dark ages, during which medicine was largely under Arabic influence, our science consisted for the most part of wordy commentaries on the writings of the ancients; and the practice, mainly confined to the priesthood, was regulated by the grossest superstition. Those were the days of the astrologer and miracle-worker, of cures by prayers, relics, and royal touch, and of the search for the elixir vite, the time when surgery was in the hands of barbers.

But it must not be forgotten that during this very period, when all science was at a standstill and when we can scarcely point to a single observation or discovery, the universities were founded, and in the hands of a few, in small and scattered schools, the light of investigation, although dimmed in the prevailing atmosphere of mysticism and hypothesis; had been kindled and was kept alive; notably at Salerno, where an attempt was made to substitute a scientific procedure for the generally prevalent superstitions. At Bologna, Padua, and other schools, anatomy, long discarded, was again beginning to be studied; and thus the revival of learning, and the foundation of the modern scientific method of Bacon, did not find our art absolutely unprepared to receive them. None the less, in Harvey's day the whole work had to be begun anew; the preceding centuries had been almost so much lost time, all that had been handed down from them in the shape of fact was of the most meagre character; dissection had fallen into disuse; without knowledge of structure there could be no physiology, still less any rational pathology and diagnosis; and all that existed of therapeutics was the

empirical knowledge of the efficacy of a certain number of drugs.

It was not long, however, before improvement reached us. In 1518 Linaore, who had studied at Salernum, returned to found our College by obtaining, through Wolsey's influence with Henry VIII., the charter "whereby medicine was rescued from the tender mercies of the ecclesiastical profession."

The history of our profession from this time presents a record of ever-increasing additions to our knowledge acquired by careful observation and experiment. Each division of our complex science received a fresh impetus, not a few becoming differentiated and distinct, and all pursuing for the next two centuries a path of uninterrupted progress. Anatomy, which Vesalius, Fallopius, Fabricius, and others had built up, reached, in the hands of their successors, a degree of precision only limited by the nature of the subject. Physiology, which can scarcely claim to have been a separate branch before Haller, was pursued with increasing energy by Hunter, Spallanzani, Hewson, and many others. To Sydenham, Baglivi, and notably Boerhaave, may be ascribed the merit of applying to medicine the method of observation which may be said to have been dormant since the days of Hippocrates. Morbid anatomy, which first took shape in the hands of Bonetus and was developed by the labours of Morgagni, more than sustained its position by the labours of the Hunters, of our illustrious Fellow, Mathew Baillie, and of many eminent French pathologists. Thus, then, did every branch of our science make progress. Unfortunately, however, incidental to this progress, often inseparable from it, and always detrimental to it, there has continued a tendency to system-making and speculating of the shallowest and most specious character. I am not concerned with the causes which occasioned the delusions hence arising, nor with the justification they might plead for their existence in times when superstition and credulity were rife: it is sufficient for my argument that they existed, and that they contributed, not without reason, to the low esteem in which the efforts of even the foremost of our profession were held. But, whilst the true science which budded forth with Hippocrates was stifled by the systems of his successors, its revival with Harvey and his contemporaries was too powerful to suffer the same fate; henceforth the vain imaginings ran their course side by side with the progress of scientific truth, frequently to its hindrance and injury, but still more frequently to be cast aside and forgotten.

The sources of the various superstitions which degraded our science, and which even still afford some ground for scepticism, are to be sought not only in the inherent tendency of the human mind to accept the marvellous and supernatural, to court deception, and to be pleased rather than otherwise with the result of its quest—"quandoquidem populus decipivult, decipiatur"—but also in the admitted influence of the imagination over certain functions of the body. The simple and to us fairly intelligible occurrence of the occasional removal of pain by a concentration of the attention elsewhere, or by the substitution for it of some strong emotion, may account for much that, in the past no less than in the present, has become preposterous and absurd from the lengths to which it has been carried. With such material to work upon, it was and continues easy for designing charlatans, or mistaken zealots, to develop the most outrageous hypotheses and practices.

The revival of learning and the scientific method, whilst lighting up the path for the few, left the masses untouched; and the superstitions which we somewhat complacently refer to the dark ages remained unaffected by the results that accurate observation was producing. The practice of the healing art was not yet entirely removed from the hands of the priesthood; and the treatment of disease by supplications, by the laying on of hands, by the power of relics, shrines, and holy wells, found still its administrators and its dupes. The superstition of the curative virtues resident in sacred things was easily extended to objects intrinsically less reverend in their nature; and talismans of stone, metal, or wood, engraved with cabalistic signs, or phylacteries, which were texts written on scraps of parchment, and, like amulets, intended to be worn on the person, were easily acquired adjuncts to the necessarily limited supply of saintly relics. And yet who shall say that a time which has produced clairvoyance, metallic tractors, and the "mind

cure," is free to cast reproach at the deeds of these dark ages?

The whole so-called cabalistic sciences of astrology and alchemy, developed as they were by men of ability like Paracelsus, came to acquire a strength which they would scarcely have possessed if left alone to the ignorance of the people. John French, in a work on alchemy published in 1650 and supposed to have been among the last on the subject, thus enunciates the pretensions of his craft: "If men did but *believe* what this art could affect, and what variety of wonder there is in it, they would no longer be bound up to Galen or Aristotle, but would subscribe to be faithful to the principles of Hermes and Paracelsus."

Perhaps among the most curious of all the superstitions that have debased our profession is that of the royal gift of healing. Commencing with Edward the Confessor, the touch continued to be practised by our sovereigns, though with many exceptions, until the days of the first George. Nor was it limited to this country. France claims Clovis as the originator, and the ceremony was certainly performed by many of his successors. "In no reign," says Dr. Pettigrew, "did the practice prevail to such an extent as in that of Charles II., and it is not a little remarkable that more people died of scrofula, according to the bills of mortality during this period than in any other." It may be further observed that surgeons did not disdain to recommend this treatment to their patients. It was at the instigation of Sir John Floyer, a physician of eminence, that Samuel Johnson was twice "touched" by Queen Anne; and, as Boswell remarked, evidently without success. This power has not been held to be limited to royalty: "Even to-day," wrote the late Dr. Meryon, "in Scotland the seventh male child in a family has the gift of curing the king's evil by touch."

The existence of these and a thousand other superstitions, the record of which excites alike our amusement and amazement, could not have been sustained for a moment except for the credulity of those on whom they were practised. "The kind of credulity," said Sir James Simpson, "which the public thus show daily in relation to medicine, they show in relation to no other practical art or science. Indeed, if a similar species of charlatany were attempted in relation to most other arts and sciences, the delusion would be at once detected, and the imposture duly announced; whilst in medicine, the delusion would on the other hand, probably make the propounder's fame and fortune, and in the course of years be forgotten."

Truly we may say with Crabbe—

"This love of life, which in our nature rules,  
To vile imposture makes us dupes and fools."

So widespread and importunate were these errors that we find even our own College gravely testing men in their knowledge of astrology (1593-96), deputing members of our body to inspect bewitched people, and, summoning those who assumed the power of cure by touch, requiring them to exercise their skill in the presence of the College.

It is not to be forgotten that Harvey himself, following on the lines of Galen and Aristotle, adopted a view as to the nature of life which is a phase of the almost universal conception held in one form or another up to our own day. It appeared as the "animism" of Hoffman and Stahl, who bequeathed to us as a consequence what is known as "expectant medicine." Another development of the same idea is the theory of a vital principle, the "vitalism" of Haller and Barthez, from which even now we cannot be said to be entirely free.

Scarcely more than a century ago the medical world was divided by the contending schools of Cullen and Brown: the latter with his sthenic and asthenic diseases and tonic and depressant treatment, the former, in hot hostility, advocating the hypothesis that disease was the result of opposite conditions of spasm and debility. Soon after this appeared in France the doctrine of Broussais, who held that gastro-enteritis is the basis of pathology, and local depletion the proper remedy for fever. There is yet another system which cannot be passed over without reference, viz.—Homœopathy, which teaches that symptoms constitute the disease, and are to be treated by remedial agents which produce like symptoms, but the potency of which is increased in proportion to their dilution.

The influence which these myths have had upon the healing art has been most varied. But certainly they have



played a large part in occasioning the low regard in which practitioners of medicine have too often been held by the public. I cannot do better perhaps than quote the words of Dr. Percival, who said:—"A list of all the follies which at different periods have been established as articles of faith in medicine would form the severest satire on the healing art."

But despite all these untoward influences the progress, as I have reminded you, was sound so far as it went when we consider the disadvantages under which the workers pursued their investigations. Nevertheless, they came to a line, beyond which they made but slight advance, a line indistinct, perhaps, and not equally sharp and well-defined in every subject, but withal a line across which, without the intervention of some great change, they could never have passed. We may apply to this period the words Bacon used in reference to science in general in a previous age: "Learning is neither prosperous nor greatly advanced, and a way must be opened to the human understanding entirely distinct from that known to our predecessors, and different aids procured that the mind may exercise her power over the nature of things."

Looking back as I can to the manner in which the component parts of the medical curriculum were pursued, when I began my student life, and contrasting this manner with what goes on around me now, I cannot doubt, in the words of Bacon, that a new way has been opened—an *instauratio magna*. When I tell some of my younger listeners that only forty-six years ago the late Sir Robert Carswell, the first pathologist of his day, whose drawings of morbid appearances remain a monument of accuracy and skill, never used a microscope in his course of lectures, and that his only reference to microscopic appearances was to mention that pus consists of a clear fluid and globules, some idea may be formed of the change which has taken place.

And now during a few moments let me indicate to you the direction in which this change has been effected, seeking meanwhile if we may find therein any data which may help us to reply to my second question,—What are our hopes for the future? Clearly the direction was towards a better comprehension of the nature of life, and inferentially of disease; together with a more accurate knowledge of the body both in its structure and its functions. The halt to which observers had come was largely compelled by narrow methods of experiment; and it is particularly to improvement in the methods and instruments of research that much of our advance is to be attributed, as it is also from such improvement that still more is to be expected.

First, in respect to gross anatomy—the science of structure—little could be added to the knowledge which has been continuously accumulated since the days I have previously referred to; but it was Bichat who, in 1801, by his treatise on the minute anatomy of the tissues, opened up a new branch of inquiry which but for the microscope could not have existed, and for which the microscope has done what the reflecting telescope did for astronomy. It would not seem, however, that the work of himself and his followers had borne much practical fruit even in my early days. I have told you what was then the state of the microscope in reference to morbid anatomy. Its position in respect to healthy histology was scarcely better; and it is only since then that the impetus for investigation has arisen, and the application of this impetus to physiology. Prominent among the researches into structure was the recognition by Schwann and Schleiden of the so-called cell in all living tissues; a doctrine which has been subsequently extended to embrace the existence of protoplasmic forms generally. I need not more than mention the very considerable position both as regards extent and accuracy, which histology has assumed within the past few years.

So long as the study of the phenomena of the living body was hampered by the dominant notion of a special vital principle, not amenable to the laws which governed inert matter, and which was to be investigated in ways other than those which were producing such grand results in the domain of chemistry and physics, the progress of physiology was likely to be slow and accidental. The turning point in the subject was undoubtedly its being brought into harmony with the principles which govern other experimental sciences, and being pursued along the same path. So far as the change can be attributed to one man, it is to Mayer that this credit must be given, for his work in 1845

on the relation of organic motion to the exchange of material. For some time from that date, no function of the body escaped investigation by a method of direct experiment of which a mistaken humanity and senseless clamour have since deprived us; always aided by the experiments which nature offers to the physiologist in the shape of disease, complicated though they be by conditions which render them more difficult of explanation.

From the chemical side physiology has received much assistance. Our knowledge of the composition of the blood and its derived secretions, though still leaving much to be desired, has done something towards unravelling the complex chemistry of the tissues. The chemistry of digestion and respiration, which a century, nay fifty years ago, was a jargon compounded of the residues of the Hippocratic notion of the four elements, and of alchemy interspersed with streaks of the new chemistry which was then arising, is now pursued on lines in harmony with those of everyday laboratory investigation. To mention but one practical result thence obtained, I would refer to the artificial digestive juices and prepared foods which are among the most valuable of our remedies. On the physical side are the study of the phenomena of muscular contractility, and the expression of the work done in such terms that it may be calculated with the same accuracy as the fuel value of a pound of coals; the study of the laws of osmosis which underlie all the physiology of absorption and nutrition: the conditions affecting and determining gaseous interchange which explain the process of respiration: the nature of elasticity and the important share it takes in the physics of the circulation: turn which way we will, we see now in our physiological laboratories—themselves the creation of the last twenty years—experimenter and instrument maker competing in a demand and supply of the apparatus by which such work as I have indicated has been rendered possible.

To speak of the advance of physiology is to imply a progress in pathology, since the latter is but the application of the former under the conditions of disease. Mutually aiding each other as they have done, it was not until physiology was on a secure foundation that pathology could claim the title of rational. Although healthy structure came to be known, and the dependence upon it of function to be recognised, it was long before the same idea prevailed in respect to disease. It is the especial glory of Virchow's work on cellular pathology that he applied consistently to morbid structure and action the same principles which had already made considerable advance in regard to health.

Proceeding on such lines, lines that we feel assured are tending towards great truths, we find that in every branch into which pathology is artificially separated improvement is taking place. The causation of disease—etiology—it is now known, must be sought in disturbances of our environment, or in defective inherited tendencies. How immeasurable is the distance which separates the mental attitude of the inquirer of to-day, engaged in tracing the causation of an epidemic disease, from the mystics who bewildered themselves with the notions of malignant spirits and evil humours!

To illustrate especially the advance we have made in our knowledge of etiology, I would select but one point, which is the practice of arresting the diffusion of disease by limiting the spread of contagion.

This practice was illustrated on a gigantic scale by the rinderpest or cattle plague, which appeared in this country in 1865. Towards the end of June in that year a few bullocks, imported from Revel, bringing with them the infection of cattle plague, were sold in the Metropolitan Cattle Market. From this single centre the disease spread throughout the country until it had established 25,000 foci of infection within the year. Then the remedy was applied: all traffic of cattle was stopped; all infected beasts were killed, and all healthy bovine animals with which they had come in contact. The pestilence was stayed, but not until 300,000 animals had died or been killed, with a loss to the country, at a low estimate, of three millions sterling, and an indirect loss to the same amount. All this might have been spared if it had been possible for the authorities, by a better knowledge of the nature of the disease, to extinguish it at its single primary focus by the sacrifice of a small number of animals at the cost of a few pounds.

The system of preventive treatment which thus proved so successful in the case of the lower animals has, as far as

may be, been employed in certain infectious diseases, such as cholera, scarlet fever, typhoid fever, and diphtheria. To isolate the sick and such persons as have been in relation with them, until the very end of the period of infection, to thoroughly disinfect the secretions and other products from the patient at the earliest possible moment; to properly dispose of the dead; to cut off from the public all sources of contaminated supply, whether of water, milk, or other kind of food—these are a few of the principal measures which the experience of a comparatively recent period has taught us to practise in contagious diseases with results so satisfactory as to encourage us in their further extension. We have rational grounds for the belief that if the spread of infection were restricted by law, this class of diseases would soon be effectually extinguished. The result of such measures in reference to cholera poisoning are particularly striking. Many of us remember the invasions of this country by cholera, and its fatal progress, in the years 1831, 1847, and 1854. When sanitary measures were yet in their infancy, the epidemic of 1866, though grave in certain districts, Swansea, for example, was rendered harmless in other places. From that period to the present there has been no serious outbreak of cholera in this country, although there have been infectious arrivals on our shores on several occasions, as in 1873 and 1884 at Southampton, Swansea, Liverpool, and in the Thames. This satisfactory result is entirely due to the efficient arrangements made by the proper authorities to limit the spread of the disease. In this matter they acted under, and carried out, the judicious counsel given by that wise administrator Mr. Simon, when acting as medical adviser to the Privy Council and the Local Government Board. I need scarcely add that this teaching has not been lost upon Mr. Simon's former colleagues and able successors.

Nor would it be satisfactory for me to pass over the subject of vaccination, the procedure by which that dire disease small-pox may be prevented or modified. "One fact is worth a shipload of arguments," and therefore it will be sufficient to say that Ireland, stated to be the best-vaccinated country in the world, is practically at this moment free from small-pox; that since 1874 not a single case of death from variola has occurred in the German army, which dwells in the midst of a population protected by compulsory re-vaccination; whilst on the other hand we see at this moment in the City of Montreal, unprotected by vaccination, a frightful mortality. It is painful to contemplate such a consequence of ignorance or neglect; but, as Mr. Simon said in his letter on vaccination to the President of the General Board of Health,—“it goes with the credulity which characterises the present age to be incredulous of proved truth. Alike in rejecting what is known and in believing what is preposterous, the rights of private foolishness assert themselves. It is but the same impotence of judgment which shrinks from embracing what is real and lavishes itself upon clouds of fiction.”

I feel, Sir, that it would be almost impertinent in me to address such an audience as I see before me on the details of the improvements in our knowledge of pathology and the allied subjects, the diagnosis and treatment of disease. But when I recall the views quoted by me in an earlier portion of this address, as to the absence of present progress in our science and the hopefulness of its future—when I recall that these opinions have been held not only by men of science but by many others, I feel it to be one of the duties of the present occasion to indicate our real position in definite language, the echo of which may possibly be heard beyond these walls. It will, at least, reach the ears of some who will hear with satisfaction that the reproaches raised against us have no longer any foundation, and that the progress of our Art and of our Science has been greater during the last half-century than during all the preceding centuries. Nay, more: that recent progress gives promise of still more rapid progress in the future.

It is not necessary to recount an elaborate list of discoveries in support of this assertion. One may safely say that there is no organ, no structure, no function of the body in health or disease, which has not received the stamp of improved knowledge during the period referred to.

In our knowledge of the structural changes which occur in disease, accuracy is now replacing with great strides the previous uncertainty and vagueness; and I feel it is due in this connection to refer to the good work of the Pathological Society of London, whose forty volumes of Transactions are a brilliant monument of labour and research, and a bright

exemplar to future years. It is but justice to say, in memory of one long since dead, that the society was established in 1843 by the intelligent zeal of a member of our College, the late Dr. Edward Bentley, a name which will be remembered and honoured by those of his friends and colleagues who yet survive, although unheard of or forgotten by many who fully appreciate the value of the society which he was the chief means of establishing.

I need but remind you how extensive has become our knowledge within the past few years, of the facts of structure revealed by the microscope in connection with new growths, with regard not only to their distinctive characteristics, but also those which connect apparently diverse forms and indicate their relation to the tissues in which they occur. The structural lesions comprised in the term “degeneration” are now clearly recognised and defined, and, without pretending to a complete knowledge of these morbid conditions, that which we do know about them possesses a character of certainty and truth, dependent on the essentially correct method by which the facts had been determined.

Concurrently with the growth and diffusion of a scientific knowledge of the causation of disease, and of its structural manifestations, there has arisen a better understanding of morbid processes. The condition of inflammation, which has been recognised from the earliest times, and has probably given rise to more discussion than any other subject in pathology, is now regarded in a manner which, whilst it admittedly leaves much to be discovered, is at least in harmony with our knowledge of the functions of normal nutrition. The pathology of Fever also, though not yet complete, may be said to have been scientifically studied during the last fifty years. The systematic use of the clinical thermometer, the application of chemical testing to the secretions, and the improvements in the methods of bedside investigation generally, have revealed to us a vast number of facts which were unknown to observers at the beginning of the century.

Another factor of the greatest importance, both in relation to normal function and to disease, is the direct influence exercised by the nervous system on the tissue metabolism. We have no clear knowledge how this influence is exercised, but the existence of some control is certain; and it is curious to notice how older notions of neural pathology recur in the more accurately defined conceptions of to-day. The comprehension of the part played by the blood in disease is also an advance which has been eminently fruitful in results, which differs widely from the doctrine that at one time attributed every malady to some vitiated condition of the circulating fluid.

But nothing will bring the conviction of recent progress more completely home to our minds than a brief retrospect of parasitic pathology during the last forty or fifty years. How great a step, though it looked but small at the time, was the discovery of the first vegetable parasite in the skin and hairs, by Gruby and others, about the year 1840! The notion of parasitism as a cause of disease has clung to pathology in all ages; and the analogy between fermentation and the acute specific processes had long possessed the mind of every thoughtful physician. But we ought clearly to bear in mind, in justice to modern medicine, that the *Torula Cerevisiæ* itself was not discovered until 1835, by Schwann and others, and that it is only within the last few years that the presence and activity of an organism have been definitely connected with a specific febrile disease—I refer to the discovery of the spirillum of relapsing fever by Obermeier in 1873. A new era in pathology, whatever may be its result, has arisen within the last few years with the rise of bacteriology. Following their master Koch, a host of highly trained and eager observers in Germany, France, England, and other countries, are now engaged in the study of the acute infective diseases; and by ever-improving methods striving to contribute something fresh to the great but still obscure and unsettled subject of the relation of these organisms to pathology. Fallacious no doubt as were some of the earlier conclusions on this subject, there seems to be no question that the study of bacteria and bacilli has greatly widened our views of the nature of disease, and that it promises to lead to practical results of the first importance in its prevention or modification as in the hands of Pasteur and others.

The value of this progress has been greatly extended by the aid of that new line of scientific inquiry which has already done so much, and which promises still more—I mean

*Experimental Pathology.* Of this subject Hunter laid the foundations a hundred years ago; but it was reserved for our own time to see the extension of his method on a large scale in this country to the subjects of fever and infection—to the study of artificially produced disease, which in the hands of Sanderson, Klein, Greenfield, and others, has been so materially promoted by the establishment of the Brown Institution.

Whilst pathology has been thus steadily progressing side by side with physiology, diagnosis, or symptomatology, the science and art of clinical observation has proportionately profited by our improved knowledge of these subjects. The leading feature of modern diagnosis is the full adoption of methods and instruments of scientific exactness, which, by the aid they give to the senses, the diseased organs may, as it were, be made to reveal their own condition. The stethoscope, introduced by Laennec in 1819, was used by but a few at the commencement of the second quarter of this century; and I well remember how an eminent physician to St. George's Hospital, whom I met in consultation little more than thirty years ago, characterised it as a dangerous instrument. The ophthalmoscope, invaluable in detection of diseases of the eye, reveals to us also many morbid conditions of the brain and spinal cord, and even, more general disease, such as is represented by albuminuria. The laryngoscope is of equal value in reference to the diagnosis of diseases of the throat and chest. Instruments are now in constant use which accurately measure and graphically record the condition and movements of the several organs—the sphygmograph and cardiograph; whilst even the number and value of the blood-globules are revealed to us by the hæmacytometer and hæmoglobinometer. The general adoption of the clinical thermometer and of the electric battery has marked an era in medical diagnosis. The microscope has become indispensable to the medical practitioner; and even the spectroscope has some clinical uses. The chemistry of the secretions is now universally practised, the routine examination of the urine having revealed to us a large number of interesting facts. On some of these I might have dwelt, had time allowed me; but I can only refer in a word to the evidence which the examination of the urine furnishes of the remarkable relation which exists in a great number of instances, not only between the liver and glycosuria, but between the liver and azoturia and albuminuria. The subject is one of deep and general interest fully demanding investigation.

No advance has been more important than that of the differentiation of the several forms of fever—an advance to which you, Sir, have yourself so largely contributed. The increase of our knowledge of the symptomatology of diseases of the nervous system has been equally marked. In all directions we may note greater definiteness of knowledge and of diagnostic power. Many forms of disease, previously unknown, are now recognisable by the exercise of ordinary carefulness.

In a word, it may be said that those only who lived and practised in what may be called the pre-accurate period of medicine, and who are still engaged in practice, can appreciate the vast improvements which have been introduced in the course of a professional lifetime, in the art of the observation of disease, and can perceive how some of these are suggestive of still greater results in the future.

In speaking of the progress of medicine I would of course be understood to include those departments which have been somewhat arbitrarily separated from it—surgery and gynaecology. But as special branches of the healing art their advancement has been so considerable as to demand for their full exposition some one more competent for the duty than I have any claim to be.

I now come to a most important part of my present inquiry: the practical application to *treatment* of the great advances which I have just recorded in the medical sciences. We must not forget, in our enthusiasm as scientific observers, that our very *raison d'être* as physicians is the prevention and cure of disease. With these two branches of practical medicine we are equally concerned: our College has ever been as distinguished for its influence in the one as in the other. As early as 1650 the College presented to the Lords of the Council a statement of "Annoyances" by way of preservation from the plague, very similar, indeed, to what the College might suggest at the present day.

With reference to the question how far our methods of treatment of disease have been improved, I fear I must

expect to meet with a certain amount of scepticism. But this scepticism is unreasonable. During the last fifty years medicinal treatment has advanced in two directions—by the introduction of many new drugs of great importance, and by the conversion into rational remedies of a large number of substances which were previously employed in a purely empirical manner. These results have been greatly facilitated by the discovery of the alkaloids, the first of which was morphine in 1817. With these and other active principles the practical physician is able to determine with accuracy the value of drugs which possess definite physiological actions, and to apply them in a simple, uncomplicated form, especially by subcutaneous injections. Nay, more: the pharmacologist is no longer satisfied with the direct supply from nature; he is now busily engaged preparing synthetically a series of entirely new agents.

There are those who, seeing no progress in therapeutics, must have forgotten that some of the most efficient means for diminishing human pain and suffering, the whole class of anaesthetics, commencing with the application of ether in America in 1847, have been discovered within the last forty years. In this connection also I would mention the revival of scientific principles of the administration of nitrous oxide gas as an anaesthetic. Of still more recent introduction are chloral hydrate and cocaine. The proper use of the bromides is comparatively new; indeed, bromide of potassium was omitted from the London Pharmacopœia of 1851 as being a useless drug! At the present time we find the dominant idea in pathology, the doctrine of germs, pervading and influencing therapeutics also. Antiseptics and antipyretics are being employed in treatment to an extent of which the last generation could not have dreamed, and with results of the greatest practical advantage. The introduction of the salicyl compounds in the treatment of rheumatism is still a comparatively recent event. Some of the new antipyretic drugs almost rival in power quinine and salicine themselves. Surely all this is improvement of the best kind. Let us pause for a moment, and contemplate the condition and prospect of a surgical patient only fifty years ago. No anaesthetic to induce insensibility to pain; no antiseptics to promote healing of the wound; no chloral to procure sleep; no antipyretic in general use to control fever. With such instances before us, how unjust to say, with some, that medicinal therapeutics remain stationary!

Turning now to the prospect for the future, I may be allowed to add a few words on how further therapeutical advance can best be secured.

There are two lines of investigation which must be followed, namely, clinical observation and pharmacological research. We must not approach these inquiries with the question, now too often heard, have you any faith in physic! but with minds free from prejudice and incredulity, and hopeful of results not inferior to those which have characterised recent investigations. It would be unbecoming in me to attempt to indicate in this assembly the manner in which clinical observation of the action of remedies should proceed. Still, it seems to me that there are one or two points which greatly threaten in practice to interfere with the rational administration of remedies, and which I would desire to condemn, inasmuch as they tend seriously to retard our future. There has grown up a habit of prescribing ready-made physic, of using compounds which contain a variety of drugs, each having different properties—a practice in which there is a mental proclivity to regard the disease as suitable to the physic in hand rather than to take the trouble to find a remedy that is suitable to the disease. This system is unpractical, unscientific, and least calculated to promote a knowledge of the legitimate use of medicinal agents. In fact the art of writing a rational prescription threatens to become lost.

Closely connected with the practice here condemned is that which hastily repudiates remedies on the ground of their failing to fulfil the intentions with which they have been prescribed. A chapter might be written on this subject, which, however, I shall summarise by saying that when these incidents cross my path—as they do that of all of us—I am disposed to fear that my diagnosis and not the drug has been at fault.

Secondly, we must regard with jealousy what is called the statistical method of inquiry—that method in which an aggregate of units is made to represent a single substantial fact. If these units differ among themselves, and if the recorders of these single facts are not quite certain of the uni-

formity of the facts with which they are dealing, the inference must be misleading. It was Morgagni who said that "facts must be weighed, not counted;" and there is nothing more certain than that, if this sage advice be not followed, the conclusions will be unsound. This is the danger to which what has been called "collective investigation" is liable. So long as the inquiry is confined to simple facts which the observers are not likely to mistake, it is probable that valuable results may be obtained. But so soon as the problems to be inquired into are such as demand a clear judgment and close reasoning for their solution, the capacity of the observers comes into play as an important qualifying consideration in estimating the value of the results that are formulated. And when the method is applied to obscure points difficult of verification, such, for example, as the hereditariness or the infectiousness of phthisis, the conclusions may easily be rendered mischievous and unworthy of confidence.

Having thus spoken briefly of clinical observation, the next method by which therapeutical science can be advanced is that of experimental pharmacology—the scientific investigation of the action of medicinal agents on healthy animals. These two modes of inquiry should be carried on simultaneously, each suggesting, and at the same time testing, the methods of research pursued by the other.

By the aid of pharmacology the circumstances of an experiment are greatly simplified; we can vary the conditions under which it is conducted, and thus trace the numerous influences which either assist or counteract the action of drugs, and which lead to variable and apparently conflicting results in man. By this means also we can determine which part of a complex mechanism, such as the nervous system, is affected by particular agents—whether, for example, the nervous centres, the nervous tracts, or the peripheral endings. And again, it is only by experiments on animals that we can safely test the action and strength of new drugs, and the phenomena and morbid results produced by poisonous doses; whilst from such experiments we receive many fresh suggestions for the introduction or manufacture of allied products. In England, for the moment, we are compelled almost entirely to accept such results at second hand, legislation interfering with this method of inquiry. We must revert to the liberty of action possessed by France, Germany, and other countries, or must send our inquirers to pursue science in places where they are free to do so without incurring legal penalties.

The results of investigations such as these, too often buried in elaborate monographs, may never reach the physician in a form to bring home their application to his mind and in his practice. How they might be made more popular and more available in our daily procedure is a question which should claim attention within these walls. Our College might do much for the encouragement of research in therapeutics, and we might require from the candidates for our licence a better knowledge of the subject. Fortunately we have means which might be made available for promoting the first of these objects in the funds derived from the Croonian Trust, recently increased in value. It is a grateful duty to remember the name of the founder, Lady Sadlier—a duty strictly in accord with the desire of Harvey that on these occasions our benefactors should be duly commemorated. Lady Sadlier in 1700 founded the Croonian Trust, a trust which established a lectureship remunerated by a yearly payment of £10. The property bequeathed to us has increased in value, and now affords the College an available income from this source of over £200 a year. Harvey also desired that the Harveian orator should exhort the Fellows and Members of the College to search and study out the secrets of Nature by way of experiment. How could the Croonian fund, thus so much increased in value, be appropriated with more justice or with greater advantage than in promoting the scientific study of the treatment of disease—the very object for which our College exists?

Secondly, seeing the large number of individuals who, through receiving the licence of this College, annually join the profession, it is quite within our power so to regulate the course of education and the examinations as to bring the subject of therapeutics into that position in the curriculum in which it would receive the most practical and profitable consideration.

And in mentioning the control thus obtained by the College over the medical profession, it is my pleasing duty to refer to those real benefactors who, in the year 1859, re-established the class of Licentiate, with a result which has

enabled us, by the increase of our funds, to assume that independent position to which the College is justly entitled, but which nevertheless it had not previously enjoyed.

But, Sir, whilst I have indicated to you in this faint outline, which alone time permits, the progress which our science and our art have made in every direction, my argument would be incomplete unless I produced some evidence that the improvement I have insisted on has been productive of substantial results. We must not only claim to have replaced blind groping along the pathways of knowledge by a method based on reason and observation, in which we recognise the nature of our ignorance as well as the extent of our acquisitions; but as exponents of a practical science, we are bound to show that our progress has been real. This, I think, may be done, even though it be briefly. The first object of medicine, it has been well said, is to prevent disease, and the next to cure or relieve it, and the nearer we approach to these ends the more successful may we claim to be. The prevalence of disease is displayed in the returns of mortality and of sickness, and a reference to the pages of those masterpieces of vital statistics, the Registrar-General's annual reports, will furnish us with ample data for estimating the increasing value of preventive and remedial medicine in improving health and lengthening life, or the incidental national gain in labour and wealth therefrom.

During the forty-three years intervening between 1838, when registration began, and 1881, when the last census was taken, the population of England and Wales increased from upwards of fifteen millions to nearly twenty-six millions, and all evidences of improved health should be considered in reference to this total increase of population, as well as to such other influencing factors as the distribution in town and country, in respect to sex and age periods.

Summarising the results of these statistics, we note that there has been a steady decline in the mean death-rate per 1,000 living from 23.3 in 1838 to 19.6 in 1884. The decrease is still more strikingly shown if we compare the mean rate for the 37 years preceding 1875, when the Public Health Act became law, which was 22.3, with that for the succeeding eight years, when it fell to 20.3.

Taking the mean death-rate for the forty-five years from 1838 to 1883, as 22.0 per 1,000 living, the improvement within each of the past four years has been considerable: in 1881 it was 18.9; in 1882, 19.6; in 1883, 19.5; and in 1884, 19.6. This means that if the death-rate of the previous decade, which was 21.4, had been maintained, the deaths in England and Wales during the four years in question would have been nearly 213,000 more than they actually were.

The decline in the rate of mortality has occurred at all ages except from 45 to 75 in males, and from 55 to 65 in females; the greatest improvement occurring in both sexes at ages below five years. Mr. Noel Humphreys, in an able paper on this subject, concludes that the effect of this decline in the death-rate is to raise the mean duration of life among males to the extent of two years, and among females to nearly 3½ years; and further that by far the larger proportion of the increased duration of life in England and Wales is lived at useful ages, and not at the dependent conditions of childhood and old age. More recently, Mr. Makuna points out that the diminution of mortality means also the survival to maturity of most of the saved infants and children, and useful lives to some of them. And Dr. Longstaff considers that the tendency appears to be for useful working life to be increased, but for old age to be slowly shortened.

It is impossible for me here to consider in detail how the diminished mortality is distributed among different diseases, or to assign to the two factors of that improvement, better sanitation and better methods of treatment, their proper shares in producing the result. But it is distinctly in those diseases which are caused by insanitary conditions, and which are so far preventable, that the greatest improvement has taken place. Following the main grouping of sickness adopted by the Registrar-General, there has been a decline from the mean rate for the decade 1871-80, during the years since 1880, in zymotic, parasitic, constitutional, developmental, and local disease. Only in dietetic diseases has there been a slight increase. As regards special diseases, the diminished mortality has been most marked in the group of fevers (typhus, typhoid, and simple continued), and in phthisis.

I cannot refrain from dwelling for a few moments on the special application of these general results to well-defined classes; and for this purpose I will select the army, though the same truths could be established, I believe, in other classes also.

The general death-rate of the army at home for the decade 1870-79 was 56 per cent. below that before 1854, and the rate for 1880 was 62 per cent. below it. And, again, whilst in 1880 the death-rate per 1,000 living was 17.6, in 1881 it was 14; in 1882, 11.8; and in 1883 it fell to 9.8.

Professor McLean, speaking lately at Netley, said, in respect to the European part of the Indian Army, that the mortality in 1859-60 was about 79 per 1,000, whilst in 1882 the death-rate in all India, from all causes, was only 13.07 per 1,000. He further stated that he had known in the "pre-sanitary age," dysentery kill 1 in 5 of those attacked, and in a regiment with an average strength of 1,098 there had been as many as 2,497 admissions into hospitals in a year, with 104 deaths, chiefly from dysentery and hepatic abscess, whilst in 1883 in the same part of India out of 13,000 men only 3 out of 500 cases of dysentery proved fatal.

To speak of such a change and not to mention the name of Edmund Parkes, would be unjust alike to his memory and to the fair claims of the profession which is itself honoured in calling him a member.

We may say of him as Idomeneus, speaking of the wounded Machaon, said to Nestor,

Ἴητρον γὰρ ἀνὴρ πολλῶν ἀντάξιος ἄλλων—

or as Pope has rendered it,

A wise physician, skilled our wounds to heal,  
Is more than armies to the public weal.

The statistics from which conclusions may be drawn as to the amount of sickness that prevails are necessarily imperfect, and any statement as to the decline in the sick-rate is difficult to prove. But the late Dr. William Farr considered that for every death there are two cases of severe sickness, and that the rates of mortality and sickness "within certain limits rise and fall together." And since it is considered that for every death there are twenty-five cases of illness mild and severe, a diminished death-rate means a lessened amount of illness. The full significance of these facts in their bearing on our national wealth and productive power, as well as on the individual well-being and capability for work, can scarcely be over-estimated; but these subjects lately received so complete and admirable an exposition at the hands of Sir James Paget, that I need not further allude to them here.

When we thus regard the rapid and marked progress which our art and science have made during little more than half a century, I feel that we are fully justified in believing that progress in the future will be even more remarkable, and that with materials for investigation in abundance, with willing and able workers, and with our College aiding and guiding the work, there can be neither fear nor doubt for the continued advance of the Healing Art.

In an earlier portion of this address I have mentioned those who have spoken in disparaging terms of our future. Let me now, on the other hand, refer to an opinion of greater interest and greater force expressed recently by one of our most eminent statesmen, who said to me, and he repeated the opinion on more than one occasion, "Your profession has a great future before it, and I believe that in one generation, or at most two, it will be far in advance of the other learned professions." This opinion is fully in accord with our recent progress. There is before us a great future, and it is my faith in this future which has led me to speak to you in so sanguine a spirit. I have done so in full reliance on the value of the results which will be accomplished by those who are engaged in our great work, on the spirit which moves them, and on the means which they must have at their disposal for investigation. I have spoken to you as a prophet, but let me add in conclusion one word of hope and of prayer: that at no distant period the Fellow of this College, who has the privilege of occupying the position which I have filled to-day, may be able to speak to you no longer as a prophet but as an historian, recording the great work which had been accomplished, and the large share which our College had taken in its achievement.

## THE NATURE AND TREATMENT OF GOUT.

By Dr. W. EBSTEIN,

Professor of Medicine and Director of the Medical Clinic at the University of Göttingen.

Non fingendum, aut excogitandum, sed invenendum quid Natura faciat aut ferat.—Bacon

(Continued from page 347.)

### CHAPTER V.—(Continued.)

As is known, the kidneys and the circulatory apparatus are far more frequently drawn into sympathy in consequence of primary articular gout than the liver, and this is explained in the following manner:—The longer the articular gout continues, the more frequently the attacks are repeated, the more the exit passages become destroyed in the cartilages, the greater the number of canaliculi that are destroyed in other connective tissue formations also in consequence of the necrotic process becoming completed in them, and consequently the more the rapid excretion of uric acid from the organism is hindered, so much the more are various other organs damaged by the gouty process.

In this connection the kidneys are specially endangered as organs of excretion. After I had discovered the necrosed patches in the gouty kidneys, I did not permit myself to be led astray into explaining the *nephritis urtica* simply by the reactive inflammation present in the parts surrounding the necrosed patches. I had already resolved in my former publication—(1) that the interstitial inflammation in the immediate neighbourhood of the necrosed patch—and thus especially in papillæ of the kidney, where these patches are mostly found—was only to be looked upon as a consequence of them; and (2) that it appeared to me very doubtful from the way in which the interstitial inflammation spread in the cortex, whether this took place, or at least whether it took place solely by a continuation of the inflammation along the straight urinary tubules to the cortex of the kidney. The urate-containing fluid circulating everywhere in the kidney, in the canaliculi, in the lymph tracts and vessels, can *per se* produce inflammatory necrosing, and even necrotic changes in the kidneys, and the urates may, under certain circumstances, even after their separation from the blood, remain lying in the urinary tubules.

By these considerations are explained the various anatomical changes that take place in the kidneys under the influence of gout, and which I have discussed above. I have already mentioned that Charcot and Lancereaux have already described gouty kidney without the deposition of urates. That the necrosed patches form by preference in the *pars papillaris* is to be explained simply by the mechanism of the circulation of the kidney. The clinical phenomena of uritic nephritis depend, as in nephritis generally, at least in their most essential part, not so much on the etiological conditions as on the anatomical change that these bring about. This corresponds in general, as far as symptoms and course are concerned, with the clinical symptoms of the chronic and, by preference, interstitial nephritis that leads to atrophy of the organ. The gouty changes in the joints may exist a very long time before any kidney disease brings about the lethal termination. Dickinson describes a case, and he does not consider it to be a rare one, where gouty symptoms existed off and on for twenty-six years before death took place from a kidney affection. He is of opinion that this course is observed especially where there is hereditary disposition, and the mode of life is good. I have communicated two cases where, in cases of primary articular gout, the lethal termination followed before the kidneys were affected at all. So much is certain, that the earlier and the more extensive the destruction of the kidneys in consequence of the gouty process, so much the earlier do the symptoms of general uric acid stasis make their appearance.

As regards the participation of the heart in gout



this plainly may be brought about in various ways. I mention first the functional and transitory disturbances in the form of palpitations, &c., which may certainly be interpreted in various ways. Stokes remarks correctly and with relevancy: "In gout, palpitation of the heart, irregularity, or pain may come on simply as a consequence of functional derangement." In young men such symptoms may be observed as the forerunners of the first or second attack. These retire on the development of the paroxysmal attack. The cardiac accidents are here generally mild and of short duration. Stokes knows a case where disease of the heart followed such an attack. But when repeated attacks of gout have taken place, and especially in advanced age, in a case of palpitation of the heart in a gouty patient, the physician must always bear in mind possible anatomical change in the organ. The anatomical changes of the heart in gout appear undoubtedly under many clinical and anatomical guises. Stokes mentions dilatation of the heart in consequence of which patients die in a severe attack of so-called gout in the heart, but also frequently of hydrops. Stokes blames antiphlogistic treatment as the cause of this (immoderate venesection) and excessive exertion. In this the principal rôle is played by imperfect nutrition of the cardiac muscle by blood rich in urates. That we have generally to reckon on the presence of uric acid in the cardiac muscle is shown at once by the discovery of Neukomm related above, who has demonstrated the presence of uric acid in the cardiac muscle. In regard to this, and also the gouty patch in the heart produced experimentally, and described above, I may add the suspicion, not by any means too bold a one, whether certain patchy fibrous degenerations of the cardiac muscle in gouty subjects, such as were demonstrated by me in a case I observed, may not be produced by the action of uric acid. That there are also gouty forms of endocarditis—i.e., inflammations of the endocardium which owe their origin to uric acid compounds, may be accepted at once after Lancereaux has succeeded in demonstrating the presence of uric acid infiltration on the cardiac valves themselves. If we concede a gouty endocarditis, nothing can certainly be objected against the assumption of a uritic arteritis.

It is, at the same time also natural that the canals in which blood circulates that is burdened with too much uric acid should show occasional derangements in their nutrition. There are certainly many causes capable of injuring the normal condition of the vessels—syphilis and alcohol amongst many others. That one should not, however, as Ollivier has attempted, lay the atheromatous process simply to the charge of the excessive use of alcohol, which in gouty subjects plays so great a part, it is not necessary to prove here. For there are so many gouty subjects with atheroma of the arteries who are not only not drinkers, but are thoroughly abstemious people, and who have not suffered from syphilis, that it would be doing violence to facts to maintain such an untenable hypothesis. Just as little as all cirrhoses of the liver are to be attributed to abuse of alcohol, or all cases of acute yellow atrophy of the liver to acute poisoning by phosphorus, just as little are all atheromatous changes to be explained by the same cause. In any case, the toxic action of uric acid makes the generally-accepted view, originated by Garrod, intelligible—viz., that arteritis or irritable conditions of the aorta are occasionally caused by gout. This statement is rather a strange one for Garrod, as he, as I have already mentioned, assumes that the gouty inflammation is always accompanied by a deposition of urate of soda in the affected parts. I have shown that necrosis of tissue is necessary for this. It may take place also in the atheromatous arteries of gouty subjects, and, indeed, with consecutive deposition of urates. Bramson found, for instance, in the arch of the aorta some small so-called ossifications that effervesced on being warmed with nitric acid, became yellow, and on further warming turned to deep purple-red. The addition of a little ammonia hastened this change of colour. They thus contained uric acid. Now, I have explained above, in connection with

the chronic kidney of the fowl, that the tissue necrosis met with in the gouty patches is not at all necessarily dependent on uric acid itself, even if uric acid compounds are found deposited in the necrosed parts of the tissue. It does not admit of doubt that, as regards the occurrence of gouty patches, two factors may be simultaneously in action, and, besides the urates, an especially necrosing cause. One may, for instance, conceive that a quantity of urates is present, but not enough to bring about death of the tissues, so that naturally the urates do not crystallise out; but that, notwithstanding the small amount of urates, this takes place immediately as soon as another agent has effected the death of the tissues. How often this second agent is in action I do not know; in any case, the observation communicated by Bramson undoubtedly proves that larger amounts of uric acid compounds must have passed through the vessels. For the rest I am of opinion that in the majority of gouty patches with crystalline urates the necrosis of tissue may be caused by the uric acid compounds themselves.

I will mention further, by the way, that the walls of the veins also may be damaged by the urates, whereby at least in part, may be explained the frequent phlebectasie of gouty subjects. That the cardiac complications are not the sole efficient agent is shown by the fact that in the subjects of cardiac disease these dilatations of the veins do not develop in that often really typical manner as they do in arthritic individuals. The affections of the heart and vessels that come on in consequence of gout also threaten the brain in a manner exactly analogous to those other diseases of the vascular system that owe their origin to other ætiological factors, so that a good portion of the brain symptoms met with in gouty people must be looked upon as secondary—as dependent on vascular derangements.

That nervous disorders, however, may be dependent in the most direct manner on the uric acid itself the older observations of Schönlein and H. Watson are adduced in proof, with the necessary reserve, however. The most recent times have afforded this confirmation, that in fact, depositions of urates are not only met with on the coverings of the brain and spinal marrow, but that they give rise to serious symptoms. In the latter connection an observation of A. Ollivier is of especial value. He reports a case that may be considered one of real spinal gout. It was that of a man 45 years of age, who suffered from severe gouty symptoms. In an advanced period of the disease the patient complained incessantly of a painful feeling as if his neck, his thorax, and his abdomen were drawn together. In addition to this, lightning-like pains darted through the limbs, so that one was tempted to look upon the case as one of tabes. Section showed that upon the outer surface of the spinal dura mater from the 3rd cervical vertebra to the sacrum—and especially freely in the middle part of the vertebral column—and continued along the sheaths of the roots of most of the spinal nerves, many small whitish nodules were deposited, the chemical and microscopical examination of which showed that they consisted of urate of soda. Norman Moore, in the London Pathological Society on December 6th, 1881, demonstrated on the pia mater of the left hemisphere of the cerebellum of a gouty subject, a white plate which contained a trace of uric acid. Ollivier's observation is especially instructive as regards the clinical relations of many nervous symptoms in gout, and sheds light on some much contested observations made at the bedside. For the arthritic paralysis and neuralgias a knowledge of the pathogenesis makes some disclosures. That visceral neuralgias also are met with in gout has not escaped practitioners. Habershon states that cramp of the stomach may come on under the influence of gout. He maintains that in violent gout pains in the stomach are quite independent of indigestion from undigested food, or of inflammations. I have communicated an observation of a case of *insufficiëntia pylori* in a gouty patient, in regard to which I consider it very probable that it is dependent on a nervous cause.



I have already drawn attention to the fact that the gouty process set up by the uric acid runs an aseptic course. The gouty inflammation, the necrosing and necrotic processes run their course aseptically without suppuration, so far as no other poisonous material is associated with it, whether (1) it be some affection accompanied by suppuration or sepsis, added to the gout, or (2) that the gout comes on as a complication of some purulent inflammation, or (3) whether in some outbreak of gouty nodules in the neighbourhood of joints, the so-called tophi or nodi arthritici, the excitors of inflammation present in the atmosphere set up purulent or perhaps putrid inflammation. Ollivier observed in his case referred to above, that the pus which was found in both metatarso-phalangeal articulations had not sprung from an inflammation of the joint originally purulent but from peripheral gouty abscesses that had perforated into the joint. Independent of the participation of vital organs in gout, of which the complication with diseases of the kidneys and of the circulatory apparatus are the most frequent and the most important, the onset of septic processes threatens the subject of gout which may occasionally terminate life in an abrupt manner. Charcot remarks rightly that gout, like other diseases that set up profound changes in the blood like *nephritis albuminosa* and *diabetes mellitus* have a special disposition towards phlegmonous affections of a severe kind, and towards gangrene. Charcot reckons amongst the diseases belonging to the gouty diathesis, gouty anthrax, the graver phlegmonous and erysipelatous affections as well as dry gangrene. We must add that upon the mucous membranes also ulcerating phlegmonous and gangrenous affections come on in gouty people. Cruveilhier has observed the like affections more pronounced towards the anus in the intestinal mucous membrane of a gouty individual whose case has been briefly referred to, and who showed no other changes except advanced gouty ones in the joints, bones, muscles, and cartilages of the ears. I have already communicated an observation which belongs to this category. It was that of an emphysematous patient, 63 years of age, with intense bronchitis, who four years before was said to have had attacks of gout. After the patient had been fifteen days in the klinik, and felt somewhat better, an intense attack of podagra came on suddenly in the night, to which chiragra was added after two days. In five days the attack of gout completely passed away. But directly following this very violent pleuritic pains come on. On the same day a moderately large pleuritic effusion was demonstrable. The patient succumbed to this after rather less than two days. The autopsy which was conducted by Herr Orth revealed bronchial catarrh, and emphysema; hypertrophy of the left ventricle, and malignant hæmorrhagic left-sided pleurisy; commencing suppurative pericarditis; abscesses in the left lung, suppurative prostatitis; hypertrophy of prostate and bladder; gastric catarrh; old interstitial uratic nephritis; gout in the joints of both great toes.

I seek the causes of such severe diseases which, for the most part, induce death, in the greater facility of disposition, and lesser resisting power of the organs, the nutrition of which has become impaired under the influence of the gouty diathesis. The more the individual is exhausted by the gouty or other complicating affection, or unfavourable external conditions, so much the more is he threatened in this respect.

In relatively powerful gouty subjects, and those living under favourable external conditions, very serious complications of the kind may be recovered from in gout. In the year 1879 I attended along with Herr Koppen, Kreisphysikus of Heiligenstadt, an elderly gentleman who, since the year 1855, had suffered every year or two, and often twice a year, from attacks of gout occasionally lasting six weeks. These first appeared in the right great toe, but they had gradually drawn into participation very many joints, and had led to extensive gouty nodules. Gouty deposits were also present in the cartilage of the right ear. I was consulted respecting a grave, acutely

commencing inflammatory attack in the left lung, which advanced to expectoration of quantities of putrid stinking sputa, and afterwards to the formation of an evident cavity, but the patient in the course of about four months completely recovered. Since then about three attacks of gout have recurred, but not very violent. Besides this the patient now labours again, as for many years past, under arthritic ulcers arising from the bursting through of arthritic tophi on the heel, from which uric acid compounds have been evacuated in great quantity. In closing the description of the grave septic inflammations that occasionally complicate primary articular gout I will yet mention two pathological processes, of which the first is complicated with gout with especial frequency, whilst the second may occasionally render its diagnosis difficult, and particularly in earlier times, was actually confounded with it. These are calculus and rheumatism.

## THE EMERGENCIES OF SURGERY.

*Being a Course of Lectures Delivered in the MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY.*

By LAMBERT HEPENSTAL ORMSBY, M.D., F.R.C.S.,  
Lecturer on Clinical and Operative Surgery, Surgeon to the Meath Hospital and County Dublin Infirmary; Surgeon to the Children's Hospital, &c.

### LECTURE III.

#### THE SURGERY OF THE THORAX OR CHEST.

(Continued from page 314.)

*Hernia of the Lung or Pneumocele* signifies a protrusion of the living tissue through an opening or wound in the chest wall, or the lung may force its way between the ribs at the seat of a former wound, where the cicatrix is more or less weakened. It is not of very frequent occurrence.

*Treatment.*—Return this swelling as soon as possible if under the skin, if through wound, it has been recommended to shave the hernial protrusion off and apply a flat firm pad and pressure; others recommend the application of caustic, or ligature. Guthrie recommends that this tumour be left alone. Adhesion of the lung and pleura takes place at the point of exit through the pleura, and thus prevents any further protrusion, while the portion already protruded gradually separates, and sloughs off in the course of a few days.

*Hydrothorax* signifies a collection of serum in either pleural cavity, generally the secondary result of some previous injury or pleural inflammation. This condition can be recognised by the following signs:—When the effusion is slight, dulness of resonance on percussion; bronchial respiration; bronchophony; sometimes egophony, which signifies a bleating or goat-like resonance conveyed to the ear of the auscultator when applied to the affected chest wall, and was considered by Laennec and others to be a certain sign of hydrothorax. When the effusion is considerable, bulging of the chest wall occurs, particularly in intercostal spaces. Suppression of all respiratory sound, and of vocal resonance; loud puerile respiration heard on sound side; displacement of heart from the normal position. If effusion takes place on left side displacement of the heart occurs; if on the right, the liver will be displaced. Succussion on shaking the chest wall may also assist in the diagnosis as well as changing the position of the patient when the fluid gravitates.

*Empyema* signifies an accumulation of purulent matter in either pleural cavity after pleural or other inflammation, or it may, and frequently is, occasioned by a bursting of an abscess of the lung into the pleural cavity. There is no physical sign by which empyema can be distinguished from hydrothorax. The previous signs given are all applicable to empyema. Constitutionally irritative or suppurative fever in general accompanies purulent effusion.

*Treatment* adopted for both diseases—At first absorbents, blistering, painting the chest wall with preparations of iodine, together with good diet and tonics. In empyema the matter may burst externally between ribs and leave a permanent fistula, caries of the ribs, adhesion of the lung, and costal portion of pleura may also occur. Absorption following extensive effusion frequently produces retraction and depression of the chest on the affected side from the slow and imperfect expansion of the lung, then as the fluid gradually disappears bronchial respiration or oegophony returns. Afterwards by slow degrees, the normal respiratory murmur is heard. Extensive adhesion at times is followed by great deformity and contraction of the chest wall.

If absorbents appear to have little effect on the effusion, and if there is troublesome dyspnoea present the operation of tapping or puncture of the chest must be performed without delay.

*Paracentesis Thoracis*, or tapping the chest wall, is performed in the majority of instances (unless there is some special indication to prevent the spot being selected) at the *place of election*, i.e., a situation between the 5th and 6th rib slightly posterior to the angle of the ribs. Bryant prefers the sixth or seventh intercostal space, midway between sternum and spine, while Laennec, Stokes, Walshe, and Maunder prefer the fifth intercostal space. Should a spot for the puncture be selected in this space slightly behind the angle of the rib which I recommend, the position of the heart and the spleen on the left side should be clearly made out; as well as the liver on the right for the purpose of avoiding them? The patient should be placed in bed in the sitting posture so as to allow the fluid to gravitate as much as possible to the lower part of the cavity. The operator will provide himself with an aspirator, a small scalpel, a trocar and canula fitted with india-rubber tube, vessel to catch the fluid, collodion, plaster, scissors, brandy, macintosh sheet. In cases of emergency much less would suffice, a trocar and canula being sufficient. However, if time be given it is always well for an operator to provide himself with everything likely to be needed. A small puncture is first made through the skin on the 6th rib, posterior to its angle, the trocar or aspirator needle is then taken and quickly inserted, keeping the point of the instrument close to the lower part of the intercostal space, so as to avoid wounding the intercostal artery which runs along the lower edge of each rib. The parietal layer of the pleura is sometimes very tough and offers great resistance to the point of the instrument, and sometimes is pushed before it, but it is generally overcome by a slight quick pressure forwards at the moment of puncture. The trochar is then withdrawn while the fluid gradually flows out through the canula, allowing the compressed lung slowly to expand. Air should not be allowed to enter the pleural cavity, for which reason the aspirator is the best instrument to use, unless the trocar and canula be fitted with an india-rubber tube, the other end of which is placed in a vessel under water. Some observers allege that too much has been written on the danger of admitting air, but, notwithstanding, in all cases it is better and safer for the patient to prevent it. Other surgeons say it is unnecessary to make the premonitory puncture in the skin with a scalpel, but it is less painful to the patient to do so. When the fluid is all withdrawn, a small pad of lint covered over with collodion so as to hermetically seal the puncture, is placed over the opening with plaster and the patient kept quiet, and perfect rest enjoined for some hours after the operation.

It is very probable in hydrothorax this operation may be repeated, and in tedious empyema a drainage tube is sometimes recommended to be kept permanently inserted in the opening so as to drain the fluid away by degrees. Sometimes it is found that an external fluctuating swelling points in different situations of the chest wall, indicating the presence of matter, the result of inflammation caused by the presence of some foreign matter such as

extravasated blood, bullet or other substance. In the base, an opening should be made directly into the tumour," which procedure is called "the operation of necessity" in contradistinction to the previously mentioned "operation of election."

*Wounds of the Lung* are not uncommon, and are the result of punctured or gunshot wounds, or other injuries. If extensive, they very soon prove fatal from hæmorrhage, the symptoms being great collapse with pallid skin, weak thready pulse, cold extremities, and clammy sweat, and anxious countenance; cough with frothy and bloody expectoration.

*Treatment*.—1st indication to stop hæmorrhage; 2nd indication—Anticipate and prevent inflammation. If large external opening, wound ought to be carefully examined, all clots and foreign bodies removed if possible. If intercostal vessels bleed, tie or compress them, if hæmorrhage comes from lung keep the body at perfect rest in one posture, give ice, cold drinks, opium to diminish respiratory action, gallic, tannic, and mineral acids, with liquid extract of ergot internally, or hypodermic injections of ergotin to arrest internal bleeding, so as to anticipate inflammatory action. Mercury may be administered.

*Wounds of the Heart and Pericardium*.—Such injuries are generally immediately fatal from hæmorrhage or shock, but cases are on record where the heart has been wounded, and the patient recovered without any bad effect. Shock and general collapse immediately following the injury are the principal symptoms; and if death does not follow at once secondary inflammation should be anticipated by local bleeding by leeches, or venesection at the bend of the elbow, and internal administration of mercury.

*Wounds of the Diaphragm*.—This important muscular structure is occasionally torn by the passage of a ball or the puncture of some sharp instrument. John Bell, when talking of such wounds, makes the following practical remark: "Though wounds of the diaphragm are not material in themselves, yet the diaphragm can hardly be touched but in mortal wounds, i.e., in wounds touching both cavities, viz., of the thorax and of the abdomen, when most frequently the stomach, lungs, pericardium, or heart are either wounded or are soon inflamed and so drawn into disease." Such an injury may be generally recognised by the direction and position of the injury, together with spasmodic jerking, breathing, hiccough and collapse in the patient, or with nausea and vomiting, pain at top of shoulder and paralysis of the arm at the affected side. If the injury is not immediately fatal by complication with other organs, hernia of the intestines, through the opening into the thorax, must be anticipated, perfect rest enjoined and secondary inflammation prevented, and all urgent symptoms that arise immediately treated.

*Excision of the Breast for Malignant or other Tumour*.—To perform the operation place the patient in the recumbent position, lying on the back. The arm at the affected side abducted and well drawn out from the side, so as to make the tumour prominent. An anæsthetic having been administered, and the following instruments ready prepared on the operating tray—1. Two or more sharp scalpels; 2. Artery and other forceps, tenaculum; 3. Antiseptic ligatures; 4. Needles armed with silver wire or catgut ligature; 5. Solution of chloride of zinc (forty grains to the ounce); 6. Spray and antiseptic dressing; 7. Sponges and bandage; and 8. Macintosh sheets and safety pins,

The operator commences by making two curved incisions parallel with the direction and fibres of the pectoral muscle, including an elliptical portion of skin, in the centre of which is the nipple. The lower curved incision is recommended to be made first, however, this is not of vital importance. The incisions should be made in all cases outside the disease, in healthy skin and cellular tissue, but too much skin should not be removed, for fear of producing tension of the parts when the edges of the wound are brought together. During the opera-

tion, to prevent loss of blood, an assistant should follow closely the operator's knife, so as to compress temporarily any small vessels that may be cut with a sponge, and secure any large ones with ligature or spring forceps. The tumour should be well raised off the pectoral muscle, and when removed it is as well to examine the raw surfaces remaining, so as to ascertain the whole diseased mass has been completely removed. When this is done examine for any bleeding vessels, no matter how small, they may give trouble afterwards if unsecured. When the wound is perfectly dry, and nothing more than slight surface oozing, and all vessels tied or otherwise secured, swab out the bottom of wound with solution of chloride of zinc, then close it with interrupted or continuous sutures, some surgeons insert a drainage tube to prevent bagging of secretion. So as to favour union by first intention apply antiseptic dressing pad and bandage, keep the arm to side and forbid any movement for the first four hours, so as to anticipate reactionary hæmorrhage. Take temperature morning and evening, and if it rises above 100° F. change dressing and examine wound, if temperature keeps normal you need not change first dressing for four days, and then only under the strictest antiseptic precautions. Instead of making two curved incisions in the first instance, I am in the habit in some cases, where the tumour is not large and the nipple not engaged, of making a simple semilunar incision in a depending way, so as to prevent bagging of secretion, preserving the nipple, and leaving considerable less disfigurement behind.

## Clinical Records.

### NORTH-EASTERN HOSPITAL FOR CHILDREN, HACKNEY.

#### Cases of Diphtheria and Laryngitis.

Under the care of Dr. ARMAND SEMPLE.

#### Diphtheria—Tracheotomy—Recovery.

MARY ANN L., æt. 3, was on Dec. 26, 1884, admitted at 11.45 with great dyspnoea. The sides and front of the chest were sucked in—the sternum almost drawn into the spine. The face was blue; the eyes staring. Under chloroform tracheotomy was performed, and a large silver tube was inserted. Trachea was deep seated. There was no bleeding to speak of. No membrane was visible. She was much more comfortable after the operation. Coughed up some thick, tenacious mucus, but no true membrane.

Dec. 27th.—Slept well. Coughed up a small piece of tough membrane. Takes nourishment well.

28th.—Slept well. Silver tube taken out, and an india-rubber one put in its place. As this was not so comfortable the silver one was put in again at 10 p.m.

29th.—Restless in the night. No membrane coughed up. Not much cough.

Jan. 3rd.—The tube was left out on the 31st.

Jan. 10th.—The opening in the trachea appears closed. The child's speech has returned. No bad symptoms. Takes food and eats well. The wound is now closed up by a gauze pad and bandage.

Jan. 15.—The wound in neck is now completely closed. Child is quite well. It has gained weight. Nothing to be worn around neck.

Temperature on the first day was 101; on the 31st it sank to normal, and there remained until discharged. Nothing remarkable about the temperature with the exception that it rose somewhat at the periods when the tube was kept out of the throat, and the dyspnoea became distressing.

#### Diphtheria—Tracheotomy—Recovery.

A BOY, D. B., æt. 7, was admitted on Feb. 19, 1885. He had been ill six days, but had not been sufficiently ill to keep in bed. Yesterday he was up and took some dinner with the other members of the family. At about 5 or 6 yesterday breathing got worse, and at 1 a.m. this morning he was brought to the hospital. N.B.—The family have lived in their present home only fourteen days. The drains are very bad;

but no other members of the family suffer. There are three other children, quite well.

Feb. 19, 1 a.m.—The throat was red and tonsils enlarged. There was a patch of membrane on each tonsil, and the breath was extremely offensive. The patient was put to bed in the special ward in a tent bed with steam. The breathing became gradually worse during the night, and at 8.30 this morning the dyspnoea was so urgent, and patient so cyanotic, that tracheotomy was performed. The patient was placed under the influence of chloroform, and then the house-surgeon, with two fingers of the left hand on the trachea just below the cricoid, proceeded to cut down and open the windpipe. This was readily done, and a tube inserted and tied in. Medicines: A saturated solution of sodium carbonate. Nebula. Glyc. borac. acid.  $\mathfrak{z}\text{ij}$ , aq. ad  $\mathfrak{z}\text{ij}$ . Nebula. Externally: Hot fomentations. Diet: Milk and beef-tea. Urine: No albumen. Copious deposit of urates.

Feb. 20.—Ordered: Mist. ferri perchlor.  $\mathfrak{z}\text{ij}$ , mist. pot. chlor.  $\mathfrak{z}\text{ij}$ , quiniæ sulph. gr. i.—t. d. s. At 5 p.m.: Quin. sulph. gr. x., acid. hydrochlor. dil.  $\mathfrak{m}\text{v}$ , aq. ad  $\mathfrak{z}\text{ij}$ . Mitte  $\mathfrak{z}\text{iv}$ . Brandy  $\mathfrak{z}\text{ss}$ . 2ndis horis. Decoct. foliorum eucalypti. Fomentations wrung out of this. Glyc. borac. acid. spray, 4tis horis. Quinine spray, 4tis horis.—Alternately. Carbonate of soda spray, every two hours.

Feb. 21.—Two eggs. Rep. mist. et adde tr. ferri perchlor.  $\mathfrak{m}\text{x}$ .

Feb. 22nd.—Patient is doing very well. He is wearing an india-rubber tube, which is changed three times a day. He has spat up a good many flakes of membrane, and membrane has been seen on the wound. When the tube is changed the trachea is cleared out with feathers. He sleeps very well, and the vapour of steam and carbolic acid is constantly directed into the tent bed. Urine tested again to-day. No albumen.

March 1st.—He can speak now with the tube in, and also when the aperture is stopped with the finger. Temperature normal. Appetite good.

3rd, 11 a.m.—The tube was removed at 1 p.m. yesterday, and has not been replaced yet: The wound is gradually filling up with granulations, but a probe can be passed easily into the trachea. The boy breathes with some difficulty through the mouth, but there is not much dyspnoea, and no lividity. The breathing improved a little. Carbonate of soda spray to be renewed, as there is some dryness of the throat. Astringent spray of tannic acid to be tried, in order to reduce the new granulations if possible. Some air passes through the wound in the trachea, but it is very little. Takes food well. Did not sleep much last night. Temp. normal.

4th.—Put on full diet. Ordered: R. Quin. sulph. gr. i., tr. fer. perch.  $\mathfrak{m}\text{x}$ , tr. nucis vom.  $\mathfrak{m}\text{v}$ , tr. belladon.  $\mathfrak{m}\text{x}$ , aq. menth. pip.  $\mathfrak{z}\text{ss}$ .—t. d. s. Sprays, 2tis horis alternat.: Tannic acid.  $\mathfrak{z}\text{ij}$ , glycerini  $\mathfrak{z}\text{ij}$ , aq. ad  $\mathfrak{z}\text{ss}$ . Argent. nit. gr. 60, aq. dest.  $\mathfrak{z}\text{ij}$ .

5th.—Breathing being worse in the night, the tube was put in, but removed at 11 a.m. again.

6th.—The tube has not been replaced. Last night a probe coated with nitrate of silver was passed into the trachea upwards and downwards. The breathing is a good deal easier this morning, but the temperature has been high for the last two days, and the boy does not look well. Numerous rhonchi are heard in the lungs. Sprays are omitted, except the steam. Ordered milk, beef tea, and eggs. Brandy  $\mathfrak{z}\text{ss}$ , mist. amm. c. ipec.  $\mathfrak{z}\text{ij}$ , 4tis horis.

9th.—The temperature has fallen, and is now normal again. The tube was taken out at 9 a.m., and the boy has been breathing quietly and steadily through the mouth.

9th, 10.45 p.m.—Tube (smaller) again introduced, as the breathing had become a good deal more embarrassed.

10th.—Ordered wine  $\mathfrak{z}\text{iv}$ , and rep. mist. Omit brandy. Tube now omitted altogether.

The boy gradually improved, and left on April 12, quite well.

A COMMITTEE has been ordered to investigate the requirements of the College museums, and to advise the Council as to the reorganisation of them. Dr. Blake Knox, Curator of the Richmond Hospital, has been placed in temporary charge for three months.

## Transactions of Societies.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.  
OCTOBER 2ND, 1885.

W. B. HEMMING, M.R.C.S., President, in the chair.

### PRESIDENT'S ADDRESS.

THE PRESIDENT, in opening the session of the Society, in the course of his address thanked the members for conferring upon him the honour of selecting him to be their President for the year. He, however, felt that a great responsibility had been thrust upon him, more especially when he remembered the able manner with which the duties of the chair had been discharged by his predecessors in office. A new position is one to every man of some nervousness, some embarrassment. He trusted that the prestige of the society would not suffer any deterioration during his year of office. The success of the session depended largely upon the individual exertions of the members, and upon the character of the discussions. He concluded by reminding the members of the continued prosperity of the Society, and he hoped that such prosperity would always be a distinguishing feature of the West London.

Dr. CLIPPINGDALE read a case of

#### STRICTURE OF THE SMALL INTESTINE,

the stricture being due to scirrhus infiltration, by which the calibre of the bowel was lessened by about three-fourths of its normal diameter. The patient was a gentleman, *set.* 65. He was well nourished and strong. He had always been a free liver. He was not careful in deglutition. Swallowing a fish-bone or a fruit-stone would seem to him to have been a less serious matter than to most people. This fact is mentioned because probably the disease from which he died had its origin in irritation set up by some indigestible matter unable to pass through the ileo-cæcal valve, the seat of the disease being quite close to that portion of the intestine. The symptoms evinced by the patient were mainly these: vomiting, constipation, flatulence, and restlessness. There was no pain nor tenderness, no wasting nor cachexia, and nothing to be detected by repeated and careful examination. The vomited matter consisted merely of food, partially or wholly undigested. Bile was occasionally present, but the vomited matter was never stercoraceous. The absence of this feature could be accounted for in this way—that the food, on passing through the pylorus, would set up peristaltic action of the bowel, and that this peristaltic action would pass on until checked and reversed by the stricture, and that the reversed action would cause ejection of the food before that had become decomposed; hence the absence of stercoraceous vomit. Dr. Habershon saw the case twice with the author, but its occult nature baffled even that keen observer. *At the post-mortem* a thin layer of scirrhus infiltration involving the muscular and submucous coats of the intestine for about one inch was discovered. About three-fourths of the circumference of the wall was diseased. The calibre of the bowel was diminished, so as to admit only the tip of the index finger. As the patient was stout, and the affected bowel covered by rolls of inflated intestine, it was apparent that the diseased structure could not have been felt through the abdominal parietes.

Mr. PATMORE inquired as to the amount of injection which had been thrown into the rectum.

Dr. TRAVERS asked if there was much enlargement of the colon, and what was the condition of the ileo-cæcal valve.

Dr. THUDICHUM did not gather from the account that there had been no loss of lumen. In the course of his practice he had not found that with regard to cancerous strictures the lumen was always destroyed. He asked whether the disease had been localised? How was it that operative treatment had not been discussed? If the disease was not large, it should have been treated surgically.

Mr. EDWARDS agreed with Dr. Thudichum. How was operative treatment not thought of? The symptoms pointed to a case of internal hernia. Abdominal section, in his opinion, should have been performed, and the disease excised. Operative interference might have prolonged life.

The PRESIDENT observed that the case presented several

points of interest, and if the disease had been localised he agreed in thinking that abdominal section should have been performed.

Dr. CLIPPINGDALE, in reply, remarked that half-a-pint of salad oil, and afterwards a pint and a-half of soap and water were thrown up the rectum through a tube eighteen inches long. The stricture did not occlude the bowel, but diminished its calibre sufficiently to prevent the passage of food. There was nothing to be felt through the abdominal wall. Dr. Habershon thought that the case might be one of twist of the gut.

Mr. H. PERCY DUNN showed the following pathological specimens:—

1. The liver of a child, *æt.* 8, showing an extensive rupture of the left lobe.
2. A right kidney in the pelvis of which a large calculus is impacted.
3. Sarcoma of the breast.
4. A uterus showing several nodular scirrhus growths in its substance.

### REGISTERED FOR TRANSMISSION ABROAD

## The Medical Press and Circular

Is published every Wednesday morning Price, 6d. Post free 5d.

POST FREE TO ANNUAL SUBSCRIBERS . . . £1 2 0  
" IF PAID IN ADVANCE . . . . . 1 1 0

Post-office Orders and Cheques to be drawn in favour of—  
A. A. TINDALL, 20 King William Street, Strand, London, W. C.  
A. H. JACOB, 3 Molesworth Street, Dublin.

Agents for Scotland:—

MACLAHLAN & STEWART, South Bridge, Edinburgh.  
A & W. STENHOUSE, Hillhead, Glasgow.

Sole Agent for the Continent:—

JOHN F. JONES, 31 Bis, Rue du Faubourg Montmartre, Paris.

ADVERTISEMENT SCALE—Whole Page, £5 0s. 0d. Half Page, £2 10s. 0d.; Quarter Page, £1 15s. 0d.; One-eighth Page, 12s. 6d.

Small Announcements of Practices, Assistancies, Vacancies, Books, &c. of Seven lines or under, 4s. per insertion; 6d. per line beyond.

Considerable reductions are made from the foregoing Scale when orders are given for a series of insertions. Letters in this department should be addressed to the Publishers.

SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIÈRE, Rue Hautefeuille, Paris—post free in advance, £1 3s. 6d. per annum.

SUBSCRIPTIONS FOR RUSSIA are received by Messrs. RAJGHMAN and FRENDLER, 18 Senatoren Street, Warsaw—post free, £1 5s. 0d. per annum.

SUBSCRIPTIONS FOR THE UNITED STATES are received in New York by Messrs. WILKINSON & ROGERS; Philadelphia, by Dr. BRITTON: post free in advance, 64 dollars (£1 3s. 6d.) per annum, or direct from the Offices in this country for the same amount, if remitted by International Post-Office Order.

## The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, OCTOBER 21, 1885.

### THE HARVEIAN ORATION.

No nobler or more fitting task could be undertaken by a physician occupying the proud position of Harveian orator than that of vindicating the profession of medicine against the attacks constantly made against it by traducers. There is greater reason, moreover, at the present time, for such use of the opportunity afforded by the annual commemoration of the immortal Harvey, inasmuch as there is a prevalent feeling in our midst, of dissatisfaction with the results achieved in connection with the modern practice of medicine. That the impres-

sion is, however, wholly unwarranted by facts, and should yield to a sentiment of admiration for the startling advances which have in recent times been made, is clearly demonstrated by Dr. Quain in his address; and it is a subject of congratulation that the claims of right and justice have been so eloquently and ably advanced by a champion who must command universal and respectful attention. By following the course he has pursued, by neglecting the stereotyped rule of confining the Harveian oration to laudation of the life and labours of Harvey himself, and by substituting for the usual personal history that of the improvements to which the work achieved by Harvey gave so grand a stimulus, Dr. Quain has, we venture to believe, accomplished a task at once valuable in itself and likely to be followed by beneficial consequences to the profession of which he is so distinguished an ornament.

In picturing the practice of medicine as it was under the dominion of mysticism, it was natural and unavoidable that latter-day equivalents of mediæval superstition should receive consideration; and it is at once disturbing and humiliating to reflect on the close resemblances borne to the pitiful charlatanism of former times by not a few of the vaunted "systems" that disfigure the medicine of to-day. Perhaps the best evidence of the advance in scientific spirit on the part of the profession, however, is to be found in the existence of these relics of an ignorant age; they prove that the complex science of medicine can be appreciated and practised only by those in sympathy with its vital truths, and endowed with the capacity to grasp the principles on which its practice is based; and, as a consequence of this, that many who enter into it, unfitted for its pursuit, are fain to turn aside and grasp at shadows, since the substance eludes their touch. On this supposition it will always happen that the ranks of the profession will number some who are not followers of truth, but of a chimera which demands from its defenders neither knowledge nor devotion, but only ignorant and impudent pretension. When, however, the time arrives which shall witness the perfect training of recruits; when the portals of practice shall be opened only to those who have proved themselves worthy to be entrusted with the sacred duties of their calling; when, in fact, the education of physicians reaches an ideal standard of excellence now merely conceivable—then there will be none to pursue the practice of charlatanism, because all will be enlightened to the perception, not only of the absence of all foundation for its pretensions, but as well to the evils perpetuated by its followers.

Dr. Quain presents us with no exaggerated account of the progress of medicine in recent times; indeed, it may with truth be said that the subject permitted of much more pronounced declarations in its behalf; but it is perhaps as well that only unassailable assertions have been made, to the end that objections may be impossible. The advances contributed to by pathological researches and observations are always gratefully acknowledged by the student of the medical history of the past; and in the light thus thrown upon the improvements made in recent years it becomes an important question how best to secure that so invaluable a means of progress shall be

further utilised to promote still greater discoveries than have yet been made. At the present time we are tantalised with prospective possibilities in the way of pathological investigation, to be realised when the Royal College of Surgeons shall be in a position to apply to such purpose the funds of which it will ultimately obtain control; and in addition to this, the frequency of suggestions for immediate additions to existing laboratories, whether State-aided or otherwise, serves to keep alive an anxious expectation which nothing short of some definite fulfilment will satisfy. And now Dr. Quain adds another half-promise of speedy addition to existing means for research, by holding out a prospect of the Croonian funds being made available for such a purpose. All this is satisfactory, for it is no longer necessary to insist on the vast importance of the study of pathological details as a means to the improvement of practice; the truth of this is recognised wherever scientific medicine is welcomed; and in the future it will never chance, as was the case too often in the past, that an apology will have to be made for the prosecution of inquiries not immediately founded on the needs of the moment.

The plea on behalf of pharmacology put forward in Dr. Quain's address will meet with a much more widely responsive echo to-day than could have been expected even a few short years ago. The active labours of a few enthusiastic observers, carried on within the most recent times, and productive of results that have forcibly appealed to even the youngest generation of practitioners, have successfully paved the way to a reception of the most that can be proposed in this connection; and it may well be supposed that the spirit of doubting as to the accuracy of his own diagnosis, when the physician fails to witness the expected action of a particular drug, is becoming very generally diffused. But that every man can observe for himself by carrying out experimental researches is, of course impossible. The many must be content to learn of the few; and in so far as the lessons taught by experimental inquiries conducted in recent years have had for a result to vastly increase the *armamentarium* of physic, there is no longer any hesitation in accepting such new additions to pharmacy as are from time to time bestowed.

Is Dr. Quain's prophetic picture of the future of the profession an impossible one? We do not think it is; and mainly for the reason that the ranks of practitioners of medicine are being recruited yearly by a class of young men who, as a whole, exhibit a steadily advancing improvement. By this, it is not for a moment intended to be conveyed that past generations of medical men have not numbered a large proportion of cultured gentlemen; such a position could not possibly be maintained; but it is unquestionably true that the conditions regulating the qualification and education of medical students to-day is effecting a reform of which the result is to increase in a very large degree the proportion of general practitioners who are able, by virtue of their attainments, to preserve constant interest in the scientific progress of their profession. It is this ever enlarging class of physicians who will demand improvements in the means of combating disease placed at their disposal by those whose business lies in observation and research; and we venture to think that

by-and-by, and at no very distant date, an unmistakable and irresistible cry will ascend from them, a cry insisting that due provision shall be made for uninterrupted progress of such work. If it is true that the present status of the profession is a low one, and it seems that it is, then the fault is to be found in the proceedings of pretenders within it; of pretenders whose claims to confidence are in nothing superior to those of the miserable herd of quacks who are permitted by a blind legislation to work mischief wholesale among the people. Such persons can continue in their position only so long as they remain ignorant of the truths they are daily outraging, and when the conditions of qualification ensure that none such shall enter the profession its ranks will be purged of its worst evil. This end, however, cannot be secured so long as twenty different portals, of varying difficulty, admit to practice; and sanguine though we are of the realisation of Dr. Quain's aspirations, we cannot fail to see innumerable obstructions to be first surmounted.

#### THE GENERAL MEDICAL COUNCIL.

THE Council has been summoned to meet on the 24th of November for emergency business. The call of the Council has been given by the President chiefly at the instance of the Branch Council for Ireland, whose members have been greatly exercised by disputes which have arisen out of the action of a majority of the General Council at its last meeting. The General Council had at that time remitted to a sub-committee to revise the list of recognised preliminary examinations, and that committee, with as little consideration as that with which it had previously added new examinations, proceeded to cut the list down, and to disfranchise the examining bodies wholesale.

Amongst the preliminary examinations which it expunged were those of the three Queen's Colleges; nevertheless, when the report of the committee came up, the General Council adopted it *in globo*, fearing to enter upon an endless discussion on the merits of each individual examination. When the Queen's Colleges learned of their disfranchisement they flew to arms, and lodged a protest with the Executive Committee of the General Council, which, thereupon, sat and suspended the decision of the Council. The Irish Branch Council, however, refuses to recognise the authority of the Executive Committee to reinstate the Queen's College examinations, and has directed its Registrar to refuse registration to all students who present a Queen's College Pass Certificate, and the meeting of the General Council is asked to settle the dispute.

The second business of the coming meeting is to adjust the difficulty which has arisen by reason of the hasty enforcement of the new subjects of preliminary examinations. The Council, at its meeting in October, 1884, revised the subjects, and amongst other changes, moved "the elements of mechanics, hydrostatics, dynamics, and statics" from the optional into the compulsory list. Of this change the Council gave—we believe we are correct in stating—no more business-like intimation to the examining bodies than to

send them without note or comment a pamphlet containing the new rule. But the Council went further than this, and ordered that the Pass Certificates which had been previously issued under the old rules, which had been made by itself, should be refused recognition unless they were presented for registration before the 1st of October, 1885. The consequence of this very arbitrary and unbusiness-like procedure was that the examining bodies in Ireland had no knowledge of the new rules until in September some students presented their certificates for registration, and were then informed of the changes which were about to be enforced. The examining bodies, of course, took immediate steps to warn the students who had passed preliminary examinations that they must register before the 1st of October, and those who had not yet passed, that they must be prepared to answer in the new subject of elementary mechanics, but the warning came too late, and a large number of students have been refused recognition of their Preliminary Certificates, and a still larger number are obliged to go to examination unprepared.

It is to be recollected that a student is not allowed to count his medical studies until he is registered by the Branch Council. If, therefore, the Council refuses to register him before his winter's work commences, he loses his year. It would, of course, be open to any licensing body to examine and license him without completion of his full period of study, and, if the licensing body did so, the Medical Council could not refuse to register the licence so granted; but this course is open to the objection, first, that it would violate the rule of the licensing body which requires forty-five months of medical study from first to last; second, that, even if a student obtained his surgical licence in this way, the body to which he subsequently resorted for his medical degree might refuse to grant it on the ground of an insufficient period of study. Nevertheless we believe that the University of Dublin has set the Medical Council at defiance, has intimated to its students that they need not trouble themselves to register, and will grant the M.D. and M.Ch. in spite of this deficiency.

The Irish College of Surgeons, on the other hand, is trying to protect its students against the arbitrary order of the Medical Council. It has made arrangements, which we print elsewhere, to enable the student to comply, and, meanwhile, it has lodged a protest with the General Medical Council, and has urged that the operation of these new rules shall be suspended for a year.

The third business of the coming meeting of the Council is to strike off the Register the names of a number of practitioners whose diplomas have been cancelled by their licensing bodies for various offences, or who are liable to expulsion for having been convicted of felony. By a singularly stupid arrangement no fixed rule has ever been made by the Council to govern these cases, and, as no committee possesses authority to hear or decide a case for expulsion, the result is that any one who is on the Register at the time when the Council is disbanded after its annual meeting must be retained in the official list, and will be entitled to all the privileges conferred by his



diplomas until the Council reassembles at the end of another year, although those diplomas have been, months previously, withdrawn by the bodies which granted them.

It is to be hoped that, at the coming meeting, the General Medical Council will remedy this anomaly by enacting a fixed rule.

We altogether dissent from the idea which seems to possess the minds of some members of the Council, that a man who is convicted of felony and suffers sentence which is not afterwards reversed, should be retried by the Medical Council with all the paraphernalia of a court of law. The Council has no right, from feelings of undeserved commiseration, to defile the official Register with the names of such persons, and there is no reason why they should not direct the Registrar to expurgate the list of every such name, without waiting to refer the matter to the Council itself.

#### THE BRADLEY FUND.

As the time for closing the list of subscribers to this fund is drawing near we may remark that the response from the leading and well-to-do members of the profession in London and elsewhere, has been open-handed and generous. We regret, however, to note in the published lists, that there is not a readier response on the part of general practitioners throughout the country and in the provincial towns, who, although not able to send in large amounts, might very well mark their sense of the injustice done to the unfortunate Dr. Bradley, and of the dangers to which each and all of them are exposed in the ordinary routine of their practice from the possibility of similar charges being preferred against them. These two causes—sympathy with Dr. Bradley's sufferings, and a demonstration to the world at large of the indignation felt by the members of the profession generally at the ready acceptance of the charge of an impossible crime (all circumstances of the case taken into consideration) made against a medical man—ought to prompt a generous response to the appeal. At such times members of the profession should stand shoulder to shoulder, and make known to the world one common brotherhood—that to touch one member of it unjustly is to touch all. By acting thus, we shall win the world's respect, and teach outsiders to be more careful in their dealings with us. The old man's advice to his sons as to the strength of unity and the weakness of disunion comes home with peculiar force to the members of our profession. Separated one from another we are powerless to do much, but united, our voice when lifted in protest against injustice and wrong done to one of our number must make itself heard, and command respectful consideration. The most convincing proof we can give of our sincerity and unity is the practical one of opening our purse strings and contributing towards some sort of indemnity for the suffering and loss sustained by a professional brother. The charge, the preliminary inquiry under arrest, the commitment for trial, the travesty of justice, the finding of the jury of "not guilty" of the crime with which he was charged, and

under the judge's direction, the finding him guilty of the attempt with which he was not charged, the sentence out of all proportion to the crime—even if it had been committed, and the jail sufferings; who can reflect on all that Dr. Bradley must have suffered from the time of his arrest to that of his release without feeling an earnest desire to express their sympathy in a tangible and practical form. We trust that those who, through forgetfulness, have not yet forwarded their subscriptions to Dr. Jeffries (of Chesterfield), will not fail to do so at once, and that it may not be left open to outsiders to sneer at medical men that they are good hands at talking, but not in doing. Be the gifts small or large in proportion to the givers' means, such gifts will best testify to the world the indignation felt by the profession generally at the gross miscarriage of justice that was allowed to remain unrectified until a change of Government took place, and a more courteously disposed Home Secretary could give an unbiassed consideration to the case. It is a small matter what Lord Chief Justice Coleridge or the jury thought of the case in the face of the general concensus of opinion amongst medical men as to the impossibility of the charge being true in view of the evidence given. No Lord Chief Justice, or no jury, could for one moment have harboured the thought of a conviction, could that expression of opinion on the part of the profession have been given in court. Bias on the part of the Lord Chief Justice was evident in the course of the trial and sentence, since, as a man of the world, he ought to have known better than to direct a conviction; and decidedly party bias was evident on the part of Sir Wm. Harcourt, who refused to reverse the judgment of so eminent and thorough-going a supporter of his party as Lord Coleridge.

Men on the bench of judges should not be swayed by their own prepossessed opinions, but should listen with respect to the opinions of those who are well qualified—and peculiarly well qualified—to form a correct judgment in such a case. We cannot change our minds as to the conduct of the Lord Chief Justice and the late Home Secretary in setting up the evidence of one medical man who was fairly open to the suspicion of being somewhat biassed (unconsciously, so it may be, but biassed all the same) against the prisoner, and of an epileptic woman who swore that Dr. Bradley had actually raped her twice within the space of five minutes whilst lying on two chairs, and without hearing of a number of people had the slightest struggle been made, against the opinion of such a large and representative number of medical men who, we think, could not be suspected of lying in the interest of one who was totally unknown to them, and therefore in whom they took no personal interest. The indifference shown to the memorials of the profession was a direct insult to as respectable a professional body of men as one could find in connection with the law, and whose regard for truth and justice, and character for intelligence and useful public service is at least as great. We trust that members of the profession will keep steadily in mind the principle involved, and by their generous response to the appeal on behalf of the Bradley Fund

prove to Lord Coleridge and Sir William Harcourt their indignant appreciation of the insult offered to them.

### Notes on Current Topics.

#### The New Entries.

THE number of new students commencing professional education in October, 1885, shows but little difference from that recorded in the year preceding; but such alteration as does appear is on the side of increase in the aggregate total of those joining metropolitan hospitals. That there has not been a serious falling off may probably be attributed with justice to the confidence felt in the will and power of the Royal Colleges in London to remove the disabilities in the way of graduation from those who proceed to the joint qualification in medicine, midwifery, and surgery conferred by them; and we may feel assured that when the scheme for securing to such candidates the right to employ the title of "Doctor" is effectually carried through, then we shall cease to witness the painful sight of a large annual migration of English students to centres where the acquisition of an M.B. is simplified to the utmost extent. That the figures are maintained to at least an equal height with those of 1884, may be put down as very much a result of stagnant trade, a certain proportion of this year's new students being certainly young men who, under more favourable conditions of commerce, would have been relegated to seats in offices and counting-houses, where, at present, however, no opportunities exist for utilising their services. And this consideration does but emphasise the lesson to be drawn from the fact that the numbers are what they are, and not very much greater, for it clearly shows how strong a tendency there is to choose other than metropolitan schools on the part of parents, as affording better facilities to their sons for obtaining what is regarded as essential to successful general practice, a doctor's degree. Studied individually, the returns from the various hospitals are very striking, and show how strongly the favour with which a school is regarded in which attention is paid to necessary improvements. Thus Westminster, which has just secured new buildings yielding very much increased accommodation for students, has exactly twice as many entries in 1885 as in 1884; while St. Mary's, which is also better off in this respect, has advanced 50 per cent. in the same direction. At King's College a steady decline continues, and it is difficult to understand what the result may be if the diminution continues. The Middlesex, likewise, shows a marked falling off. The numbers at all the hospitals except University College are given below:—

	Full.	Total.		Full.	Total.
St. Bartholomew's	132	148	Westminster	28	36
Guy's	—	90	St. Mary's	52	67
London	77	107	Charing Cross	52	62
St. Thomas's	89	113	King's College	—	47
St. George's	31	37	Middlesex	—	37

THE Council of the Irish College of Surgeons has decided not to fill up the vacancy in the Curatorship of the College vacated by Dr. Ph. Abraham.

#### The Irish Conjoint Examination Scheme.

SOME months ago we intimated that the fourth scheme which had been started within fifteen years to form a combined examination between the Colleges of Physicians and Surgeons in Ireland had emerged in a very dishevelled condition from the battles fought over it by the conference committees of the two Colleges, and that it had been referred back to them by the College of Physicians for further elucidation of its probable financial effect. We foretold that nothing more would be heard of the poor scheme, but we were wrong. It came back from the committee to the College at large last week, with a report that—even if the "spoil" were equally divided between the Colleges—a serious money loss would accrue to the College of Physicians, and, thereupon, the College decided at once to inform the College of Surgeons that the proposed division of the surplus fees would not do.

Thus expires the last hope of conjoint examination in Ireland, and we are not sorry. This scheme was begotten, not of a desire to benefit the student or purify medical education, but of an anxiety to forestall and defeat medical reform, and to save the Colleges from anticipated injury therefrom. Any such anticipation was, we believe, a complete hallucination, which arose from a want of understanding of the provisions of the Medical Reform Bill. But assuming that injury would accrue from legislative compulsory conjoint examination, it was hard to understand why the Colleges should attempt to escape, by creating a voluntary scheme which would effect a much greater amount of injury and none of the good results.

Under this exploded scheme—as we are prepared to show—the Irish College of Surgeons was bound to sacrifice at least £600 a year of its income, and the College of Physicians nearly as much, and there was not the least reason to hope that the scheme would have brought to their doors a single additional diploma-seeker. But this scheme provided that the surplus from diploma fees should be divided, five-eighths to the College of Surgeons and three-eighths to the College of Physicians, whereas the latter College now intimates that it will not begin to consider it unless half the money is assured to the College, which would mean an increase of the loss to the College of Surgeons from £600 to £1,100 a year.

But the fact is that the Colleges cannot hope to meet the competition of the Royal Irish University and the Scotch Colleges by any such expedient as a conjoint examination. Irish students undoubtedly would rather have one set of examinations than two, and would rather pay £31 10s. for their diplomas than £42; but these inducements will never attract them away from institutions which give them licences on short and cheap curricula. The curriculum required by the Irish Colleges is, in the interest of the teachers who rule everything in Dublin, kept up to a prohibitory scale, and the Colleges are, naturally, over-handicapped in the race against the cheap Universities and against Scotland, which will give equally efficient and better-looking licences on half the terms.

There are only two possible remedies available, *i.e.*, to drag the cheap Universities and Scotch Colleges up to

the Irish curriculum level, or to cut the Irish curriculum down to the level of the cheap Universities and Scotland. The first of these remedies can be applied *only* by a Medical Reform Bill, the second *only* by the Colleges taking courage to grapple with the teachers and to lop off courses of lectures without compunction.

We must leave the Colleges now to select the alternative, or else to submit to be beaten hollow in the licensing race.

#### Practice v. Research.

A most interesting, able, and instructive address was delivered on Wednesday last at the opening of the new session of the University College Medical Society, by Dr. Burdon Sanderson, whose presence among his old pupils and colleagues was welcomed with hearty enthusiasm. The lecturer took for his theme "The Story of a Life devoted to Science," and the life selected in illustration was that of the late Professor Cohnheim. The practical lesson deduced from the study of this page of history is, in Dr. Sanderson's opinion, to the effect that a life of pure science in this country, at any rate, is not to be recommended as the goal for a young man to set before himself, the rewards and recognitions accorded to the results of patient research being too unsubstantial to be profitable. His advice to those who shadow forth for themselves a scientific career is undoubtedly excellent; it is to "reside for a time in a hospital, and then you will be in a better position than ever before to decide whether you prefer science to practice." It may, however, be questioned whether, after all, any advice of the kind is necessary. The proportion of students seized with an uncontrollable desire to devote the labour of their lives to the advancement of knowledge by research is at all times excessively small; and even at the present time it is most unlikely that any considerable number of them will deprive the practice of the profession of brilliant guides by espousing the cause of pure science. Like painters, the successful pursuer of knowledge for the sake of knowledge and mankind, "*nascitur non fit.*"

#### Production of New Bone from Periosteal Grafts.

An interesting case of reproduction of two inches and three quarters of new bone is reported by Dr. C. W. Trueheart, in the New York *Medical Record*, the use of grafts of periosteum derived from recently-killed dogs being the means resorted to in the operation. The patient was a young man, the centre part of whose clavicle had been shot away by the accidental discharge of a gun. The chances of osseous union of the remaining portions of bone being judged to be quite hopeless, Dr. Trueheart removed the new tissue formation in the tracts of the lost clavicle by aid of scissors and nitric acid, seven weeks after the accident; and the cartilage formed on the end of the bone being also scraped away, an excavation three-fourths of an inch deep, one and a quarter inches wide, and two and three quarter inches long, was prepared. The grafts employed were the size of a large flax seed, and were applied as speedily as possible after being cut with a stout resection knife and curved scissors. The entire area of the prepared surface was set with grafts about three-eighths of an inch apart, and these, after a

delay of forty minutes, during which the wound took on a glazed appearance due to lymph drying on its surface, perforated oiled silk was applied, on this a compress of lint moistened with two per cent. carbolic water, and the whole held in place by adhesive strips. The dressings were renewed on the fifth day, when eight out of every ten grafts were found to have taken, and their subsequent progress was most satisfactory. Three series of grafts were successively applied within a month, cicatrization of the edges of the wound being meanwhile retarded by cauterisation; and the excavated wound having finally been fairly filled, the surface was skin-grafted to obviate the tendency to contraction and to hasten the healing process. Two months after the periosteum-grafting, examination of the parts revealed the fact that the two and three-quarter inches gap in the clavicle had become filled out with a tissue possessing the characteristics of bone as to hardness, inflexibility, and perfect performance of the function of giving support to the shoulder previously hanging down from loss of such support. The surface of new bone, felt subcutaneously, was rough and nodulated, like a mass of rapidly-developed exostosis. Two years afterwards the new bone showed a difference of one-quarter inch shortening as compared with its fellow of the opposite side. The operation was done in 1876, and recently the man sustained a fracture in the new bone, which readily healed.

#### The Physiciandy to the Queen in Ireland.

THE death of the late Dr. Benjamin MacDowel caused a vacancy amongst Her Majesty's Physicians in Ireland, and Dr. Wm. Moore, ex-President of the King and Queen's College of Physicians, and Professor of Practice of Medicine in the University of Dublin School, has been appointed. Dr. Moore's professional and personal claims to this distinction are fully recognised by the profession. As an author, a practitioner, a public man, and a gentleman, he is eminently fitted to do credit to Her Majesty's selection.

#### A Remarkable Case of Self-Mutilation.

AN unfortunate victim of inebriety was last week received into the General Hospital at Birmingham, suffering from loss of blood consequent on injuries inflicted by himself, and resulting in complete amputation of the right foot. The man had been drinking heavily for some time, and was attacked by *delirium tremens*, when, being alone in a second floor room, he deliberately cut off his foot—which was found in the room with the boot still on—with a carving-knife. After completing the operation, he seems to have jumped into the street, as all other mode of egress was closed, and was found walking about on the bleeding stump by those who placed him in a cab and conveyed him to the hospital. Here it was found necessary to amputate the leg, and when an anæsthetic was administered for the purpose, the struggles of the patient were of the most vigorous description. Subsequently to the operation, also, he was very violent, and two men were required to prevent him from removing the bandages on his limb. The incident is instructive as showing to what a degree insensibility to pain may be

induced under such circumstances as led to the condition in which this man was placed; but it need hardly be said that his constitutional state will necessarily militate against the chances of recovery possessed by him. Nevertheless, the sequel of the case will be of interest.

#### Irish Preliminary Examinations.

THE Irish College of Surgeons, in order to enable its students to comply with the arbitrary order of the Medical Council, will hold a supplementary preliminary examination in physics alone at some date about the 20th of November. At this examination a student may make good the deficiency of his registration. If he has already passed his preliminary, he may take the elementary mechanics subject, and if not, may come up again at this supplementary examination.

#### Medical Women for Burmah.

THE "medical women" question is now occupying a good deal of attention in British Burmah. Some influential persons, members of the Eurasian and Burmese communities, have taken the matter up, and at length established classes for the instruction of women in midwifery. It is expected that the hospital authorities and medical officers will give every encouragement to the movement, either by forming classes or otherwise affording assistance in the way of giving instruction, or for the formation of classes in separate institutions. The benefits expected by the employment of properly instructed women are doubtless incalculable, and it is said work could be found for a very large number. The progress of enlightenment among the better educated Burmans has already convinced them, that their native traditional practices in childbirth, are not only dangerous and barbarous to a degree, but that the lives of hundreds of infants are thereby sacrificed.

#### Is Alcohol a Food?

REGARDING the much-disputed fate of alcohol in the animal system, Professor Cloetta published some little time ago, in the *Korresp. Bl. f. Schw. Aerzte* some original investigations. The conclusions he arrives at are—that alcohol becomes converted in the system into carbon dioxide and water; that only a very small proportion passes off as alcohol by the lungs, kidneys, and skin, and that nearly the whole of the quantity consumed becomes oxydised. None is found in the fæces or milk. In moderate doses it has no influence on the body heat, and it only lowers it when taken rapidly and in large quantity, the effects being the same whether fever is present or not. In the tissues, in consequence of absorption of oxygen by the alcohol, tissue metamorphosis is checked, and the essential constituents of the urine are diminished. Alcohol is in so far a food, that it protects against too rapid consumption. It is thus an important agent in febrile cases in daily divided doses of 150 to 200 grms. In larger doses its importance as a nutrient and conserving agent recedes, and its effects become injurious, and accumulation of the terminal products of tissue metamorphosis takes place along with increase of uric acid and urea. This fact indicates that oxydation in the tissues has its limits, and that the

terminal products of tissue metamorphosis may be produced in other ways.

#### A Plague of Oantharides.

WE learn from a correspondent that there has been quite a plague of Spanish flies at Raichore. The light of a candle or lamp is sure to attract an innumerable quantity of these pests, and should they alight upon any uncovered portion of a person they are sure to leave behind a small painful blister. On close examination no bite or sting is detected, and the flies even admit of being handled with impunity, and it is only possible to account for the blisters produced by supposing that if rudely brushed away, they discharge a minute quantity of fluid which has a vesicating action. Two distinct kinds of Spanish flies have visited Raichore, one is of a beautiful green and gold colour, the other of a bronze brown. Another place Wada has also suffered from the same kind of pests.

#### Irish Graduates' Association.

THIS Association, whose members have of late increased to considerable proportions, will hold its annual general meeting on Saturday next, at 4.30 p.m., for the election of new members and other business. Those eligible for membership are registered practitioners (1) holding Irish degrees or diploma, and, (2) those who studied at any School of Medicine in Ireland. The annual dinner will subsequently be held (at 7.30) at the Holborn Restaurant, under the presidency of Dr. Macnaughton Jones, for which, the Honorary Secretary informs us, Sir Thomas Crawford, Sir Guyer Hunter, Sir John Reid, Professor Aitken, and other eminent members of the profession, have accepted invitations. We may add that members may invite ladies and gentlemen, and that dinner tickets (7s. 6d. each) may be obtained from the Hon. Treasurer, Dr. Thompson, 1 Matheson Road, West Kensington, W., and from the Hon Secs., R. T. Daniell, M.B.T.C.D., F.R.C.S.I., 20 Cathcart Road, South Kensington; J. Stewart, B.A.Q.U.I., L.R.C.S.I., Dunmurry, Sneyd Park, Clifton.

#### The Irish Pharmaceutical Society.

AT the annual general meeting of the Society the President, Mr. Brunner, devoted his address to a retrospect of the past year. The Society, he said, was now in very much the same position as that time twelve months. They still had had the same difficulties to contend with. The Society had a most apathetic *clientèle* of licentiates, who appeared to take very little interest indeed in its progress or in anything connected with it. Their country was a poor one, and it was passing through a very terrible crisis at the time. Last year the Society had 52 elected members; this year it had only 47. There had also been a falling off in the number of candidates for the licence. During the past year twenty-five candidates presented themselves for the licence, of whom 21 passed, as against 34 candidates and 30 passes in the previous year. On the other hand, there had been last year 44 candidates at the preliminary examination and 36 passes, as against 25 candidates and 20 passes in the year before.

**The Greifswald Professorship of Surgery.**

THE Faculty of Medicine of the University of Greifswald has proposed three names to the Cultus Minister from which to make choice of one to fill the vacant professorship of surgery. The names are 1, Dr. Helferich, Professor-extraordinary in Munich; 2, Dr. Genzmer, of Halle; 3 Professor Rosenbaoh, of Göttingen. It is expected that the first-named gentleman will be selected.

**The Doctorate for London Students.**

At a meeting of the Fellows of the Royal College of Physicians of London, held on Friday last, the question of conferring the doctorate on students passing the final examination of the Combined Examining Board in England was discussed, with the result that no definite decision was arrived at, an adjournment to Thursday next taking place. Apparently opinion seemed about equally divided as to the advisability of the proposal, and it was generally felt that the existing powers of the Colleges only permitted them to assure to licentiates a "courtesy" title of "Dr.," the power of conferring a degree of M.D. being out of the question without the acquisition of a new charter. The point of debate, it may be assumed, will therefore become whether the Colleges shall rest content for a time with a "courtesy" title, and bide a fitting opportunity of treating for degree-granting powers, or rather proceed at once with the attempt to obtain such powers. This will probably be settled at the adjourned meeting of Fellows to-morrow.

**The Irish College of Physicians.**

THE annual stated meeting of the College and the Fellows' dinner was held on Monday last, St. Luke's day this year falling on Sunday. Dr. Cruise was re-elected President without opposition. Dr. Duffey and Professor Purser, Censors, having served two years, did not seek re-election, but their vacancies were contested by Drs. Benson, Foot, and Finney, Drs. Quinlan and Kirkpatrick being re-elected.

**The Irish Academy of Medicine.**

THE third general meeting of the Academy of Medicine in Ireland will be held in the College of Physicians, on Friday, 30th October, 1885, at 4.30 p.m., when the election of President and other officers will take place, and the Council's report will be submitted. It is understood that Dr. Robert MacDonnell will be elected, unopposed, to the Presidency.

DR. FRANCIS JOHN O'REILLY, F.R.C.S.I., of Trim, has been appointed a Justice of the Peace for the County Meath.

DR. GEORGE MURRAY HUMPHRY has been placed on the Commission of the Peace for the borough of Cambridge.

THE "Bowman Lecture" of the Ophthalmic Society of the United Kingdom will be delivered this year by Dr. Hughlings Jackson, on Friday, November 13th, the subject being "Ophthalmology and Diseases of the Nervous System."

WE learn with much satisfaction that Mr. Joliffe Tufnell, of Dublin, who has been seriously ill with a periodic form of fever, is much better, and will shortly be able to resume professional duties.

THE Irish College of Surgeons has ordered that an examination for the Licence in Dental Surgery shall be held in the end of November. The exact date is not yet fixed. All registered dentists who can produce testimonials of character are admissible *sine curriculo*. All others must produce the specified evidences of study.

THE anniversary festival of the Guild of St. Luke the Physician takes place under the dome of St. Paul's Cathedral on Friday next, at 7.30 p.m. Tickets can be obtained by members of the profession of Dr. Sanson, 84 Harley Street; Mr. Cowell, F.R.C.S., 3 Cavendish Place; and Dr. James, 11 Marloes Road, Kensington.

THE annual Harveian Oration was delivered at the Royal College of Physicians of London on Monday last, by Dr. Quain, before an unusually large audience. The orator stepped outside the beaten track of laudation of Harvey and his discovery, eloquently tracing the history of medicine in the past and its probable future. It affords us much pleasure to place before our readers a full shorthand report of this interesting oration.

DR. CRICHTON BROWNE, by his determined exposure of the "overpressure" which obtains in elementary schools, has unwittingly constituted himself a representative hero of School Board management. Like certain popular political leaders, he has been put in nomination for half-a-dozen districts for the forthcoming School Board election, and will most likely be elected several times over. The public are not always so unmindful of good done as moralists would have us suppose.

THE election of an Examiner in Anatomy in the Irish College of Surgeons, vacated by the death of Dr. Benjamin MacDowel, will be held at a special meeting of the Council on Thursday, 22nd, that early date being fixed in order to make provision for the examinations which commence on the 26th. It is understood that Messrs. Nixon and C. H. Robinson, of the Ledwich School, Mr. J. Barton, of Trinity College School, and Mr. T. Myles, recently Resident Surgeon of Dr. Steevens' Hospital, will offer themselves for the vacancy.

**Edinburgh.**

[FROM OUR OWN CORRESPONDENT.]

NURSES VERSUS DOCTORS IN THE EDINBURGH ROYAL INFIRMARY.—There have not been lacking signs, from time to time, that some of the elements which led to those serious domestic broils in the metropolitan hospitals are not altogether absent from the constitution of the Edinburgh Royal Infirmary, and lately these have been tending to assume more alarming proportions. The question of nurses versus doctors is one which ought never to be dreamed of in a thoroughly sound institution. The two services are suffi-

ciently distinct to admit of unity of action with perfect harmony. While the nursing department must necessarily be strictly subordinate to the medical, the supremacy of the latter can only obtain when it is exercised regularly and with dignity. This implies that on all occasions of importance every medical officer understands what his proper place is and maintains that position with courteous firmness. If irregularity in this sphere once slip in, the aggressive nature of a gynecarchy is so great, that it were vain to predict how far the evil may proceed. In the good old days some twenty or thirty years ago, if the nursing was not all that it might be, such internal disturbances were not conceivable in the Edinburgh Royal Infirmary. The fighting went on among the "chiefs." Indifference to the wishes of the medical staff or insubordination on the part of the nurses meant summary dismissal. With the quitting of the old buildings, however, many things have been changed. The nursing system has been developed in a way which does great credit to the energy and resources of the lady superintendent and her lieutenants. But with this wholesome growth, which we have gladly welcomed, there have sprung up what are evidently less healthy seedlings, if not actually tares. We refer especially to the feeling which is making marked progress in certain directions, that in some matters it is not wise that the nursing side of the house should be thus wholly subordinated to the medical. Against such a view we cannot protest too strongly. It is beyond our present scope to enter into the details of a petty disturbance that has lately arisen between the resident medical officers of the Edinburgh Royal Infirmary and the superintendent of the nursing department. So far as we have been able to gather the facts—and this from non-resident members of the staff—everything points to the soundness of the attitude assumed by those of the medical officers who supported their residents' action in the matter. And, while admitting that the action of the younger men may have been rapid, we are surprised that the board of management, instead of supporting their authority, should have seen fit to censure them for the discharge of their duty. We take a deep interest in the old institution, we have enjoyed fellowship with some of its distinguished physicians and surgeons, and we have known a long succession of able resident medical officers; and it is with regret that we have heard from several of these gentlemen, as well in the higher as in the lower status, that this troublesome question is assuming serious proportions in Edinburgh. As they value the success and efficiency of their hospital, alike in the interests of patients and of students, we very strongly urge the managers not to commit themselves to decisions which may, in the slightest degree, foster this destructive tendency.

**THREATENED SUSPENSION OF THE CARBOLIC SPRAY SYSTEM IN GENERAL SURGERY.**—Professor Chiene, the pillar of the carbolic "spray" system among Edinburgh surgeons, has formally announced his intention of tentatively relinquishing the use of that instrument in his wards in the Royal Infirmary, for a term of six months. Irrigation with corrosive sublimate solution is to replace the older method. Many reasons have doubtless led to the abandonment of Mr. Chiene's long-prized vantage ground, but that which appears most present to the mind of this distinguished teacher of surgery is the curious fact that, though in season and out of season he has been the bold apostle of the spray, comparatively few of his students have seen their way to adopt it in the practice of their profession outside the hospital walls. This admission suggests interesting and curious comment, both on the

quality of the seed and the character of the ground on which it has been sown, but from this we forbear. Edinburgh graduates are not likely to allow that the sower is to blame.

**EDINBURGH ROYAL INFIRMARY.—POST OF PATHOLOGIST.**—In expectation of the promotion of Dr. Byrom Bramwell, the present pathologist, to the position of assistant physician in the Royal Infirmary of Edinburgh, active canvass has begun for the post of pathologist. Three candidates, all possessing good claims, are already in the field, namely, Dr. Alexander Bruce, Lecturer on Pathology to the Royal College of Surgeons, Edinburgh; Dr. William Russell, Lecturer on Pathology, Edinburgh School of Medicine; and Dr. G. Sims Woodhead, Demonstrator of Pathology in the University of Edinburgh, and Pathologist to the Royal Hospital for Sick Children.

**EDINBURGH ROYAL HOSPITAL FOR SICK CHILDREN.**—The directors have resolved that, in view of the large increase of space at their disposal for the treatment of ordinary cases in the Royal Hospital for Sick Children, they will appoint two resident physicians in place of one, as formerly. Applications for the appointments should be made at once to the ordinary physicians, or to the secretary.

**EDINBURGH UNIVERSITY COURT.**—The Edinburgh University Court met last week, when changes of some importance were inaugurated. The institution of a University Lectureship on Comparative Embryology received formal sanction. It is arranged that lectures will be delivered during both the winter and summer sessions, the fee being fixed at two guineas. This renders the equipment of the natural science department more complete. The following lecturers were recognised as teachers of medicine whose courses qualify for graduation in accordance with the provisions of the Universities (Scotland) Act, 1858: In Natural History, Professor D'Arcy Thomson, Lecturer on Zoology, Dundee College; and in Practical Materia Medica, the Rev. John Lowe, F.R.C.S. Edin., Mr. J. Rutherford Hill, and Mr. Urquhart, all of Edinburgh. The following appointments to assistantships were sustained: Mr. David Hepburn, M.B., C.M., Assistant to the Professor of Anatomy, in room of Mr. Arthur Thomson, M.B., Lecturer on Anatomy at Oxford; and Mr. R. E. Allardice, M.A., Assistant to the Professor of Mathematics.

## Correspondence.

### THE DISEASES ATTRIBUTED TO TOBACCO.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—There is a disposition on the part of many physicians at the present day to absolve tobacco from any part in the causation of disease. It seems to me that this is quite as great an exaggeration on the one side as many of the former extravagant attacks upon tobacco were on the other. In tobacco, as in alcohol, it is possible to take so small a quantity that no really careful observer can detect either of these substances as causes of even slight malaise. On the other hand, great drinkers and great smokers certainly damage their health in many cases, although, of course, the terrible effects of chronic alcoholism are so grave as almost to put out of sight the slighter evils caused by nicotine. There are so many causes, for instances, of dyspepsia that tobacco may, even in cases where it seems to be so, be foreign to the sufferings due to that commonest of all human evils.

Having said this much to exculpate myself from any sympathy with those who make out tobacco to be one of the gravest causes of disease, I would now advert to what ailments various authors have put down to this cause.



Boerhaave tells us that "he who smokes for the first time experiences a severe shock, followed by nausea, vomiting, vertigo, tinnitus aurium, diarrhoea, delirium in some cases, and even fainting fits."

Nicotine has its place among poisons between the vascular poisons, such as bromide of potassium, and the cardiac, of which digitalis is the type. Like belladonna, it acts both on the heart and on the vessels. Acute nicotism causes mydriasis.

Chronic tobacco poisoning, as we see it in the consulting room, causes general disturbance of the health, and also a local action on the mucous membrane of the mouth, the pharynx, the Eustachian tube; occasionally the pituitary mucous membrane is affected. Epithelioma of the lip and tongue are doubtless frequently due to the use of the pipe. Intermittence in the pulse is often seen in great smokers, and some physicians allow that tobacco is a cause of angina pectoris. Tobacco causes dyspepsia; it is one of the commonest causes of amblyopia, according to the late Mr. George Critchett; it is a very frequent cause of intellectual laziness and of weakening of the memory.

This is certainly a most unpleasant catalogue of ailments; and, fortunately, it would appear that some persons are almost refractory to the evil influences of tobacco, even when consumed immoderately. Occasionally, however, we notice the case of persons who for many years have smoked incessantly without any clear damage to their health, and who suddenly become injured by even a small indulgence in tobacco.

Bertillon the elder, whom I had the pleasure of conversing with in 1879 on this subject, was much convinced of the evils done to young men by the use of tobacco. His observations on smokers and non-smokers at the Polytechnic School in Paris in 1856 proved that the use of tobacco is most injurious to the intellect of young men. In France a great number of the children of the working classes smoke, and Decaisne had, therefore, in 1864, an opportunity of studying the effects of tobacco on boys from nine years of age up to fifteen. Many of these boys had bruises in the carotids, palpitation of the heart, and marked intellectual indolence, with more or less marked inclination for strong drinks.

My own experience among youths nearly corroborates these observations of Dr. Decaisne, and I think tobacco should never be used before the age of majority, although I confess I do not think it should ever be used at all by a true and zealous student of hygiene. Naturally, physicians seldom smoke, and the use of tobacco is on the wane in Europe, it would appear. Cigarettes begin to usurp the place of pipes and cigars. Let us hope that the twentieth century may see an end of smoking, snuffing, and chewing. It is difficult enough to live to a hundred years, even with the very best intentions. And that, I take it, is the *religio medicorum*.

Truly yours,

C. R. DRYSDALE, M.D., F.R.C.S.

Sackville Street, London, W.

#### ZENANA AND MEDICAL MISSION SCHOOL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In reference to your notice of our Medical School for Missionaries, and of our meeting at the Mansion House, in your last issue, will you spare me a little space to say that the reason the Committee decided upon the two years' curriculum for the students is this: There are about 200,000,000 women and children in India alone, laying aside Africa and China and other smaller countries, who have got no one—for what are the few lady doctors, European and American, among so many?—to minister to them in their illnesses and in their confinements. I say "no one," for the native women's treatment is worse, than if the poor sufferers were left to the *vis medicatrix nature*. The needs of the women and children are indeed great and urgent, and it will take many, many years to fill the million gaps yawning to be filled, the millions and millions of women and children to be properly attended. We are greatly encouraged by the success granted to our past students. Some have their hospitals and dispensaries, to which thousands have already flocked, and received skilled treatment with signal benefit to themselves. Some of our past pupils have three dispensaries besides their zenana visiting; and some have

been called by the *natives* to be lecturers and teachers of the classes formed by the native women, who are coming forward to be trained; and some have been by native sovereigns called to open hospital and dispensary for women and children, to which eager numbers have already poured. These facts speak volumes for the urgent needs, and for the "passed students" being able to meet the requirements of the positions in which they are placed. Our school has capital lecturers, who most kindly give their services gratuitously, a good library free to students, a home in which all our students reside, and a maternity department from which so many are attended by our students, in addition to her two years' course of lectures, that every pupil has sufficient number of cases to enable her to take not only our midwifery diploma, but also the Obstetrical Society's. We want affiliation with a general hospital. We are shut out from the Royal Free. We shall give a hearty *caed mille failthe* to medical men who would kindly help us. Our lecturers can testify to the stuff of which our pupils are composed. Our board of examiners can bear witness to the results of their examinations of our two years' students, and India, China, &c., are already ringing with the good, solid work our pupils are doing wherever they are stationed. We crave for help, and the help of all the profession, so that our ladies who are prepared—not for money gain—even to lay down their lives in ministering to the women and children of those lands where women and female children can be attended only by women. To all helpers we will give the true *caed mille failthe*.

Yours very earnestly in this cause,

ONE OF THE MEDICAL MEMBERS OF COMMITTEE.

58 St. George's Road, S.W.

#### IRISH POOR-LAW INQUIRIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I beg heartily and sincerely to tender you my best thanks for your defence of my position and character (though an absolute stranger to you) in your issues of the 7th and 14th. Amongst wise, prudent, and reasonably considerate persons, charges when made anonymously are treated with the contempt they deserve. If there be necessity for this in ordinary affairs, how much more so does it become when a public official is concerned. It is in the power of the malignant to scatter lying charges broadcast—charges difficult—in some cases perhaps impossible—to meet; but there remains the mean hope that, though there is no probability of the charges being proven, yet the grinning slanderer rejoices in the expectation that some of the mud will stick. I deeply thank you for your able, manly, business-like articles; and every Poor-law and other public officer in Ireland has been served and vindicated by them. It is hard—and very hard in my case—that to protect my character against wanton and vindictive attacks, and preserve my situation, I have been put to very considerable expense.

I am, Sir, your obedient servant,

WILLIAM ANDERSON.

1 Molesworth Place, 16th Oct., 1885.

#### Literature.

WILLIAM FAIRLIE CLARKE, M.D., F.R.C.S. (a)

ALTHOUGH Fairlie Clarke did not attain to a green old age (he died at the somewhat early age of 51), he lived long enough to secure the good opinion of all who had the pleasure of his acquaintance. His friends indeed regarded him "as a good soldier in the war for the liberation of humanity." From the short biography before us we learn that Fairlie Clark, soon after taking his degree of B.A., went to Edinburgh, and there entered himself as a student of law. He, however, soon lost his interest in legal studies, and directed his whole attention to medicine—a change he never regretted. On the contrary, for he writes to a friend: "The longer I live, the more highly I value the medical calling as a powerful means of benefiting others, and as also, in itself, of such profound interest to the scientific mind." Those who re-

(a) "William Fairlie Clarke, M.D., F.R.C.S.: His Life and Letters." By E. A. W. London: Wm. Hunt & Co. 1885.

member Fairlie Clarke in his earliest hospital work can well believe this. His brightness and cheerfulness at all times and in all places, among his colleagues, his friends, and students, will always remain as among the most pleasing reminiscences of his life and character. Such, also, was his earnestness that when he discovered a weak point in connection with any of his professional duties, he spared no pains to bring about a change for the better. It was this feeling that in after life led him to grapple with the evils of overcrowding in the out-patients' departments of hospitals. By careful inquiry he proved beyond a doubt that numbers of people who sought medical advice at hospitals were able to pay a medical man's ordinary fee, or contribute something towards hospital maintenance. Subsequently, and on these lines, he advocated hospital reform, the establishment of provident dispensaries, medical missionary associations, and other means for elevating and befriending the poor, both morally and socially. The labour, however, ultimately proved too great for him. His health broke down, and he was obliged to abandon an unusually promising career in a London hospital for that of a country physician. This change unfortunately merely prolonged life a few short years. Fairlie Clarke's contributions to medical literature were not very numerous. His work on "Diseases of the Tongue" was highly spoken of at the time it appeared; we believe it still retains its place as a text-book. He also wrote a "Manual of Surgery," an essay on Bandaging, together with other papers, which appeared in the pages of the *Medical Press*, and in the *Medico-Chirurgical Transactions*. His addresses and hospital sketches abounded in useful and valuable information. These were chiefly addressed to medical students and the working classes; while his poetical effusions were of no mean order. In private life he was much beloved and looked up to. His life afforded a bright example that a high standard of holiness can be reached and maintained by the busy medical man, as by others whose occupations are not of so severe a character. We can cordially recommend this sketch of the life of Dr. Fairlie Clarke to the notice of the medical student, who will find in it the record of one whose influence was due to a high order of intellect, thoroughly devoted to the practice of his profession, and the good of his fellow creatures.

#### A GUIDE TO THE EXAMINATION OF THE URINE. (a)

A SIXTH edition of Dr. Wickham Legg's little work on "The Examination of the Urine" has just appeared. With regard to a book which has gone through so many editions little need be said. It seemed very remarkable to us that so late an edition as the fifth should contain very serious and palpable errors in calculation, as on pages 88 and 94, errors which must have been most puzzling to the student, and to which we directed the attention of Dr. Legg. It is no less remarkable that in this, the sixth edition, a serious blunder on page 96 should have escaped the notice, not only of the author, but of Dr. Howard Tooth, who rendered Dr. Legg "much valuable assistance." In the hypobromite process for the estimation of urea it is correctly stated that "the amount of gas measured by the divisions in the tube gives the percentage of the urea in the specimen of urine examined," and then it is added, "All that is to be done is to multiply the total number of cubic centimetres of urine passed in the twenty-four hours by the figures read off on the measured tube. Thus, if the amount of urine passed in twenty-four hours be 1770 c.c., and the number on the tube read off 1.8, it is only necessary to multiply 1770 by 18 to get the amount of urea in milligrammes. In this case it will be 31860 milligrammes, and since 1000 milligrammes equal one gramme, the total amount of urea passed will be 31.86 grammes." The answer happens to be right, but the calculation is totally wrong and misleading. It is percentages that are read off on the tube, and the "number read off" is 1.8, and not 18. Hence 1770 must be multiplied by 1.8, and the product be divided by 100, and not by 1000. It is quite clear if Dr. Legg erroneously increases the multiplier tenfold he must do the same with the divisor. Why he does it is not clear. The book is of the "cram" class, but it has evidently proved acceptable to a large circle of readers.

(a) "A Guide to the Examination of the Urine." By Wickham Legg, F.R.C.P. Lond. London: H. K. Lewis.

#### LUNACY LITERATURE.

##### THE ENGLISH AND SCOTCH BLUE-BOOKS.

THE Scotch blue-book is the more readable of the two. This we always expect, for the English one is cast in severer mould, and has nothing in it to brighten perusal, or to attract medical interest outside the circle of lunacy experts. It is a mere compilation of *sum totals*, the preparation of which is quite within the competence of a Government clerk, and the letterpress might almost be stereotyped. With a sign of relief and more hopeful anticipations we pass it over for its northern compeer, which is always prepared with care, and comprises the reflections and conclusions of the Commissioners as they occur or are modified from year to year. The English Report is of the most perfunctory character, the Scotch is loaded with instructive matter, intelligibly arranged and elucidated.

##### THE ENGLISH REPORT.

THE official register of lunacy on 1st January, 1885, stood at 79,704, the increase for the year being 1,176. The Report, as usual, groans with tables of statistics, which it is a weariness of the flesh to pore over, where so little explanatory guidance goes with them. Private patients have in the last year decreased by 74, paupers have increased by 1,256, and criminals have decreased by 6. The decrease in the number of private patients is a melancholy feature of English lunacy, and while much of it may be accounted for, by the deficiency of accommodation at easy rates of board, there is little doubt that many relatives shirk their responsibilities in a manner which can only be characterised as dishonest. We will soon have "free lunacy" as prominent a political cry as "free education." Perhaps these are signs of advancing demoralisation under the guise of political agitation.

##### THE SCOTCH REPORT.

THE Commissioners give expression at considerable length to their views on the re-actions of lunacy and pauperism, the changes which have occurred in legal and medical views of what constitutes irresponsibility and lunacy, the reasons for the increase of pauper lunacy, the number of pauper lunatics sent to establishments from different localities, and the present position of the Boarding-out System. As an illustration of a man regarded as insane under the operation of the Poor-law the following case is referred to. An order was granted by the sheriff in virtue of these certificates, "The patient will not work to support himself, and seems otherwise weak-minded," and "he refuses to answer questions, and although in possession of good health does nothing towards maintaining himself, he also appears a simple weak-minded person." And the Commissioners remark that the tendency during the last twenty-seven years has been in the direction of accepting slighter and slighter indications of unsoundness of mind as evidence of insanity. The body of the report is occupied with statistics and reports on individual asylums. If the English Commissioners too often "damn with faint praise," the Scotch Commissioners are in danger of sometimes being regarded as special pleaders. There is wisdom, however, in working with, rather than against, superintendents. In the one case an attempt is made to drive them, in the other they are judiciously advised and guided.

##### BRAIN.

PROFESSOR HAMILTON, of Aberdeen, finds the favour of first place in the last number (July) with an article "On the Corpus Callosum in the Embryo." He has already brought to light his observations and conclusions as to the nature of the corpus callosum in public lectures, and has destroyed the faith of not a few who were beginning to think that brain anatomy was becoming or had practically become, a matter of mathematical certainty. In the present paper he gives us the result of his researches in embryology, still working out the same subject. According to his conclusions an old and almost forgotten view has been revived that the corpus callosum is not essentially a commissure. "The facts are mainly these, that when the brain is prepared in the method I employ, the fibres of the corpus callosum, instead of stretching across from side to side between the hemispheres, are found to come from the cortex of one side to pass over to the opposite side, and having gained this to turn down into the inner and outer capsules." Further, it is added, "As regards the destination of these crossed callosal

fibres which have thus passed down into the two capsules I pointed out that they chiefly terminate in the thalamus opticus." If Hamilton's facts are ultimately accepted beyond doubt, what perplexity will prevail in the study of neurology! A very serious consideration is obvious at the outset, viz., how much further must we discount the tomes of clinical, anatomical, and physiological instruction which have received a place in the archives of science? These views are the outcome of an analysis of the nerve tracts in the adult human brain, and in the brains of all animals having an undoubted corpus callosum. In order to prove the soundness of his position, Hamilton has studied the corpus callosum in the embryo, and gives at considerable pains his experience of the examination, the drawbacks, and the means employed. The result of the matter, so far, is this, to confirm the belief that the corpus callosum is not a commissure, but a decussation of cortical fibres. The other original articles in the July number are, "On some of the Rarer Forms of Muscular Atrophies," by Professor Dreschfeld, a series of clinical pictures elaborately described; "An Experimental Inquiry into the Nature of the Objective Cause of Sensation," and several others of kindred interest.

THE AMERICAN JOURNAL OF INSANITY FOR JULY AND OCTOBER.

THE July issue opens with a lengthy article from the pen of Dr. Gray, the editor, on "Insanity: its Frequency, and some of its Preventible Causes," a weighty article indeed; the expressions of a ripe and rare experience, and none the less worthy of professional perusal, that its main object, its primary purpose was the instruction of an audience at the Utica Mechanics' Association. The part of this paper of greatest importance and utility is that which views the causation and the prevention of insanity; but we are scarcely prepared to accept his dogma that "Religion can in no sense be charged with producing insanity," nor is there force in the argument that religion has no more relation to insanity than to the rheumatism and pneumonia caught by attendance on religious meetings. What he does say on maternity in relation to insanity is strong and to the point. We are sorry to know that even medical men do not sufficiently realise how close a possible intimacy there is between the two. The other papers are well up to the mark, and the abstracts from foreign and native sources are of appropriate interest. The October number does not lag behind its predecessor. Dr. Judson Andrews leads off with a "Report on New Remedies," which embodies the results of his observations on the clinical and physiological indications of camellia and hyoscine. The former, according to Dr. Judson, is remarkable in the uniformity of its action, it reduces the number of pulsations which increase in force and volume, and it increases the arterial tension. The latter is judged to be a powerful sedative to both cerebral and spinal systems, and is expected to surpass in favour the sister alkaloid hyosciamia. Dr. Pliny Earle contributes a paper on "The Curability of Insanity," and calls it a statistical study. This it certainly is, and we regret it is nothing more. Alienists in all countries have been too much given over to the idolatry of the statistical faith. Surely it is time to forsake a faith which is a veritable broken reed. The hope is expressed that the American Association of Superintendents will so perfect its statistical system as to make a distinction between persons and cases—so far, so good, but then what then? Does this alter the fact that mental recovery is as yet a name without a uniformly accepted definition, that one man has surprising senile recoveries, another does not believe in the possibility, or at least believes only in the rare possibility, of a senile recovery? We have not yet got to the bottom of the matter, and we never will so long as we pin our faith so much to statistics. The rest of the issue is well considered and valuable, and includes a very interesting note on the mental condition of the Canadian rebel, Louis Riel.

## Obituary.

DR. FRED. WARREN, OF DUBLIN.

WE greatly regret to announce the death, at the early age of 83, of Dr. Warren, surgeon to the Adelaide Hospital (in which he succeeded Dr. B. W. Richardson), Demonstrator of Anatomy in the Royal College of Surgeons of Ireland,

and a well-known and successful private teacher. Dr. Warren was taken sick with severe fever of a typhoid character, and, from the first, presented alarming symptoms, which increased in severity until his death on Sunday week. He was one of the chief workers in the Steevens' Hospital School of Medicine, where he acquired a high reputation as an anatomist, a practitioner, and a teacher. The Governors of the Hospital having refused to appoint him to the vacant surgeoncy, without any reason whatever bearing upon his fitness for the office, he resigned his lectureship in anatomy in the school, which, thereupon, was closed by the other proprietors.

## Medico-Legal Intelligence.

A QUESTION OF DIPLOMAS AND FEES.

AT the Kingston-on-Thames County Court, on Saturday last, the case of *Cooper v. Hazeldine* came before Mr. Vernon Lushington, Q.C., Judge. It was a claim for six guineas for attendance on defendant's wife before and after confinement, involving thirteen visits and two surgical operations. The defendant disputed the claim, on the ground that, as plaintiff possessed only Irish diplomas (L.K.Q.C.P. and L.R.C.S.I.), he had no right to practise in England, and also on the ground that the charge was exorbitant. His Honour held that the Act of 1858 in no way distinguished between the three kingdoms, that the word "qualification" had no local consideration, and that Mr. Cooper was entitled to practise in any part of Her Majesty's dominions. As an evidence of the contemptible spirit which prevails among certain sections of the profession, three medical men gave evidence that the charge was exorbitant, and that two or three guineas would be the usual charge; but the Judge, commenting on the professional feeling which had been manifested, found for the amount claimed, with costs on the higher scale, and refused defendant permission to state a case.

## Medical News.

Royal University of Ireland.—The following candidates have passed the Second Examination in Medicine of this University:—

Upper Pass Division.—David C. Campbell, James B. Coleman, Edward Corcoran, Richard B. Davidson, Robert J. Duffin, Thomas F. Dunne, Edward E. Hennessy, Wm. Kelleher, John McGennis, Robert Nelson, Francis J. Perrott, Simon Ryan, Joseph Stewart, William Weatherup.

\*Will be admitted to the further Examination for Honours.  
Pass.—Robert Bryans, Edward E. Crofton, John M. J. Downer, John J. Egan, William M. Elliott, William E. Finny, John W. Fogarty, John J. Gordon, John J. Griffin, Walter M. Hamilton, Thomas S. Hogg, James Hunter, William Kerr, William M. Killen, Thomas J. Lenehan, William McCord, Peter McKenna, Henry L. MacKinnack, Edmond J. McWeeney, Charles H. Murray, Patrick J. O'Brien, Lawrence O'Clery, M. O'Halloran, William O'Meara, John Pettigrew, Edmond Ryan, Martin Sempie.  
Passed in subjects necessary to complete the Second Examination in Medicine:—

Richard C. McCullagh.

King and Queen's College of Physicians in Ireland.—At the usual Quarterly First Professional Examination, held on Monday, October 5, 1885, and following days, the undermentioned candidates were successful:—

Jean Helen Grant, London; Philip Lee, Monkstown, Co. Cork.

At the ordinary Monthly Examinations for the Licences of the College, held on Monday, October 5, and following days, the undermentioned candidates were successful:—

For the Licence to Practise Medicine.—Clarinda Boddy, London; Ambrose Birmingham, Ballinrobe, Co. Mayo; William E. Le Fanu Hearn, M.B. Melbourne Univ., Hamilton, Victoria, Australia; Gerard Irvine, Irvinetown.

For the Licence to Practise Midwifery.—Ambrose Birmingham; John Cuthbert, Bromsgrove, Worcestershire; Edward W. Gray, M.B. Univ. Dublin, Newry; William E. Le Fanu Hearn, M.B. Univ. Melbourne; Gerard Irvine; William J. R. Knight, M.D., A.U.L. Coolstown, Co. Tyrone; James Alexander Lindsay, M.D., R.U.I., Belfast; Edward L. Pooler, M.D., R.U.I., Newtownards.

The undermentioned Licentiate in Medicine, having complied with the by-laws relating to Membership, pursuant to

Supplemental Charter of December 12th, 1878, has been duly enrolled a Member of the College:—  
Theophilus William Trend, Lic. Med. 1863, Raeberry Lodge, Southampton.

**Royal College of Surgeons of England.**—At the quarterly meeting of the Council of the College, held on Thursday last, a proposal to send a letter of condolence to Mrs. Gay, on the death of her husband, was unanimously agreed to. The Committee of Management reported on a letter from the Children's Hospital, Dublin, that it be recommended to the two Colleges that Mr. Madden be informed, in reply to his communication, that the Colleges see no reason for altering their regulations by adding the Children's Hospital, Dublin, to the institutions at present recognised by them. The Committee further reported that, in pursuance of the provisions of Section VI. of the Scheme for the Examining Board, by which one representative from each College is required to retire annually from the Committee of Management, both retiring representatives being eligible for re-appointment, the two junior Members, namely, Dr. Norman Moore and Mr. William S. Savory, retire from the committee. The report was read and adopted, and Mr. Savory was re-appointed as representative of the College. Mr. Jonathan Hutchinson was re-elected to the Court of Examiners. Sir James Paget, at the request of the Council, consented to sit for his bust. A report was submitted, approved, and directed to be presented to the Fellows and Members at the meeting on the 29th. Members may obtain copies of the report on application to the Secretary. Suggestions or recommendations on this report, or any proposed resolutions, should be sent to the Secretary a few days before the meeting. Professor John Wood was nominated Bradshawe Lecturer for the present year. A letter from Messrs. Dundas and Wilson was read, informing the Council that, subject to the life of his daughter, Mr. Moncrieff Arnott had left the sum of £1,000 to the College, to be applied to the Museum and the lectures in connection therewith. Mr. Hutchinson moved the following resolution: "That a committee be appointed to consider the practicability of adding a wing to the Museum of the College, to have for its especial (but not exclusive) object the display of casts, photographs, drawings, etc., illustrating the results of disease and injury in the living subject;" which was seconded by Sir James Paget, and carried unanimously. The committee appointed were Sir J. Paget and Sir J. Lister, Messrs. Marshall, Lund, Hutchinson, Hulke, and Durham, together with the President and Vice-Presidents.

**London Medical School for Women.**—The Entrance Scholarship, value £30, has been awarded to Miss Annette M. Benson, of Newnham; the John Byron Scholarship of £25 for four years, tenable at the discretion of the Council, to Miss Gabrielle Breeze.

**Aberdeen University.**—At a meeting of the University Court held on the 9th inst., the following were appointed Examiners in Medicine:—J. Macdonald Brown, M.B.; Francis Warner, M.D.; John Alexander, M.D.; J. A. M'William, M.D.; Alfred H. Carter, M.D.; and A. D. Leith Napier, M.D. The following appointments by Professors of assistants for the coming year were approved of:—Anatomy—Patrick Whyte Rattray, A.M. M.B.; Chemistry—Henry T. Jones; Materia-Medica—John G. Hall, M.D.; Medical Jurisprudence—Alex. Macgregor, M.B. Charles Michie, A.M., and P. J. Anderson, A.M., LL.B., were appointed assistants to the Registrar in making up the accounts for 1886.

**An Improved Truss.**—Messrs. Hodges & Co., 18 James Street, Oxford Street, are the inventors and manufacturers of an improved form of truss, which presents several novel and exceedingly ingenious features, whereby its superiority over other instruments is likely to be demonstrated. The pad is a hollow shell of vulcanised rubber, covered with soft wash-leather, and admitting of alterations in shape for adaptation as required. A well-sustained and efficient pressure can thus be maintained over the rupture, and by a most cleverly contrived screw arrangement at the hinge of the girdle, any desired force can be applied, the means for graduation in this respect being one of the best features of the truss. The pad especially deserves attention on account of its lightness, softness, and the comfort with which it can be worn; and being adaptable to any form of truss, it is certain to come into general use. The complete instrument as manufactured by Messrs. Hodges & Co. is the most perfect truss we have yet examined.

**Presentation at Fort Blair.**—The residents at this station are about to present Mr. J. J. Peters, of the Bengal Medical Establishment, with a gold keyless half-chronometer watch (by Benson, of London) as a token of their good wishes on his leaving the settlement.

**Society for Relief of Widows and Orphans of Medical Men.**—On Wednesday last, October 14th, at a Quarterly Court of the Directors of the above society, President, Sir James Paget, Bart., in the chair, two new members were elected, sixty-four widows, nine orphans, and three orphans on the Copeland Fund, sent in applications for relief, and it was resolved that a sum of £1,371 be recommended for distribution at the next Court. The death of one widow was reported, who had been receiving grants since March, 1864; and the marriage of another was announced. For the last ten years or more the Directors have been able to make a Christmas present to the widows and orphans on the funds: last year the gift was £5 to each widow and £2 to each orphan; this year the funds in hand would not allow of so large a sum to be expended, and it was resolved that the gift this year should be £2 10s. to each widow and £1 to each orphan. A framed notice of the objects of the society was shown at the meeting, and it was determined that a copy should be sent to all the large hospitals and medical societies within the limits of the society, with a request that the notice should be hung in some conspicuous place.

**The Mortality of Foreign Cities.**—The annual death-rates per 1,000 in the principal foreign cities, according to the last weekly returns communicated to the Registrar-General, are as follow:—Bombay 26, Madras 29, Paris 20, Geneva 16, Brussels 17, Amsterdam 21, Rotterdam 17, The Hague 21, Copenhagen 15, Stockholm 21, Christiania 16, St. Petersburg 23, Berlin 22, Hamburg 24, Dresden 22, Breslau 25, Munich 26, Vienna 19, Prague 25, Buda-Pesth 27, Trieste 23, Rome 25, Venice 25, New York 24, Brooklyn 20, Philadelphia 19, and Baltimore 21.

**Vital Statistics.**—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 17.6 per 1,000 of their population, and were—Birkenhead 14, Birmingham 15, Blackburn 14, Bolton 19, Bradford 15, Brighton 15, Bristol 14, Cardiff 22, Derby 14, Dublin 21, Edinburgh 14, Glasgow 19, Halifax 16, Huddersfield 14, Hull 16, Leeds 17, Leicester 13, Liverpool 22, London 16, Manchester 22, Newcastle-on-Tyne 20, Norwich 16, Nottingham 15, Oldham 17, Plymouth 20, Portsmouth 21, Preston 28, Salford 20, Sheffield 23, Sunderland 19, Wolverhampton 13. The highest annual death-rates from diseases of the zymotic class in these towns were—From diarrhoea, 1.9 in Portsmouth, and 3.6 in Preston; from "fever," 1.3 in Halifax, and 1.6 in Cardiff; from scarlet fever, 1.6 in Preston; and from measles, 1.0 in Salford. Of the 30 deaths from diphtheria, 14 occurred in London, 3 in Dublin, 3 in Glasgow, and 2 in Salford. Small-pox caused 2 deaths in London and its outer ring, and not one in any of the other large provincial towns.

#### OPERATION DAYS AT THE LONDON HOSPITALS.

**MONDAY**—Hospital for Women, 2 p.m.—Metropolitan Free, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Orthopedic, 3 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Mark's, 2 p.m.—Chelsea Hospital for Women, 2.30 p.m.

**TUESDAY**—Cancer Hospital, Brompton, 3 p.m.—Guy's, 1.30 p.m.—St. Mark's, 9 a.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Westminster, 2 p.m.—West London, 2 p.m.

**WEDNESDAY**—Great Northern, 2 p.m.—London, 2 p.m.—Middlesex, 1 p.m.—National Orthopedic, 10 a.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, .30 p.m.—Samaritan Free Hospital for Women and Children, 2.30 p.m.—St. Bartholomew's, 1.30 p.m.—St. Mary's, 1.30 p.m.—St. Peter's, 2 p.m.—St. Thomas's, 1.30 p.m.—University College, 2 p.m.

**THURSDAY**—Central London Ophthalmic, 1 p.m.—Charing Cross, 2 p.m.—Hospital for Diseases of the Throat, 2 p.m.—Hospital for Women, 2 p.m.—London, 3 p.m.—North-west London, 2.30 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. George's, 1 p.m.—Chelsea Hospital for Women, 2 p.m.

**FRIDAY**—Central London Ophthalmic, 2 p.m.—East London Hospital for Children, 2 p.m.—Guy's, 1.30 p.m.—King's College, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal South London Ophthalmic, 3 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Thomas's (Ophthalmic Department), 2 p.m.

**SATURDAY**—King's College, 1 p.m.—London, 2 p.m.—Royal Free 9 a.m. and 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Bartholomew's, 1.30 p.m.—St. Thomas's, 1.30 p.m.

## Notices to Correspondents.

**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.

**READING CASES.**—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

**LOCAL REPORTS AND NEWS.**—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

**MR. A. P. H. (Battersea).**—We shall be happy to refer to the subject later on, when it has assumed a more definite shape. At present, we think it would be premature.

**DR. GRIFFITH.**—Case of Glycosuria received.

### THE USE OF THE INTRA-UTERINE STEM.

**P. W. writes:** Will any of my brother medical men kindly give me advice respecting the introduction of the uterine stem, being obliged to use it for the first time on a patient. I am not quite sure that I am justified in making the attempt without previous experience should there be any risk to my patient. Any advice on the matter and most suitable stem recommended will be thankfully received.

**MR. HUGHESON.**—In consequence of the length of Dr. Quain's Harveian Oration, your Lecture on Herpes and the Recurrent Chancre is unavoidably held over to our next.

**DR. PAVY.**—In consequence of the great pressure on our space this week we are unable to insert your paper on "Cyclic Albuminuria."

### MEDICAL ADVERTISING.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

**SIR,**—Had your correspondent been actuated by purely professional motives in desiring information about me, I think he would have served his purpose better by first writing to me. He surely could not plead ignorance of my address! Nor do I see why he should set you the task of enabling him to become better acquainted with me.

He should write to the Secretary of the College of Surgeons, Edinburgh, to know whether "the Fellowship is still sold for £25." If he really means to insult the College he is going the wrong way about it, and his paltry attempt will not, I feel certain, annihilate that body.

No one can regret more than I do the insertion of the announcement "amongst the advertisements of cheap coals," and I should have been grateful to your correspondent if he had pointed it out to me at the time. I should feel much obliged if you would give me the name and address of your correspondent.

I am, Sir, yours, &c.,

ALEX. FORD.

Newtown Park, Waterford,  
October 16th.

[We are happy to give space to our correspondent's note, but it is quite against the rules of journalism to give up the names of other correspondents. It is possible the gentleman who asked for information in the first instance may communicate with Mr. Ford now that he has been answered.—Ed.]

**O. C. D.**—We could not possibly undertake to publish the statement as it has been forwarded to us; nor until we have had an opportunity of judging the question after hearing both sides would it be fair to either to give an opinion. Notwithstanding your especial declaration, we must adhere to the decision already expressed, and decline to take any further steps pending additional information.

### MILITARY AND NAVAL HOSPITALS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

**SIR,**—Will you allow me to call the attention of the medical authorities to the desirability of separating the consumptive patient from the rest by keeping them in the most cheerful wards of the hospital, as it is now often thought to be more or less an infectious complaint, especially to those who are at all liable to consumption. I have even known enteric fever cases frequently in the same ward as the other patients, which certainly would not improve the state of the atmosphere, and also venereal diseases, with surgical cases generally, which, to say the least of it, is disgusting. Would it not be better to classify the patients? It seems time that more attention should be given to this important point, which is a mere matter of the simplest possible arrangement.

Your obedient servant,

M. C.

October 19th, 1885.

**MR. SIMPSON.**—It was an injudicious proceeding, and we do not see how you can expect to escape the consequences. It might have been perfectly justifiable to resort to the measure, but the surrounding circumstances should have recommended extra caution. The best advice we can give you is to wait the issue of events, and to be guided in your ultimate procedure by your own impulses.

**A LANCASHIRE SURGEON.**—We are much obliged by your kind utterances, and thank you heartily for the trouble you have taken voluntarily in our behalf. The information is of considerable value, and we shall be very glad indeed to make use of it. Your several suggestions are all good, and in following them we have given you the best proof of the value put upon them. It is not unlikely that the appointment was in reality a closed one from the outset, in which case, to announce the vacancy as open and to induce candidates to come from a distance, was most unfair.

### THE MONT DORE, BOURNEMOUTH.

In our reference to the opening of this Institution, in our last issue, we inadvertently omitted to mention the name of Dr. Dobell, who was, we understand, one of the originators of the movement in this country, and to whom much of the success of the opening ceremony, and of the previous arrangements and details within the establishment, are due. We have authority for saying that, though Dr. Dobell has taken so much interest in the undertaking from the first, he has no pecuniary stake therein.

**MR. MAROUS H.**—We are unable to refer to your leaflet, as we cannot look upon the matter from a political standpoint. We would advise the active support of medical men for Parliamentary honours regardless of their political creed, provided their views on medical affairs were not opposed to those of the majority of the profession.

### THE BRADLEY FUND—(TENTH LIST).

To the Editor of the MEDICAL PRESS AND CIRCULAR.

**SIR,**—Will you kindly acknowledge the enclosed additional list of subscriptions?

I remain, Sir, yours faithfully

RICHARD JEFFREYS.

Eastwood House, Chesterfield, October 14, 1885.

The Proprietors of the	Dr. W. H. Hooper	.. £1 0
<i>Provincial Med. Journ.</i> 25 5 0	Dr. E. Cresswell Baber	.. 1 0
Mr. Edward Cock Dean.. 2 2 0	Anonymous	.. 6 5 0

## Meetings of the Societies.

FRIDAY, OCTOBER 23RD.

**CLINICAL SOCIETY OF LONDON.**—At 8.30 p.m., Mr. Mayo Robson, Two Cases of Cholecystotomy, with remarks.—Dr. Edward Souton, The Characteristic Symptoms of a Febrile Epidemic Illness at a School.—Dr. Samuel West, A Case of Idiopathic Purulent Peritonitis in a Child of Ten, with autopsy.—Mr. Walter Rivington, Two Cases of Ligation of the External Iliac Artery for Femoral Aneurysm.

## Vacancies.

**Eastern Counties' Asylum for Idiots, Colchester.**—Resident Medical Attendant. Salary, £100 per annum, with furnished apartments, &c. Applications to the Secretary not later than November 7.

**Great Northern Central Hospital, Caledonian Road, London, S.**—Honorary Surgeon. Applications, with testimonials, to the Secretary, on or before October 27.

**Hospital for Women and Children, Leeds.**—Salary, £70 per annum. Applications, with testimonials, to the Secretary not later than October 28.

**St. Asaph Union.**—Medical Officer. Salary, £90 per annum. Applications, with testimonials, to the Clerk on or before October 28.

**Worford House Hospital for the Insane, Exeter.**—Assistant Medical Officer. Salary, £150, with board, &c. Applications, with testimonials, to the Medical Superintendent on or before October 28.

## Appointments.

**ANNES, F. E., M.B.C.S., L.R.C.P.,** Resident Surgeon to the Seaman's Infirmary, Ramsgate, and Visiting Surgeon to the Ramsgate and St. Lawrence Royal Dispensary.

**BARRON, A., M.B. Lond.,** Curator to the Pathological Museum, and Assistant to the Professor of Pathology, University College, Liverpool.

**CLEMENT, R. J., L.R.C.P. Ed., L.R.C.S. Ed.,** Resident Clinical Assistant at St. Luke's Hospital.

**COLLIER, J., M.B., B.S. Lond., F.R.C.S. Eng.,** Resident Surgical Officer to the Manchester Royal Infirmary.

**DUNN, L. A., M.B., B.S. Lond., F.R.C.S. Eng., L.S.A. Lond.,** Demonstrator of Anatomy at Guy's Hospital.

**NEATE, C. P. W., M.B.C.P., F.R.C.S. Ed.,** Medical Officer for the Siltton District of the Peterborough Union.

**NUGENT, G. P. L'E., M.B., B.Ch. Dub.,** Physician to the House of Industry, Dublin.

**PYBUS, J. A., L.R.C.P. Ed., L.R.C.S. Ed.,** Government Medical Officer for the Tweed River District, New South Wales.

**SLOMAN, H., L.R.C.P. Lond., M.R.C.S.,** Medical Officer for the Southern District of the Farnham Union.

**STAPLE, J. D., L.S.A. Lond.,** Resident Clinical Assistant at St. Luke's Hospital.

**TARGETT, J. H., M.B. Lond., M.R.C.S.,** Surgical Registrar at Guy's Hospital.

**WASHBOURN, W., M.R.C.S.,** Medical Officer for the First District of the Gloucester Union.

## Births.

**DE CHAUMONT.**—October 15, at Woolston Lawn, Southampton, the wife of Prof. F. De Chaumont, M.D., F.R.S., of a son.

**DUKES.**—October 15, at Sunnyside, Rugby, the wife of Clement Dukes, M.D., M.R.C.P., of a son.

## Marriages.

**MACKAY—BANNERMAN.**—October 18, at 7 Clarendon Crescent, Edinburgh, William Alexander Mackay, M.B., Huelva, Spain, late of Calithness, to Katherine Maria, youngest daughter of the late Rev. James Bannerman, D.D., Professor of Divinity, New College, Edinburgh.

## Deaths.

**LAW.**—October 10, at Woburn Place, Russell Square, London, Augustus Law, M.R.C.S., late Medical Officer in the Peninsular and Oriental Company's Service, aged 60.

# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 28, 1885.

CONTENTS.		PAGE	PAGE
<b>ORIGINAL COMMUNICATIONS.</b>			
On Herpes and the "Recurrent" Chancre, also on the "Intermediate Period" of Syphilis. By Jonathan Hutchinson, F.R.C.S., F.R.S., Emeritus Professor of Clinical Surgery at the London Hospital; Consulting Surgeon to the London Hospital and to the Royal London Ophthalmic Hospital .....	291	<b>TRANSACTIONS OF SOCIETIES.</b>	University College, Liverpool .....
The Nature and Treatment of Gout. By Dr. W. Ebslein, Professor of Medicine and Director of the Medical Clinic at the University of Göttingen .....	364	<b>CLINICAL SOCIETY OF LONDON—</b>	Victoria University Intermediate M.B. ..
The Heat of Fever. The Presidential Address delivered before the Medical Society of London at the Opening of the Session, Monday, October 19th. By W. Miller Ord, M.D., F.R.C.P. Lond., Physician to St. Thomas's Hospital; President of the Society .....	396	Two Successful Cases of Cholecystotomy, with Remarks .....	"Touting" for Books .....
		Characteristic Symptoms of a Febrile Epidemic .....	An Observation Fever Ward for Edinburgh .....
		<b>LIVERPOOL MEDICAL INSTITUTION—</b>	Bavaria Beer .....
		Renal Cyst with Numerous Calculi .....	Transplantation of a Rabbit's Eye .....
		Cataract Extraction Performed on a Lunatic .....	Novel Telephones .....
		Myoma of the Uterus .....	A Physician Convicted of Murder .....
		Remarks on Hernia based on Seventy-four Operations (with Patients) .....	
			<b>LITERATURE.</b>
		<b>LEADING ARTICLES.</b>	Hydatids .....
		<b>THE COMING ANNUAL MEETING OF THE ROYAL COLLEGE OF SURGEONS, ENGLAND</b>	Foundation of Death .....
		<b>THE DOCTORATE FOR LONDON STUDENTS</b>	
		<b>LICENSED MIDWIVES</b> .....	Irish Medical Schools and Graduates' Association .....
		<b>NOTES ON CURRENT TOPICS.</b>	<b>CORRESPONDENCE.</b>
		The Prevalence of Hydrophobia .....	The Harvelian Oration .....
		What is Fever? .....	New Names for Old Diseases .....
		The Bacillus of Tuberculosis .....	
		The House of Industry Hospitals, Dublin .....	<b>MEDICAL NEWS.</b>
		The Belgian Investigations on Cholera .....	The Academy of Medicine in Ireland .....
		Ether Drinking in the North of Ireland .....	Mortality of Foreign Cities .....
		A Victim on the Altar of Duty .....	University College, London .....
		Royal College of Surgeons in Ireland .....	NOTICES TO CORRESPONDENTS .....
			Births, Marriages, Deaths, &c. ....

## A Course of Clinical Lectures

Delivered in June, 1885, at the London Hospital.

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

Emeritus Professor of Clinical Surgery at the London Hospital; Consulting Surgeon to the London Hospital and to the Royal London Ophthalmic Hospital.

### LECTURE III.

#### HERPES AND THE "RECURRENT" CHANCRE, ALSO ON THE "INTERMEDIATE PERIOD" OF SYPHILIS.

GENTLEMEN,—I now have to speak to you respecting some rare points in reference to syphilis. First of all in reference to what is now known as the "recurrent chancre," next as to second attacks of syphilis, then as to herpes in relation to syphilis, and lastly, with regard to the intermediate period of syphilis, i.e., that period which intervenes between the secondary and the tertiary periods.

The frequency of mistakes in reference to the diagnosis of infective chancres is so important that I shall make no apology for bringing my facts before you. They concern two propositions, distinct though possibly connected. The first proposition is that the result of the application of caustics may be to produce induration of a certain kind and character which cannot be distinguished from the true infecting sore. The second is, that those who have had chancres and who have gone through syphilis in former times, are liable, in rare instances, to have the site of the original chancre indurate again, and assume most deceptive features.

Let us begin with the recurrent chancre. Now in this chancre the induration is often so marked that it is apt to be very misleading, you may meet with such chancres in practice which are as definite as they can possibly be, quite typical Hunterian chancres, and yet they may not be primary sores.

I believe I was the first to describe the "relapsing"

chancre, in the London Hospital Reports for 1866. Two years afterwards a quite independent and much more detailed account of the same phenomena was published in the *Archives Générales de Médecine* by Professor Fournier, of the Hôpital St. Louis, in 1868. (a)

First I will speak of the artificial production of the induration. Here is a case in point, Mr. A. H., a strong healthy man, came to me some time ago with two sores in the roll of the prepuce, which were indurated and in all their features resembled infecting chancres. In each instance the induration stood up high as a collar, and the diagnosis might have been easily made by the eye without the aid of the finger. The disc of the induration was in each as large as half a shilling, and it was abruptly bounded and very hard. Had I not known his history and known also that artificial induration was possible, I should have felt sure that they were primary sores. It should be added that, on the face of each, at its base was a small ulcerated surface covered with a pellicle of soft grey lymph. This again is precisely the concomitant which we often see with an inflamed Hunterian chancre. Now, I had seen this gentleman only a fortnight before, and he then had nothing but some very small warts at the site of the present indurations. These warts I then touched with the acid nitrate of mercury. The pseudo-chancres had resulted solely from the use of the caustic.

There remains, however, the question could they have been so produced in a person who had never had syphilis. Mr. H. had six years ago passed through an attack of syphilis, and he still had some white patches on his tongue in evidence of it. It was, however, one of those cases in which no chancre was ever discovered, so that there was no room for the suggestion that the present pseudo-chancres were in the sites of the old ones. Nothing but gonorrhoea was noticed at the time by either Mr. H. or his surgeon, but a syphilitic rash with sore throat, and sore tongue followed. These facts I had to take on Mr.

(a) This paper on Pseudo-Chancre Induré and others of the valuable clinical memoirs of this distinguished surgeon are in course of translation for the New Sydenham Society.



H.'s statement, but he had given this history before I applied caustic to his warts. It may be plausibly suggested that he had a sore in the urethra. I think that we may take this case as proof that it is possible in a man who has formerly had syphilis, to produce, by the application of caustics to the prepuce, a kind of induration which in all respects simulates that of the most typical Hunterian chancre. It is a fallacy in diagnosis which in practice we have to keep constantly in mind for the occurrence is by no means uncommon. When caustics have been recently used, the cautious surgeon will avoid giving any opinion as to the nature of the sore, and will always allow a week or two to elapse before he permits himself to form one. Even in men who have never had syphilis, a sort of spurious induration may be induced by the use of caustics to soft sores, and perhaps even to herpes or to balanitic abrasions. I have never, however, under such circumstances seen the close simulation which often occurs in syphilitic subjects.

Let me next assert that quite independently of caustic, sores on the penis sometimes take on induration when there has been no fresh infection. The sores left by herpes, when occurring in syphilitic subjects, do not always heal as herpes should, and sometimes they take on temporary induration. Occasionally, also, we encounter a tendency to return of induration, and perhaps of ulceration also in the site of a former true chancre. This may happen even at long periods say some years after intercourse. Now and then the recurrence seems to be induced by sexual intercourse (without the slightest risk of contagion), but sometimes it is, so far as my observations can extend, quite spontaneous. I have several times seen it happen in a man soon after his marriage. In further proof that these returned chancres are not really new ones, it may be mentioned that they almost always disappear quickly, and almost without treatment, and that they never lead to anything in the way of secondary symptoms. Nor do they cause the lymphatics to enlarge. A final and convincing proof is that recurrences of induration may happen in the same man half a dozen times. One of the most remarkable cases in illustration of this which I can adduce is that of Mr. J. C. M., a gentleman who had suffered severely from syphilis, and lost his vomer four years before I knew him. He was in robust health. In January, 1872, he came to me with a three weeks' old collar of induration in the reflexion of his prepuce. It was quite clean and almost without secretion, not much larger than a pea, but in all respects exactly like an infecting chancre. He assured me that it was impossible that it could be from fresh contagion, and said that he had experienced the same occurrence several times before. His wife never caught the disease, although he had, he said, often exposed her to risk if these indurations were chancres. The first recurrence was in 1869, the second in 1871. There had never been bubo or any secondary symptoms. The indurations usually lasted three weeks or a month. The original infecting sore was in 1867, and it was in precisely the part where the recurred ones had come. I saw Mr. C. again a year later for another induration. It is to be specially noted that during the three or four years that he was thus liable to recurrences of chancre-like indurations in the site of the original sore, he had no other symptoms of syphilis, but appeared to be in excellent health. This gentleman has been under my observation at times during the ten years since the occurrences described, and has, I believe, remained quite well, so far as any specific manifestations are concerned. In 1866, writing on this subject, I said I thought I had seen at least a dozen well-marked examples of the relapsing chancre. In one instance then mentioned, a man had been three times under hospital care for relapsed induration, and in another, a man presented himself four times in as many years with recurred induration, always in exactly the same place.

In the case of a lady whom I once saw with Mr. Allingham for tertiary syphilis I was told that a relapse of induration of the original sore had occurred repeatedly, always in the

same place. In 1865 a gentleman was brought to me who had been about a month married, and in whom the scar of a "soft sore" had re-opened and become hard. He had a disc of most characteristic induration. It was fifteen months since his soft sore, but he had also had a chancre of some kind six years ago. On each occasion his sore was attended by enlarged glands which did not suppurate. It did not appear that he had ever taken mercury or ever had definite secondary symptoms. I am not able to state the sequel. In the following case a remarkable difficulty had been experienced in getting rid of the induration and keeping it away. Mr. P. consulted me in September 1860, having then the remains of a collared chancre in the reflexion of the prepuce. He had also a sore throat. He said that he had been under mercurial treatment since February, and that the sore would not yield. I ordered inunction, and in a month all trace of the sore was gone. He now omitted treatment and the hardness speedily returned. In November the sore was both hard and ulcerated, but in December, during slight pyalism, it again disappeared. In April the treatment having been suspended it was again hard. After another mercurial cure he remained well six months. In May, 1862, he came to me with another sore which was definitely indurated. It had been present six weeks, and had hitherto resisted mercury. This sore looked exactly like a newly-acquired one, but it was in the site of the old ones. It is to be admitted that fresh exposure was possible, and that the four indurations which occurred during three years may, should you prefer that hypothesis, be all considered as new and independent chancres. For myself I confess that this seems improbable having regard to the facts of the other cases, and also remembering that none of them were followed by fresh secondary symptoms. During the whole of this period there had been occasional sores on the tongue, but no general eruption.

I once witnessed in the case of a vaccination-chancere a very decided tendency to become hard and inflamed for a second time two years after the first one. This fact is especially valuable because it was impossible that there should have been any fresh contagion. Mercury was given and the scar was soon again sound. It has remained so ever since, and the patient has now been eight years married, and has a healthy family.

The knowledge of these facts as to the recurring chancre are of very great importance since, in practice, very serious mistakes may be made without it, not only as regards treatment, but in reference to social, and even medico-legal, questions.

The last case which I shall cite is one in which there may be differences of opinion as to whether the second sore was more probably a new chancre or a relapsed. I have explained in the narrative the reasons which led me to put it into the latter category. Captain H. had a chancre in October, 1869, which indurated, and after which he had ulcerated sore throat and severe neuralgia in the right side of his head. He was treated with specifics by one of our leading physicians. He had no secondary symptoms that he remembers except the sore throat, and he was soon well. He married in the following July, that is within eight months of contracting the sore. His eldest son was born ten months later, and has never presented any suspicious symptoms. He remained quite well, and free from reminders until November of 1877 (that is seven years) when, exactly on the site of the original sore another induration formed. It became very hard and of considerable size. He consulted the physician who had treated him before, who said it was as hard as cartilage, but declined to give any opinion as to its nature. Soon after this his right eye inflamed, and in the upper part a thick dusky patch of episcleritis formed. At the same time there was iritis and vitreous opacities. I should say that according to the testimony of his medical attendant his pupil dilated before there were any signs of inflammation. The date of the beginning of irritation in the site of the chancre

was September, 1877, the pupil was dilated in November, during February he was under the care of an ophthalmic specialist, and in March he was sent to me. At this latter date the remains of a collar of induration in the roll of the prepuce were still very evident. I pressed him as to whether he had not exposed himself to fresh contagion. This he positively denied, and in support of his denial were the facts that his wife had caught nothing from him, that he had not either rash or sore throat, and that the iritis was unlike that of secondary syphilis. In the sequel the iritis or irido-cyclitis proved very chronic, and he was six months under my treatment; vitreous opacities, adhesions, and pigment on the lens were left. Its course was wholly unlike that of common syphilitic iritis. During these six months not a single symptom of secondary syphilis developed itself either in himself or in his wife, although cohabitation in the early stage had not been suspended. The whole duration of the induration was at least three months, during the greater part of which it was healed over, but very hard. It melted away very slowly under mercurial treatment. Now here is a case where it was very persistent. In the majority of these cases no treatment whatever is required, and nothing follows. I insist therefore upon the fact that you must not be too positive in opposition to the patient's statements, nor too ready to declare that he has recently contracted such a sore. What I wish is to indicate a general law as regards syphilis, and I believe it will help us to the unravelling of difficult questions, viz., that there is a tendency to the recurrence of syphilitic inflammation, that a piece of tissue damaged by the syphilitic inflammation, under slight stimulation takes on fresh inflammation, and this is how I regard tertiary symptoms. You will of course be well prepared for the statement which is now frequently made, that there is no real distinction between the secondary and tertiary periods—we speak of them as a matter of convenience, but still the two periods run one into the other. I would suggest, however, that there is, if we could only apply the test in practice, a theoretical line of distinction to be drawn between the secondary and tertiary stages, and this is what I believe:—Everything that the patient gets while the virus is circulating in his blood is to be considered secondary, e.g., the period during which persons may be inoculated from him, and again, so long as his blood is tainted so long will his manifestations be symmetrical—the blood is supplied everywhere, and consequently the peculiarities of this stage are liable to occur everywhere, and are therefore bilateral. Indeed, the symmetry or the non-symmetry are the most important features which enable us to distinguish between early and late syphilis. Let that period of infectivity and symmetry be passed, and let the poison die out of his blood so that there ceases to be a liability to get a syphilitic child, then he is past the secondary stage; then, whatever he is liable to is a sequela, a reminder, a tertiary symptom. That there is such a line of demarcation will, I think, be very conclusive on thinking the subject over. You have but to think of the number of people suffering from tertiary symptoms who are married and have perfectly healthy families. Further than this, let me allude to another class of cases of accidental inoculation of syphilis—chancres on the lips or fingers, produced by bites, &c.—(I recollect two persons, both of whom had contracted syphilis from bites)—well, these cases will invariably be found to have been propagated by individuals in the second stage, and with secondary symptoms about them. It is always from a patient who has had syphilis recently, and never from one in the tertiary stage.

Well, then, as to there being any special class of phenomena which are distinctive of the tertiary as distinct from the secondary period of syphilis. Years ago we used to say that deep ulcers were always tertiary, that affections of the bones were always tertiary. If the patient got an erythematous blotchy rash it was secondary, but if he got anything like lupus it was tertiary. All affections of his nervous system were tertiary, and so

on; but all these definitions have been laid aside, they have entirely disappeared, and there is no sort of truthfulness in them. We know now that some of the nerve phenomena occur much more frequently in the secondary stage than they do in the tertiary, and we know that rupee, which was formerly considered as a typical tertiary symptom, does occur far more frequently in the early stages; but here the symmetry or non-symmetry would be a great point.

I might further illustrate my point by a reference to the bones. It is true that when large nodes occur it is usually in the tertiary stage, but it is quite untrue that the bones escape during the secondary stage. We have cases where the patients suffer most severely from periostitis, or nodes, during the secondary stage. These nodes, it is true, during the secondary stage rarely acquire the name of nodes, because we always think of nodes as being big. It is quite exceptional in the second stage to get anything like a large node. It used to be asserted that periostitis very rarely occurs in syphilitic children, and yet at present we all know that young syphilitic children are exceedingly liable to it. Nearly every bone in the body may be affected. Thus we see that the difference between the two stages is not as to the parts affected, but as to the tendency of the inflammation. In one case whether you give your patient mercury or not, the tendency of things is to subside, just as the rash subsides. This is the peculiar feature of everything which happens in the secondary stage. I have said this at length because I want to introduce my favourite theory of the tertiary stage, being due to recurrence of inflammation. I say that the big node in the tertiary stage is the consequence of the presence of a small node during the secondary stage, and so of all the forms of nervous disease which become so conspicuous in the tertiary stage, I would suggest that they are not *de novo* things, but a rekindling of the fire, a relighting of disease in tissues previously damaged. Such is my suggestion as regards the relation between the secondary and tertiary symptoms.

The character of the skin inflammations which should be classed as tertiary are all of the lupoid class—in the tertiary stage we get no eruptions like those of the secondary period. These having occurred once in the secondary stage are for the most part quite done with, we have no exact repetitions, there are important differences, and if the skin inflammations in the tertiary stage take on the serpiginous quality, it will probably be on one side of the body, and is very likely single, or in any case is not general. The symptoms depend then upon damage to tissues and not to poisons in the blood.

Now for my chief point as to what happens to the man during the *intermediate* period. After two years we generally tell our man that he may safely marry, though of course I do not pretend that this rule is without exceptions, yet it is, on the whole, tolerably safe. Then we know also that the symptoms which were called tertiary, i.e., various nervous symptoms, gummata, &c., are lupoid affections in the tissues, they may occur ten, fifteen, or twenty years after, and the man may have lived in perfect health so far as you know, and yet he is liable to symptoms later on, having an evident connection with his previous complaint.

With all men there is an intermediate period of health, especially when mercury has been freely given. I cannot deny that some of the symptoms in the intermediate period are indistinguishable from tertiary ones. Thus a man may get a gumma of his testicle, and yet it may be just after the disappearance of the secondary symptoms.

I recognise an eruption to which I have given the name of the "after bath eruption." It comes on after the cold bath in the morning. In private practice you will see it over and over again in a patient whom you have cured of syphilis, who tells you that little red rings come out on his body after his bath in the morning. In nine out of ten cases this statement as to its being an after bath affair holds good, but sometimes he comes

with it as a permanent affair, a form of eruption which I have never seen in connection with tertiary syphilis. You may have in a patient who is apparently quite well, a symmetrical rash on the chest due to the contact with the clothes. It may be very difficult to distinguish from a secondary rash, but you will be enabled to make your diagnosis of this eruption by careful observation, when you will find that it is limited to the parts where his vest or flannel undershirt touches, and on the trunk only. The only treatment required in these cases will be to let your patient wear silk instead of woollen under-clothing, and then the eruption will promptly disappear without any other measures.

## THE NATURE AND TREATMENT OF GOUT.

By Dr. W. EBSTEIN,

Professor of Medicine and Director of the Medical Clinic at the University of Göttingen.

Non fingendum, aut excogitandum, sed inveniendum quid Natura faciat aut ferat.—*Bacon*

(Continued from page 374.)

### CHAPTER V.—(Continued.)

FIRST as regards calculous disease and its relation to gout, the statement of A. Hirsch is very interesting and worthy of further study. He found that the geographical spread of both, notwithstanding their genetic connection, was not identical. In my opinion the matter stands thus, that gout can only be the cause of the formation of calculi in those cases in which uric acid or its compounds are deposited in the urinary tubules and afterwards in the exit passages, which, notwithstanding the assertions of a number of authors, is not by any means constantly the case. On the other hand, it is certain that even in people who do not suffer from gout, uratic deposits in a crystalline form are occasionally met with in the urinary tubules and passages, so that in this manner uric acid calculi may form in them. Buhl found calculi in 7 per cent. of his cases of granular degeneration of the kidneys, the stones either lying in the pelvis of the kidney, or driven forward into the ureters where they were the cause of either hydro- or pyo-nephrosis.

As regards the complication of gout with rheumatism, Garrod has already remarked that in people who have previously suffered from rheumatism, on the occurrence of gout, the joints that have been before affected are mostly the ones attacked. The increased disposition to gout of joints, after previous attacks of acute rheumatism of which Garrod speaks, consist, in my opinion, in this: that the permeability of the vascular structures to the fluids impregnated with uric acid compounds is diminished by the articular disease. The predisposition of the first metatarso-phalangeal articulation to gout may be explained in part by the frequent disease of this joint due to other causes as has already been mentioned. No other causal relationship exists either between the so-called rheumatic, or between inflammation of joints due to other ætiological conditions on the one side and gout on the other. Acute rheumatism is plainly an acute infectious disease, the foundation of which is probably a micro-organism, in which, as in some other infectious diseases, such as tuberculosis, and syphilis, the joints are indisputably favourite parts for local manifestation. If these affections attack an individual disposed to gout, they may be the occasion of an outbreak of gouty articular disease. For the rest each of these articular diseases has its own specific cause just as uric acid is in the case of gout.

#### *Ætiology of Primary Gout.*

In my view, as has been already stated, uric acid is formed in the muscles or also in the medulla of bones in those suffering from articular gout. As I have also already stated, as, according to the present state of our

knowledge, it is not known that uric acid is formed under normal conditions in human muscles, I would assume that in primary articular gout uric acid is formed in abnormal localities. That such formation of uric acid does take place in muscle under pathological conditions is determined beyond doubt by the researches of so careful an inquirer as Neukomm. But why, might be asked, does not gout come on as a consequence of typhus, in which Neukomm demonstrated uric acid in the muscles? For this reason: because in typhus the anomaly of tissue change is transitory, whilst I hold the formation of uric acid in the muscles and in the bones or in their medulla, in persons with a disposition to articular gout, to be in the majority of cases a congenital and lifelong anomaly of tissue metamorphosis that is always present if not always in an equally well-marked degree. This may remain latent for the life-time of the individual, but often under the influence of certain causes it gives rise to gouty symptoms. Nothing shows this in a more striking manner than the observations of Charcot cited on page 125, where in a case of hemeplegia advanced gouty changes had taken place, but only in the joints of the paralysed side. The idea of such a congenital anomaly of tissue metamorphosis finds its analogies in pathology; for that there are congenital anomalies of tissue metamorphosis there can scarcely be any reasonable doubt. This is shown with great probability by a case of pyrocatechinuria observed by Julius Müller and myself in 1874, and which is still in existence. The characteristic peculiarities were observed in the first weeks of life. Had not the striking Burgundy red spots on the soiled napkins of the infant drawn attention to it, this apparently rare anomaly of tissue metamorphosis would certainly have escaped notice. Our knowledge of cystinuria proves that heredity and predisposition in certain families may be of striking importance in such anomalous tissue metamorphoses. Whether this is to be always looked upon as a congenital anomaly cannot up to the present be determined with certainty. It has been often observed in little children. Uitzmann reports a case in which a cystin calculus was successfully removed by lithotomy from a child, æt. 2 years and 10 months. Such anomalies pass away unnoticed when they do not interfere with the well-being of the patient; or they are discovered accidentally. In one of my five cystine cases, which I have observed since the year 1874, the commencement of the concretum formation is referred to the 6th or 7th year of life, and in the urine of his brother, æt. 29, I found rather numerous crystals of cystine. The cystinuria in this case had remained undiscovered up to this date, as no morbid symptoms were induced by it. Such facts throw bright beams of light, and explain why the fathoming of questions so long escapes the observation of physicians, the solution of which is of the greatest importance for the pathogenesis of abnormalities of tissue metamorphosis. If we linger for a moment on the subject of cystinuria, it is observed that under certain circumstances, in some cases at least, these anomalies of tissue change may be influenced by certain changes in the mode of living, &c. We know, that under certain conditions, at present not more closely definable, the quantity of cystine excreted varies. I have seen with one of my patients that a diet of lentils increases the excretion of cystin nearly threefold, with an increased secretion of sulphuric acid, but not to the same extent, and an increased excretion of urea and uric acid. It was further observed in the same patient that in the course of treatment by inunction on account of constitutional syphilis that the excretion of cystine disappeared completely, or to mere traces. Neither did it again increase on a diet of lentils, whilst the inunction was being carried on, whilst in consequence of the leguminous diet an increase of the excretion of sulphuric acid and urea was noted. For the rest the former did not increase during the period of diminished or arrested excretion of cystine induced by the inunction course. I have again seen the patient in whom the facts now communicated were observed in 1880, in 1882, and

there was again a very copious deposit of cystine in his urine. It, however, sets up no disturbance; the urine shows at most a few mucous threads, but nothing else abnormal.

I have thought I might linger a little longer on these observations, as they afford the undoubtedly important result that anomalies of tissue change show exceedingly striking oscillations in the symptoms by which they manifest themselves, the causes of which are still in part hidden, whilst in other cases they are more clear. Amongst the anomalies of tissue change must be reckoned that of gout. It is the most important and the best known, because it is apparently the most frequent, and because, on account of the poisonous action of uric acid and its compounds, it gives rise to the most manifold disturbances. When Landois attributes the uric acid dyscrasia simply to long-continued free nitrogenous diet, immoderate use of spirituous liquors, and inactivity, especially when respiration is disordered, his statement is not covered by clinical experiences. Cohnheim properly emphasises the fact that people who, it is known, have never in their lives exceeded in any direction, are still visited with the severest attacks of gout. I have observed this myself in a case the observation of which was the more instructive to me as it concerned a colleague with whom I was well acquainted, and who, moreover, himself observed very accurately and objectively. It was a case of very sharp gout in the right great toe of a colleague, then 28 years of age. The attack completely subsided in about ten days. Since then no fresh attack has recurred. This was more than five years ago. The patient had always led an orderly and active life, and had lived very moderately; his constitution is very powerful, his muscles are well developed, and the panniculus adiposus in correspondence. He was previously thoroughly healthy, and had never suffered from dyspeptic symptoms, neither have they come on since. There has been no sediment of urates in his urine, either before, at the time of, nor since the attack. The urine was always perfectly clear. The parents of the patient never suffered either from gout or stone, but the maternal grandfather had had gout. That the actual factor here was heredity is shown by the fact that a brother six years older than himself, a landed proprietor, living in a distant province, under quite different conditions of life, was attacked a year later by gout in the left great toe, and without any demonstrable aetiological cause. Such cases are no curiosities; every physician meets with them who has any opportunity at all of treating gout. That luxurious living, like many other things, is only a contributing factor, in individuals disposed to gout, is amply shown by those cases in which true articular gout occurs in individuals struggling with want and privations. Virchow has rightly remarked that individuals of the lower classes suffer from gout not so rarely as is generally thought. In the early part of the seventies, whilst I was conducting the hospital division of the municipal poorhouse in Breslau I had for a long time a gouty tailor under observation. The man had struggled his life long with necessity and misery, and was just as moderate or immoderate—he thought the former, and gave one the impression of sobriety—as thousands of others of his calling, who have no gout. The diagnosis of gout with him was very easy. He had very considerable gouty nodules in the soft parts, which in part, and especially on the right arm, had broken out. On these indolent, completely painless ulcers white chalk-like masses appeared, which gave the most splendid murexide reaction. The patient died of dropsy, and the autopsy, made during my holiday tour, by Karl Weigert, revealed a perfect paradigm of the most advanced gout of the joints and kidneys independently of the gout nodules in the cutaneous covering of which mention has just been made.

On the other side we see occasionally individuals passing their lives in luxury, comfort, and refined good living laughing with impunity at gout, and that the use of beer only plays the part of a favouring factor in individuals

predisposed to gout the following table which I have drawn up *ad hoc* affords at least a certain support.

In J. Bauer's report on the Medical Klinik of Munich for the years 1874-76 we find 11 cases of gout in a total of 4,670 patients (7 men and 4 women), in which number a little over 200 more women than men were treated.

In the indoor department of the St. George's Hospital, London, there were treated—

In the year 1869,	amongst 1,654 cases,	35 of gout.
" 1870 "	1,897	34 "
" 1871 "	1,644	28 "
Total .. ..	4,695	97 "

Only the patients of the year 1869 are accurately classified according to sex and occupation in the London report; of the 35 cases of gout 1-7th were women (cooks, washer-women, nurses); the men were by occupation publicans, labourers, coachmen, waiters, painters. Now the beer of Munich differs from English porter, and in several ways, one of which is by the lesser proportion of alcohol. I have, moreover, no figures to hand by which the consumption of beer in England in litres per head and year can be determined. But when I make the statement that in Bavaria 219 litres of beer per head are drunk annually, it will be confessed that it is at least striking if in spite of this eleven times more cases of gout were treated in the London than in the Munich hospital. If we assume, *ceteris paribus*, that English beer is as rich again in alcohol as Bavarian—which, by-the-by, is not the case—it would have to be assumed, in order to account for the number of cases of gout in England by the consumption of beer, that not less than about 1,100 litres per annum are consumed per head. This statistical representation is indeed defective in many ways; one thing, however, it explains without any doubt, that the use of beer alone does not account for the frequency of gout in England. Roth explains the frequency of gout and calculus, and also that of aneurysm in England by the fact that in England sixty-eight kilos of flesh meat are consumed per head annually, whilst in France and other countries only twenty kilos are consumed. As regards the influence of alcohol on the production of gout, we know, moreover, that in countries where brandy is almost the sole alcoholic drink, and where alcoholism is at home, there is no mention of gout. That the undeniable predisposition to gout is not only congenital, but also inherited, is strengthened by so many facts and is so generally accepted, that there can be no doubt about it. As we have just remarked as regards cystinuria, there is also in the case of gout an hereditary tendency of a most exquisite kind. We can say as little, however, as to what it consists in as in the cases of cystinuria and pyro-catechinuria. For all diseases towards which an inherited or congenital tendency exists, we can simply assume that in the anatomical construction of the tissues and organs certain abnormalities are present, which result in defective function, and which sooner or later become active. As regards primary articular gout, in my opinion the individual disposition, mostly congenital, in many cases inherited, consist in this: that the individuals in question form uric acid in perverse localities—in muscles and bones. This individual predisposition to a perverted formation of uric acid may (as in the case of cystinuria, so long as it is not discovered by accident, or give origin to the formation of concretions) remain latent the whole life through and run its course without symptoms, so long as opportune causes do not give rise to manifestations—i.e., produce gout.

SUNDAY last being Hospital Sunday, at Brighton special sermons were preached morning and evening at the majority of the places of worship, irrespective of denomination. This is the third year that the Hospital Sunday has been fixed, and the movement is supported by all classes.

## THE HEAT OF FEVER.

*The Presidential Address delivered before the Medical Society of London at the Opening of the Session, Monday, October 19th.*

By W. MILLER ORD, M.D., F.R.C.P. Lond.,  
Physician to St. Thomas's Hospital; President of the Society.

AFTER a few introductory remarks on the past and future proceedings of the Society, and a reference to those whose fellowships the Society had been deprived of during the past year, Dr. Ord continued: When I pass from these relations, in which sorrow and pride are so intimately mingled, I feel that what I should say is not so clearly laid down for me. I will dare, therefore, to choose for myself, and say a few words to set you thinking, a few words touching a difficulty which occurs to me constantly in the study of disease. We all now use the clinical thermometer. We all, from day to day, see it indicating, in various cases, a heat of the body rising to various degrees above the average, with, as our experience tells us, indications increasing in gravity in some proportion to the ascent of the mercury. We know again that, for the most part, the rise of temperature coincides with the establishment of the process of fever. Now, this increased heat of the body in fever is to me a very constant stimulant of thought. When I ask people how it comes about, I am generally told that it is simply a matter of increase of combustion; that the oxidation-processes of the body go on with undue vigour in fever; that the system is burning its candle at both ends, and that the two flames give more heat than one. When one looks at a patient who has passed through a febrile illness, one is ready to accept the explanation. He may have had no wasting discharge, hæmorrhage, or other obvious drain; yet there he lies, bloodless and emaciated, to a degree which leads one readily to believe that on his bed of fever he has been consumed in all his tissues by an unseen fire.

But, for some years, my acceptance of this ready and most plausible way of accounting for the phenomenon has been hindered by an attentive consideration of an article on the Process of Fever, contributed by Dr. Burdon Sanderson to the Reports of the Medical Officer of the Privy Council, for the year 1875. The article contains an exhaustive notice of the best observations made, up to that time, with reference to heat-production in the body during pyrexia. Now, I am giving an address, and not reading a paper; I am, therefore, speaking to suggest a subject and line of thought, and not, as you will see afterwards, to go on to set before you conclusions which I hold that I can prove. I refrain from recapitulating the complex and very refined data upon which Dr. Burdon Sanderson sums up impressively. Suffice it to say that, after careful analysis of these data, he writes thus: "The general conclusion to which the preceding calculation leads us is a very important one, namely, that although as compared with the heat-production of an individual on fever-diet, the heat-production of a fevered person is excessive, it is not by any means greater than the heat-production of health." There is in fever, it must be admitted, increased exhalation of carbonic acid, increased excretion of urea, but, after calculation, they do not represent a source of heat sufficient to cause the increased temperature of the body. I have read the article again and again, I have referred to various authorities on the subject, and I am compelled to say that the increased combustion explanation, which satisfied me before, has no longer the same value. To what, then, as I felt obliged to lose faith in my first belief, should I turn? Might, as some have argued, the increase of heat in the body be brought about by retention, by some state of the surface which would prevent the liberation of heat from the body and lead to accumulation within? The well-conducted observations of Leyden and Liebermeister tend to show that, far from being retained, heat is discharged from the surface in larger quantities during fever than in health.

And we all know that intense hyperpyrexia constantly co-exists with profuse sweating, involving the freest possible discharge of heat from the surface of the body, as in severe cases of acute rheumatism. If we are bound to deny the cogency of the two explanations, we are impelled to find a new one. And in illustration of another possibility to which I would draw your attention, let me use an illustration.

Let us suppose that we place over a flame a metal basin containing water, and let the water come to the boil. Let us place a thermometer in the water. So long as there is water left, the thermometer never rises above 212° F., let the boiling be ever so fierce. The evaporation always compensates for the heat introduced. This is, in a way, a parallel to the marvellous heat-regulation of the body, which maintains it at a fixed temperature whatever be the heat or cold of the surrounding air. The heat introduced by the flame is used up in turning water into steam and raising the steam. Let oil be poured on to the surface of the water, and hinder the extrication of vapour. Heat is then also retained and the temperature rises in the water, as it would in the system on the retention-hypothesis. On the other hand, let the water evaporate entirely. Then the metal basin becomes heated indefinitely, and the thermometer rises in proportion. The water had afforded to the heat the means of further usefulness in which it—to use an old term—became latent, or took another form of energy.

Now what I am going to ask you to think about is this. Is it possible that the increased heat of fever may be brought about by the cessation of processes in which heat ought to be used up—either as motion, or chemical action, or other kind of energy; so that the process which may be represented by the boiling water ceasing to exist, like the water when boiled away, the heat generated for maintenance of the process overflows, and warms to excess the body, like the metal basin from which the water has evaporated? Is the increment of heat of body in fever due not only to combustion or other disintegrative process thereto allied, but also to the persistence, in the form of heat, of energy which should have taken another form? This appears to me in a high degree probable. Throughout the body, we recognise two processes ever going on: the building up of tissues on the one hand, their disintegration on the other. The disintegration of tissues is clearly attended by the liberation of heat. Their upbuilding presents itself to me as necessarily attended by the consumption or disappearance of heat, which assumes some other form of energy, kinetic or potential. There is here suggested to me the contrast between evaporation and condensation, between solution and crystallisation. You will ask me if I have any knowledge of experiments demonstrating the using up of heat in the tissue-formation of animal bodies. I have none. So far as I know, all the processes which have been examined have proved to be heat-evolving, even to the formation of peptones. Also, so far as I know, no processes of tissue-building have been investigated from this point of view, and it is difficult to see how, with our present means, any such process comes within the possibility of investigation. But if we have no direct evidence in this matter to help us, we may gain some help from a consideration of the chemical processes of fever. These comprehend, in the first place, an exaggeration of the combustions of health. But they also comprehend changes which exactly reverse those of health, and indicate strongly that there are, first, a cessation of changes which should occur in health; and, secondly, a production of changes not occurring in health. The proportions of soda and potash which should be eliminated from the body in health are reversed in fever. The same holds of chlorides and phosphates. The potash and the phosphates are the associates of the highly organised principles; the chlorides and the soda of the introduced and further organisable principles. On the view that there is, in fever, arrest or default of the building up of the tissues, we can imagine the retained chlorides and



soda waiting with the organic substances on promotion, like salmon at the foot of a fall, till at the end of fever they part with their associate organic matters, and pass them on to the elevating influence of the potash and phosphates. We can imagine the potash and phosphates during fever swept away as useless, because in the arrested ascending metabolism they have nothing wherewith to combine, and are, for the time, useless, fit only for the draught. It is, in fact, presented to me strongly that these chemical variations indicate the cessation, in various degrees, of that process of tissue-building, which should, in health, use up heat, and which ceasing in fever, leaves heat to run wild.

Thinking over such problems, and failing hitherto to find any possibility of experimental investigation of the using up of heat in ascending the metabolisms of the body, I turned myself to the vegetable kingdom. In fruits, we have, as it seems to me, two processes, of meaning exactly opposed one to the other; the building up of the fruit, wherein we have the formation of cellulose, starch, &c., and the ripening, wherein we have the breaking down and the production of sugar. I determined to investigate fruits of rapid growth, and test their temperature as compared with that of the surrounding air. Before doing this, I consulted botanical books, and questioned great living botanists. But information was not forthcoming from either source. The kindness of a friend who has large hothouses near London enabled me to make some experiments, which I venture to say have some importance in vegetable physiology, as well as in their relation to the question of pyrexia.

The cucumber was the fruit which I chose for my observations. It is a fruit which grows very rapidly, and a fruit in which the signs of ripening can readily be seen. It is grown in houses, at a fairly fixed temperature, and in an atmosphere of considerable moisture. Having chosen my growing cucumbers at a stage free from any fear of ripening, I had a glass bottle, with wide open mouth, filled with water, suspended by the side of each fruit, the bottle equalling the fruit as nearly as possible in size. After twenty-four hours or more, I commenced observation. I used a delicately pointed thermometer, lent to me by that skilful constructor, Mr. Hawksley. With this, I took, first, the temperature of the air of the hothouse around the fruit; next, the temperature of the water in the bottle; next, the temperature of the cucumber at different points of its length. This was done by plunging the sharp end of the bulb containing the mercury to a fixed depth, marked by a line on the bulb. I took the temperature of the cucumber at various points in its length for a definite reason. Cucumbers begin to grow at the base or stalk-end, and further growth is beyond this at the tip or flower-end. If any difference of temperature between the fruit and the air should be found, it might be argued to be due to evaporation if the difference were equal at all points; but, if the difference should vary at the several points tested, the influence of metabolism might be recognised.

On May 23rd, 1884, a very warm day, I examined a young growing cucumber thirteen inches long. The temperature of the house was 86.1° Fahr.; the temperature of the water in the bottle was 85.3° Fahr. The cucumber gave the following readings: at the stalk, 84°; two inches along, 85°; middle, 85°; two inches from tip, 84.6°; tip, 83.9°. The experiment was repeated with another cucumber on the same day, and with similar cucumbers on other days. All the observations were to the same effect. I note one or two other observations.

On June 7th, the weather being much cooler, and the air of the house being at 75.6°, and the water in the bottle was at 76.9°. A ripe cucumber was found to be at 77.5° in the middle; a young cucumber, pendulous, 74.6° in the middle; a young cucumber, horizontal, 74.7° in the middle.

On June 14th, the weather being again warm, the water stood at 86° in a bottle on one side, at 86.3° in a

bottle on the opposite side of the cucumbers to be examined. A cucumber nearly ripe, gave 84.2° close to the stalk, 84.3° in the middle, 83.2° at the tip; a small, but evidently growing cucumber, 83.5 in the middle; a nearly ripe cucumber, cut the preceding day, and placed close to the others, 87° at all parts.

I trust that you will find in these observations, as they stand, something of interest. They show, at least, that the traditional coolness of the cucumber is not a mere creation of fancy; that the growing fruit is actually cooler than the medium in which it is growing. So far as these observations are concerned, a new fact has been established; but the observations are not numerous, and the inferences are not sure. I hope to extend the observations; to introduce many controlling experiments; and so go on to safer inference. Nevertheless, arguing upon what we have before us, and upon parallel experiments made upon bananas, with which I will not now trouble you, we may acknowledge that the comparative coolness of the growing fruit may have been due to evaporation, and that the warmth of the separated fruit may have been due to the comparative cessation of evaporation. On the other hand, I may urge that the air of the hothouse was loaded with moisture, as is the case with properly managed houses of this kind, and that moisture was deposited in beads on the surface of the fruit. This, of course, is against the evaporation explanation. And, so far, I should urge that the difference in the temperature of the fruit at various points in its length is against evaporation. Further, it is in favour of the hypothesis of metamorphosis in metabolism, in that the temperature was most reduced where, according to all appearance, tissue-formation should be most rapidly proceeding. If time serve me during the coming year, I hope to institute experiments which shall eliminate the evaporation difficulty, and to investigate other fruits; but, so far as I have gone, I think that I am entitled to argue that there is indication that the metabolisms leading to formation of tissues from juices do actually use up heat.

Now, let us apply what has been said to help us in understanding the causation of pyrexia and hyperpyrexia. Dr. Broadbent has written thus: "If a theory of the febrile process is to be formed, it must be based upon a theory of the relation between the nervous system and the process of nutrition and oxidation, and especially the latter." When I read this, I can read that my distinguished friend's thoughts go much with mine. I believe that, in the production of fever-heat, there is a first factor of increased oxidation, or combustion, or disintegration, setting free heat. I cannot, however, find this sufficient to account for all the increase of heat observed in pyrexia, and still more in hyperpyrexia. The further increment I believe to be furnished by heat going astray in default of correlative change in metabolism. And, like Dr. Broadbent, I am inclined to recognise in the nervous system the power, inciting, on the one hand, to disintegration, controlling, on the other, the nutritive functions. In the progress of febrile diseases, there is a manifest correspondence of deeper and deeper affections of the nervous system, with higher and higher degrees of temperature. As temperature rises, headache, excitement, insomnia are followed by delirium; on delirium follow various involuntary movements, and finally convulsions; to these succeeds coma. As death by coma approaches, the temperature rises rapidly, and, in many cases, is increased, or, for a time, maintained after death when the oxidation-processes dependent on the circulation of blood must have ceased. The coincidence up to death may be argued to be due to effects of increased heat of the body upon the nervous tissues; but this argument is strongly met by the difficulty of explaining the rise of temperature without invoking the aid of the nervous system. What I would suggest is that in all fever, slight or intense, there is superadded to the combustions which we recognise an influence of the nervous system, a trophic influence, arresting processes in which



heat should be transformed; and that the increasing temperature of fever is determined by increase of this inhibitory influence. When death occurs, inhibition, a partial condition, must be replaced by annihilation, a complete condition; and at that stage, while we cannot allot any part to disintegration, we can claim that complete cessation of constructive metabolism must set absolutely free all heat previously generated.

All that I have been urging is, you will say, only theoretical. It is a new contemplation of things daily under our eyes. The practical objects of this Society justify me in going on to indicate how in some degree these speculations may bear upon treatment. We have lying ready to our hands a great armoury of drugs useful, in various ways, in the fight with pyrexia. Of these I will not now speak, not from want of respect, for I am conscious of the great value of many of them; but I wish to speak particularly of the usefulness of another remedy, also always ready to hand—baths—in the control of high fever, as its causation is here presented to us. I have for many years studied the use of baths in the treatment of diseases of various kinds, and have had personal experience of them in most of the important wells of Germany and France. My belief is that baths—large applications of fluids of various temperatures to large surfaces of the skin—come in as moderators; that their main beneficial use consists in attracting, so to speak, the attention of the nervous system, and drawing it off from certain pernicious paths upon which it has embarked. Some years ago, I was much struck with some remarks made at a meeting of one of the learned societies by Dr. Thudichum, in which he threw doubt upon the idea that the reduction of temperature in fever by cold baths was a purely physical phenomenon, dependent simply upon abstraction of heat. I had been using graduated baths in hyperpyrexia, placing the patient in water at 95° Fahr., and cooling the water very evenly down to 70° or 75° during half an hour. The result had been, in some cases, an abatement of temperature as large as ten degrees; and with this had come sleep, replacing insomnia; calm, replacing delirium; easy breathing, replacing panting. The change in the nervous state from excitement to tranquillity had been as pronounced as the reduction of temperature. Soon afterwards, I made an experimental test of the power of such baths to reduce the temperature of a dead body to such an extent. I placed the body of a person dead the day before, after rigor mortis had ceased, in a bath heated to, and maintained at, 107° Fahr., until it was ascertained by the thermometer that it was heated through. Then I placed thermometers in the body, at various points and at various depths, taking care so to implant them that the water would have no access to their bulbs; and then I cooled the water to 95°; and, during a subsequent half-hour, cooled it gradually to 70°. The reduction of temperature in the superficial parts of the body was much less than that brought about by a bath, and the temperature in the deeper parts was scarcely affected. Even if the circulation had been going on, no lowering of temperature at all approaching a lowering of six degrees could, I think, have been produced. It must be acknowledged that the experiment was incomplete, in that I did not maintain a circulation of warmed water in the blood-vessels; but, so far as it gave results, they were adverse to the simple physical theory.

In dealing with the question of baths, we must remember the enormous influence exerted upon the central nervous system by slight impressions made over a large peripheral distribution of nerves. A scald sufficient to produce but a slight vesication, when it involves the whole surface of the body, will kill. And I believe that the application to the whole surface of the body of water at a different temperature from that of the body acts in fever by exerting a reflex inhibitory influence upon the nervous system, leading to a relaxation of its trophic constraint. Of course, few remedies are simple in their action, and I should be prepared to admit the assistant

influence of the lower temperature of the bath from the physical side. Anyway, in the treatment of hyperpyrexia, I know of nothing so trustworthy as the bath—cool, cold, or graduated. For my own part, I prefer the latter, and have again and again seen it reduce temperature and save life, when quinine, salicin, salicylate, and other febrifuges had failed to arrest a steadily rising temperature already above 106 deg. Fahr. And now my speculations are at an end. I have wished to say something that might give you food for thought, perhaps set some of you on the path of investigation, which I should myself like to follow more closely than circumstances are likely to permit. I cannot claim to have proven much, if indeed anything. I have not sought to do so. I have only sought, on a day when a new session opens, to suggest some new explanations of phenomena coming under our daily observation.

## Clinical Records.

### TWO CASES OF ENLARGED PROSTATE TREATED SUCCESSFULLY BY THE GALVANO-CAUTERY.

CASE I.—By Prof. E. BOTTINI.

(Translated and reported by CHAS. ATKIN, F.R.C.S.)

THE two following successful cases of enlarged prostate treated by the galvanic cautery are well worthy of perusal.

The first case was a gentleman, *æt.* 68, who had suffered from isohuria for many years. He was strongly built, and had had no previous illness, excepting once, a pneumonia. Gravel had been passed for ten years. Difficulty during micturition, accompanied by a burning sensation before and after had been felt for four years. The stream could only be projected a few inches, and dribbled for some time after it had apparently stopped.

Regular catheterisation with gradual dilatation had afforded him no relief. Rectal examination showed that the prostate was very large, and that a large amount of urine always remained in the bladder, even after catheterisation. The bladder having been emptied, was well washed out with solution of boracic acid and sulpho-carbolate of zinc, and the action of the extrusors stimulated by cold injections. In consequence of this preparatory treatment the nocturnal pyrexia diminished, the patient increased in strength, and the urine became first neutral and then acid.

Prof. Bottini then passed his instrument (described in the *Centralblatt*, 1884, p. 241), and let it act for 45 seconds, when the sinking of the handle showed the cauterisation had proceeded far enough. The instrument was quite cold on its removal. A retaining catheter was left in. For the first four days after the operation the patient was free from pain, and only complained occasionally of dysuria, which was, however, easily relieved by belladonna suppositories. The urine was removed every three hours.

On the fourth day the catheter was removed, directions given for the urine to be drawn every six hours, and the bladder to be washed out night and morning with a solution of sulpho-carbolate of zinc (*gr. x. ad 5j.*).

On the seventh day sloughs began to come away, but without any pain or inconvenience.

Twenty-two days after the operation the patient passed a few drops of urine without the catheter, which was nevertheless passed every four or five hours to prevent any undue collection.

About a month after the operation the patient voided a considerable quantity of nearly healthy urine. Internally extract of galls was given, and locally the induced current was applied all through the treatment.

Six months later the patient was in capital health, could hold his water for three or four hours, and could project the stream for twenty-four inches. The author concludes by saying that a method which, without inducing fever, relieves an otherwise incurable complaint in so short a time can surely need no further recommendation.

CASE II.—By Dr. CÆSAR MUSATTI.

Dr. C. Musatti gives the following account of his sufferings and treatment:—*Æt.* 40, previously healthy, with the

exception of an obstinate gonorrhoea. He had suffered from dysuria for eight years, urination every two or three hours, pain in the hypogastrium and perineum, prostaticorrhoea, troublesome nocturnal erections, with occasional emissions, vesical catarrh, and disagreeable dripping after urination. Having tried all known remedies, and having been told by a colleague that *his disease was neurotic*, he consulted Prof. Bottini, who diagnosed a considerable hypertrophy of the middle and part of the right lobe of the prostate.

After a preliminary treatment with a solution of sulpho-carbolate of zinc (gr. x. ad ℥j.), and later with solution of boracic acid (gr. x. ad ℥j.), the bladder was injected with a quantity of the latter solution, the cauterium inserted, and the battery attached. The instrument was quite cold on withdrawal. Dr. Musatti states that he did not suffer half as much pain as he did with the cauterisation with nitrate of silver, and recommends that it be borne without chloroform narcosis. A Nélaton's catheter was left in the bladder. The temperature never rose; no blood was lost; dysuria was relieved with opium pills: the injections were continued with night and morning; the catheter was removed on the fourth day, and severe burning pain was experienced during urination for a time or two.

The case went on as satisfactorily as the other, and the doctor affirms that he is now quite cured, having no trouble by night or by day.

## Transactions of Societies.

CLINICAL SOCIETY OF LONDON.  
FRIDAY, OCTOBER 23RD, 1885.

Mr. MORRANT BAKER, Vice-President, in the Chair.

Mr. A. W. MAYO ROBSON ON  
TWO SUCCESSFUL CASES OF CHOLECYSTOTOMY, WITH  
REMARKS.

Mr. Mayo Robson said that, after the interesting paper by Mr. Lawson Tait, on the Surgical Treatment of Gall-stones, in the *Lancet* of Aug. 29th and Sept. 5th, 1885, with the reports of his cases previously published, and after the paper by Musser and Keen in the *American Journal of Medical Science*, in which thirty-five cases of cholecystotomy are reported (of which ten were fatal), the record of his two successful cases would seem to be almost unnecessary if the subject were not still *sub judice*, and did not present many interesting physiological and pathological questions not yet settled, and which every case fully reported might do something to elucidate. But his apology must be a paragraph taken from Sir Spencer Wells' work, "Uterine and other Abdominal Tumours," 1885, p. 203, where he says: "What we need is further experience and an accurate record of all cases." In the first case Mr. Robson was consulted in June, 1884, by Mrs. B., et. 33, on account of a tumour the size of a hen's egg, which caused dragging pain and uneasiness, but there had never been any jaundice. It was then diagnosed as a distended gall bladder, but consent to operate was not obtained until June 21, 1885, when, the tumour having greatly increased in size, with augmentation of the discomfort, cholecystotomy was performed, and eight faceted gall-stones were removed from the cystic duct. They varied from the size of a pea to that of a large bean, and were of a dark brown colour. The gall-bladder contained nearly half a pint of clear watery fluid, which was removed by an aspirator before the cyst was opened. Peritoneum was then sutured to peritoneum, and mucous membrane to skin, and the rest of the wound was closed by catgut sutures, a drainage-tube being inserted into the gall-bladder. Recovery was uninterrupted, union occurring by first intention, and the patient being able to go for a drive on the seventeenth day. A minute fistula remained in September, just capable of admitting a small probe. It discharged a little thin mucus, but gave no inconvenience. The patient was feeling well in every respect, having gained in strength and weight. The second case was that of a German governess, et. 22, who was admitted into the Leeds Infirmary, under the care of Dr. Churton, in February, 1885. There was vomiting after all food, a history of prolonged constipation, and a tumour in the position of the hepatic flexure of the colon,

the size of which was unaffected by many large enemata; the vomiting continued. It being then suspected that the tumour was a distended gall-bladder, the patient was transferred to Mr. Robson, who performed cholecystotomy, removing numerous small white calculi and eight ounces of clear fluid. The steps of the operation were exactly the same as in the first case, and in both the finger was passed inside the peritoneum, along the cystic duct, in order to be sure that no calculi were left to cause a block in the passage. After the operation the vomiting absolutely ceased, and recovery was uninterrupted, the pulse and temperature being normal throughout, and the wound healing by first intention. The fistula discharged a clear mucous fluid for a time, but on Sept. 15th had completely closed. It, however, re-opened in October, and discharged the same kind of fluid again, the patient experiencing no discomfort or pain, and feeling absolutely well in every respect. He remarked that the cases resembled one another in being both examples of multiple gall-stones causing, or else simply co-existing with, a persistent block in the cystic duct; and in neither case was there any existing jaundice, or previous history of such; but whilst the diagnosis in one was perfectly clear, in the other, although the nature of the disease was suspected, a distinct diagnosis was not made until the abdomen was opened. Whilst in Mrs. B.—'s case the symptoms were chiefly dragging pains and loss of flesh; in the other, persistent vomiting and constipation were principally complained of. In the operations, which were performed antiseptically, pains were taken to stitch peritoneum to peritoneum, and mucous membrane to skin, great care being exercised in protecting the peritoneal cavity from the intrusion of any of the contents of the tumour. In the after progress the discharge of clear fluid free from bile, and the length of time elapsing in the second case before the fistula closed, soon, however, to reopen (the fistula in the first case never having closed), indicated that the cystic duct remained blocked in both, but there being no jaundice and no illness, the common ducts were evidently patent; moreover, since the finger introduced into the peritoneum and passed along the cystic duct failed to discover any perceptible enlargement, and a probe passed as far as it would go failed to feel any hard body, the only conclusion he could come to was that in these cases there was organic stricture of the ductus cysticus. He raised the question—Is there organic stricture of the cystic duct in both cases, or is the obstruction due to other concretions which careful probing and intra-peritoneal digital exploration failed to discover? If he thought there were calculi causing obstruction he would not hesitate to advise laparotomy as a preliminary to cholelithotripsy, but if there were stricture which he believed, then he would hesitate to advise another operation, since, if the stricture were dilated, contraction would be likely to recur, again giving rise to a tumour requiring further treatment. Another question arose—Would cholelythectomy have been in these cases a better operation? Sir Spencer Wells seemed rather to incline to this extreme measure in preference to cholecystotomy, but in the record of published cases the mortality was so great, that unless he saw a better way of doing it he should certainly hesitate to recommend it. However, if he ever had to perform cholelythectomy he should if possible completely draw out the gall bladder, bringing the duct into the wound just as Mr. Thornton did the ureter in abdominal nephrectomy, this being more likely to prevent the entrance of foreign matter into the peritoneum. If he had thought that dilatation would have done any good he would have passed in bougies from the outside through the fistula; but this he felt would have been attended with risk, as it would be very easy to push a bougie through the thin wall of the duct, and such a proceeding would, he feared, lead to fatal results. He had put the case plainly to his patients, who were both well, and felt very little inconvenience from the slight discharge; they preferred it to running any risk. Mr. Robson remarked on the clinical importance of the fluid, which, he thought, might possibly be mistaken for hydatid fluid in an exploratory puncture. He thought that the secretion had some antiseptic property, since the apertures of the fistulae were always so clean, and a dressing of cotton-wool saturated with the fluid and remaining in contact with the body for a week remained sweet and odourless; this had been confirmed by his colleague Prof. de Burgh Birch, who had also found it to contain a milk-curdling ferment and another ferment having a marked diastatic action on starch; further experi-

ments were, however, being made in order to verify these observations. He remarked that in the *Lancet* for Sept. 5th, 1885, page 424, Mr. Tait says: "In cases where patients suffer from numerous gall-stones, the gall-bladder is never distended," and again on the same page, "when we operate therefore, in cases of small numerous gall-stones, we find them lying in bile, the gall-bladder to a large extent contriving to perform its functions," the cases he had just reported must, therefore come under an entirely different category, as they apparently differed from any of Mr. Tait's; for the gall-bladders were distended and were evidently not performing their functions, and there were numerous small calculi which were not bathed in bile. He had another case at present under observation, in a middle aged gentleman of temperate habits, which he thought resembled the cases referred to in the paragraph quoted, in whom, after repeated attacks and "spasms" usually coming on in the night, and unaccompanied by jaundice, he found a tumour in the right lumbar region, about the size of a swan's egg, which persisted for several weeks and then disappeared after an attack of pain lasting about three hours. He reported himself to Mr. Robson about a month ago, when there was no trace of the tumour, and there had been no repetition of the pain. He had no doubt that this patient was the subject of multiple small gall-stones, which, in passing, occasionally obstructed the cystic duct. He had explained the nature of his case to him, and should the duct again become obstructed, or the pain recur, he would advise cholecystotomy, as he felt sure that it is a perfectly safe operation if carefully performed; which, whilst offering the probability of a radical cure, saves an immense amount of suffering, and no little danger. He believed that there were many cases of frequently recurring biliary colic without the presence of a tumour, where cholecystotomy would in future be adopted as a relief to suffering, and as a preventative of the many dangers of exhaustion, biliary toxæmia, rupture, suppuration, and ulceration into neighbouring cavities. In conclusion, he could not help feeling that the surgical treatment of gall-stones opened up a comparatively new field in abdominal surgery, which, unlike many surgical triumphs was at the same time safe and efficient.

Mr. CHARTERS SYMONDS considered that the presence of a small fistula was but a small evil to be set against the advantage of being assured against the risk of leaving any stones unremoved, and as this proceeding did away with the necessity for cholecystectomy, it seemed to argue in favour of the less severe operation. He was himself consulted some time ago in a case of the kind, and refused to operate because he was unable to feel the gall-bladder, and felt that it would be a difficult matter to suture it to the abdominal wall unless in a distended condition. He would like to know Mr. Robson's opinion as to the possibility of this, and also what course he would recommend in cases where a small gall-bladder was blocked by stones; would he excise or close by sutures? Ought aspiration to be resorted to as an exploratory measure, and the bladder probed through the canula? Mr. Robson's cases were simplified by absence of jaundice, and of hæmorrhage. He thought it open to question whether it might not be wise in some cases to open the abdomen at once, and would like to know what experience other surgeons had had after aspiration, in the way of bleeding, peritonitis, &c.

Dr. O'CONNOR asked if any digestive derangements followed the operation in either case, or any change in the fæces?

Mr. M. BAKER congratulated Mr. Robson on his successful results, and expressed the interest with which he had listened to the account of the original physiological observations given in the paper.

Mr. ROBSON observed, in reply, that no difficulty ought to occur in finding the gall-bladder by aid of the anatomical landmarks to it; or in stitching it to the abdominal parietes when exposed. The results obtained after suturing the viscus and returning it to the abdomen were not favourable. In one case bile was found post-mortem in the cavity, and as this secretion seemed to possess a special solvent power, its injurious effects could be estimated. He regarded aspiration attended with greater risks than followed laparotomy and digital exploration in these cases. He had witnessed one operation in which the gall-bladder of a jaundiced patient was cut down upon, and death occurred from hæmorrhage. Jaundice, however, did not absolutely contra-indicate cholecystotomy, for at least one such case

has succeeded. In reply to Dr. O'Connor, he stated that digestion in both his patients was perfectly performed.

Dr. EDWARD SEATON on

CHARACTERISTIC SYMPTOMS OF A FEBRILE EPIDEMIC ILLNESS AT A SCHOOL.

Dr. Seaton commenced by explaining that it was through the kindness of his friend Dr. Bridges, of H. M. Local Government Board, that he had lately had the opportunity of clinically studying an epidemic illness which had occurred this summer at a Roman Catholic school or orphanage, in the country near London. The disease had been strictly confined to the school, there having been no illness in the few cottages and houses in the immediate vicinity. The disease had commenced in an epidemic form in June, and since then there had been 157 cases and seven deaths. The cases were more severe during the earlier part of the epidemic, and there had been distinct second attacks—not relapses—in at least five cases. In one of these the interval between the attacks had been as long as sixty-six days. The group of symptoms characteristic of illness was as follows:—Suddenness of attack without any premonitory symptoms. Attack commencing with rigors and severe frontal headache, followed in a few hours by pyrexia, vomiting (often very severe) without diarrhoea, the acute stage being further marked by scantiness of urine and almost complete absence of chlorides. Rapid development of the crisis, the fatal cases terminating in twenty-four hours, and (in the uncomplicated cases) defervescence occurring in two or three days in slight cases, and in four or five days in severe cases. A sudden fall of temperature, the fall being generally simultaneous with the appearance of an herpetic eruption on the upper lip, and perspiration, but no marked sweating. Earache, frequently occurring towards the end of the fever, sometimes being followed by otorrhœa. Absence of any other local pains, except those due to the straining of the muscles in vomiting. Duration of illness short, not exceeding four or five days, unless complicated with pneumonia. It was the grouping of these symptoms which chiefly claimed attention, for although out of the whole number of attacks twenty-six per cent. were, judged by the height of the fever, comparatively slight, there was observed in all of them a striking uniformity in the main features of the disease. Dr. Seaton then proceeded to discuss the symptoms in detail, first describing the following typical cases from his own notes and those of Mr. Joseph Williams, F.R.C.S., of Brentford, who had the medical charge of the cases. "M. R., æt. 13, brought to infirmary at 2.45 p.m., September 3rd. Was observed joining in a boisterous game in the playground at 11 o'clock in the morning. On admission, face pallid, aspect distressed, respirations 40 in the minute, shivered violently. Held his hand to his forehead, and moaned with pain. On being put to bed his temperature was found to be 103.4°, at 5 p.m. it was 104.0°, and at 10 p.m. 105.2°. Rigors continued during the night, but not so severe, vomited frequently, and was delirious. September 4th, 10 a.m.—Face flushed, conjunctivæ suffused, breath heavy and offensive, but not ammoniacal, tongue dry, and coated with yellow fur, temperature 104.2°, pulse 120. Tenderness over the epigastric region from straining of the muscles. Skin moist, headache continuous, though less severe. September 4th, 5 p.m.—Symptoms about same. Temperature 104.0°, urine of previous twenty-four hours measured and examined—quantity, seven ounces, highly coloured, deposit of lithates, chlorides as low as .17 per cent. September 5th and 6th.—Pyrexia and other symptoms continued. On the morning of September 7th crisis found to have taken place. In the morning the boy woke up with a very moist skin, temperature 98°. An herpetic eruption had appeared the day before on the upper lip, and was spreading round the left corner of the mouth. Complained of earache, but otherwise free from discomfort. Next day was out of bed, and in the course of two or three more days, a week from the commencement of illness, was well enough to go into the convalescent room." The above was an account of a typical non-fatal case. He would supplement it by giving a fatal case, which he took from Mr. Williams's notes. "W. M., æt. 13, brought to infirmary on July 2nd, at 9 a.m., with severe rigors and pain in head, and with temperature 101°. Throughout the day rigors very severe, and vomiting of bilious matters incessant. Towards evening recorded symptoms were, temperature 106°, respirations 60. Pulse

imperceptible. Feet blue and cold. Skin congested and purple. Much pain in head and stomach. He gradually became comatose, and died at 9 p.m., just twelve hours after the onset of illness." *Sudden onset.*—In many instances boys were seized with the headache, vomiting, &c., whilst at play or out for a walk with the master. In some cases they got up quite well in the morning, and were seized whilst at morning chapel. *Frontal headache.*—In all cases this was a prominent symptom. This symptom as well as delirium was, generally speaking, proportionate to the height of the fever. *Pyrexia.*—Remarkably rapid rise of temperature was a constant feature. He had classified the cases according to temperature into "slight" (highest recorded temperature 101° or under), "severe" (highest recorded temperature up to 103°), "very severe" (highest recorded temperature from 103° to 106°). The slight cases were twenty-seven per cent., the severe twenty-one per cent., and the very severe fifty-two per cent. of the whole number. In the vast majority of cases the fall of temperature was marked and sudden as the rise, but in a few pneumonia supervened, and caused comparatively long illness. *Diminution of chlorides in the urine.*—The amount of chlorides had been estimated in fourteen cases by M. Otto Hohner and himself, and the proportions per cent. were as follows:—(1) .256, (2) .274, (3) .043, (4) .338, (5) .466, (6) .278, (7) .466, (8) .366, (9) .592, (10) .170, (11) .190, (12) .354, (13) .190, (14) .310. In no case was the proportion as much as .6 per cent. In No. 3 it was as low as .043 per cent. This was in the case of a boy, *æt.* 10, who suffered with a moderately severe typical attack. The amount of urine secreted during the summit of the fever, when the chlorides were estimated, was as much as twenty-five ounces. Very soon after defervescence they re-appeared in normal proportion. *Herpetic eruption.*—This was present in almost all cases classified as "severe" or "very severe." Of twenty-eight cases occurring in September, he had a note of this symptom more or less marked in twenty, that is seventy-one per cent. Of the remaining eight, three were slight ephemeral cases, in which the illness lasted only twenty-four or forty-eight hours, and in which the highest recorded temperature was under 101°. The eruption was generally thrown out under the *alæ* of the nose, in some cases, not always the most severe, subsequently extending round the corners of the mouth, and giving the lower part of the face a swollen and sore appearance. Occasionally it appeared first at the corner of the mouth. It usually appeared on the third or fourth day of illness. *Otorrhœa.*—In a considerable proportion of the cases classed as severe and very severe there was earache, more or less intense, which was sometimes followed by a muco-purulent discharge from the ear, and subsequently by a lichenous eruption about the lobe of the ear, due to irritation. In none of the cases was complaint made of sore throat, but in many cases there was noted an inflammatory condition of the nasal passages accompanied by an acrid secretion. Dr. Urban Pritchard who had kindly examined one of the cases in which deafness followed otorrhœa thinks that the earache was due to extension of the inflammatory condition of the naso-pharyngeal passages along the eustachian tube, affecting the middle ear and leading in some cases to pus formation, the intense pain which occurred being suddenly relieved by rupture of the tympanum and escape of matter. *The duration of illness.—Occurrence of Pneumonia.*—The classification of illness by the terms slight, severe, and very severe, taken from the temperature charts is borne out by the duration of illness, which, speaking generally was short or long in proportion to the height of the pyrexia. Thus, excluding the severe fatal cases (six of which proved fatal within 24 hours of the onset) the temperature early exceeded 101°, in cases where the illness lasted only two or three days. In the cases which lasted four or five days the temperature ranged from 101° to 105°. The short attacks (two or three days) were in the proportion of 40 per cent. of the whole number, the attacks of four or five days' duration were in the proportion of 49 per cent. in the fatal cases in the proportion of 4.5 per cent., and in addition there were 10 cases of long illness which in proportion to the whole were 6.4 per cent. Of the long illnesses one was due to peritonitis, six were due to pneumonia, and in the remaining three no complication was recorded, though in these the lungs may have been affected; indeed, Dr. Bridges is of opinion that many of the short illnesses were accompanied by an abortive attack of pneumonia, and this view is borne out by the condition of the

lungs observed in the fatal case in which a post-mortem was made. In the cases where the symptoms of pneumonia were observed, the prolonged illness with pyrexia was accompanied by dulness of one or both bases, tubular breathing, quickened expirations, but no rusty expectoration. The average duration of illness in these prolonged cases was fifteen days, the limits being eleven and 26 days. *Post-mortem appearances.*—In only one of the six fatal cases was a post-mortem examination made. In this case Dr. Bridges noted distinct and marked congestion of the lower third of each lung, and patches of congestion in that part of the small intestine which alone was examined (the four or five feet next the *cæcum*), and also small patches of a similar kind in the gastric mucous membrane. Dr. Seaton then proceeded to discuss points in the etiology of the disease which it was impossible to consider apart from its clinical characters. He formulated then three questions:—Is the disease specific? Is it contagious? What is its incubation period? (1) As to its being specific, he thought there could be no doubt that it was so. Murchison in his classical work on the continued fevers of Great Britain, quotes Tweedie, who said that "all cases of febricula were mild cases of typhus, or relapsing fever, and did not think that a new nosological term should be introduced merely to accommodate such cases." But, adds Murchison, I am satisfied that short cases of fever, independent of any specific poison, are occasionally met with in this country. It is difficult to understand the meaning of this passage, and it would be interesting to know whether Murchison would have classed *ague* among the diseases independent of any specific poison. (2) As to the question of contagiousness, he desired to speak with caution, but the evidence, as far as it went, tended to show that it was not contagious. He explained the various reasons which led Dr. Bridges and himself to that conclusion. (3) As to the question of incubation period, he had been singularly unfortunate in his endeavours to obtain evidence on this point, though he had made careful inquiries among new arrivals and departures. There was as yet only one case which threw any light on the question. It was that of a boy who left the school for a week, and who was taken ill about twenty-four hours after his return. The entire absence of premonitory symptoms, and the suddenness of attack, made it probable that the period was short. He concluded the paper with some important facts as to age incidence, which he showed by means of a table of statistics. None of the adults, including masters, nurses, and attendants, about twenty in number, had been attacked, though if they had suffered equally with the rest of the school population, at least four would have succumbed to the disease. The table showed that the incidence was much heavier on the elder than the younger boys, that is, the boys over ten years of age suffered much more than the boys under ten. The incidence was heaviest of all on boys between thirteen and fourteen years old; forty-six boys out of eighty-three at this age, or fifty-five per cent., being attacked.

Dr. BRIDGES confirmed the accuracy of Dr. Seaton's clinical notes, and had but few facts to add to those communicated in the paper as to the symptoms, except that he himself attached greater importance than did Dr. Seaton to the pneumonia. In one case a post-mortem examination, made twelve hours after death, the illness having lasted only thirty hours, the lower parts of the lungs were found in a state of incipient congestion, and he (Dr. Bridges) was of opinion that this condition was a much more common accompaniment of the cases, than was indicated. In May last he noticed that many admissions for pneumonia took place in the infirmary of the school, and in June of catarrhal cases, so that he was inclined to associate some slight degree of lung congestion with the outbreak. Dr. Bridges described the school as a very unhygienic institution. The land attached was only six acres in extent, and the disposal of the large amount of sewage formed was always a difficulty, the earth closet system having to be adopted. This had been in use for twenty years, and as all the refuse had to be distributed over the small area of land available, at most one and a half acres, the ground was necessarily overcharged with faecal matter. Four years ago two or three cases of a similar nature to the recent outbreak occurred, and one death. Poisoning was suspected and ascribed to the unsanitary surroundings. An improvement in the

management then ensued, and the health of the school improved also, so that until the present epidemic but one suspicious case had been observed; this occurring last year, was attributed to sunstroke. The water supply of the school was very unwholesome and impure, and it was of course suggested that the epidemic was one of typhoid. Its characters, however, were quite unlike those presented by an outbreak of this disease, an instance of which had come under his (Dr. Bridges) observation at a place seven miles away from the school and very similarly surrounded. He attributed the affection to exhalations from the sewage sodden land, on which the older boys were put to work, and to which the younger ones would not be required to go, thus explaining the remarkable immunity enjoyed by the latter, as shown by Dr. Seaton. In this connection also the escape of the boys confined to the infirmary was significant. The disease occurred principally from the end of June to the middle of September, during which time only a fourth part of the normal rainfall had been recorded. This circumstance might have influenced the outbreak.

Dr. STEPHEN MACKENZIE communicated a letter from Dr. Stevenson, who was unable to attend the meeting, to the effect that he, the writer, had examined the contents of the stomach of the boy who died during the slight outbreak which took place at the school in 1879, and referred to by Dr. Bridges. He found no poison, and Mr. Bond, by whom the post-mortem was made, concluded that death was caused by asthenia due to sewer-gas.

Dr. O'CONNOR mentioned an outbreak of disease in a ladies school, caused by the vapours from a stagnant pool of sewage. Labial herpes was noticed in four cases.

Mr. R. W. PARKER regretted that no detailed post-mortem reports of the fatal cases were made, as it would have been interesting to know if anything constant had been found to agree with the clinical symptoms. He inquired if any improvement on the earth closet system had been made.

Dr. SEATON pointed out that he had communicated the result of one post-mortem made by Mr. Williams, in which marked congestion of the lower lung was observed, and also of four or five feet of small intestine. There was no evidence to show that any contaminated sewage had been distributed over the school land from which infection could have arisen.

#### LIVERPOOL MEDICAL INSTITUTION.

The Second Ordinary Meeting was held on OCTOBER 22ND.

Dr. GEE, President, in the chair.

Dr. IMLACH showed a

##### RENAL CYST WITH NUMEROUS CALCULI.

The patient had been ill for some time with an abdominal swelling and intermittent periods of complete suppression of urine. The swelling has been diagnosed as ovarian, but he concluded at once that it was a renal cyst of the right side. On passing in the needle of an inspirator the needle came into contact with calculi. The patient had such an attack of suppression shortly after admission into hospital, and died before any operation could be performed. He reasoned that if the second kidney were healthy and the ureter free there would have been no suppression; he therefore concluded that the second kidney was atrophied and the ureter occluded. On post-mortem examination the opinion formed was found to be correct, as the left kidney was atrophied, in addition to the cyst and calculi in the right kidney.

Dr. IMLACH also showed

1. A CASE OF EXTRA-UTERINE FOSTATION.—The pregnancy was in the left Fallopian tube, and there was evidence that the cyst had ruptured three weeks before the patient's admission into hospital. She was then too ill to admit of recovery. On abdominal section a bucketful of blood was found free in the abdominal cavity, along with a small foetus. The left Fallopian tube was removed, but the patient sank and died.

2. A UTERUS AND TUMOUR from a patient in whom a dermoid ovarian tumour prevented the birth of the child in labour. The cyst had ruptured some time before labour set in. The patient would allow no operative interference and sank.

Dr. MCFIE CAMPBELL congratulated Dr. Imlach on the accuracy of his diagnosis in the first case, and agreed that the danger of interference would have been great.

Mr. T. H. BICKERTON read notes of a case of

##### CATARACT EXTRACTION PERFORMED ON A LUNATIC.

J. T., *æt.* 71, first admitted into Rainhill Asylum in 1868, as a suicidal patient. Between 1868 and 1872 was twice discharged, and being re-admitted in 1872 for third time, has remained there ever since. Patient states that vision of right has been lost for twenty years. Twelve months ago vision of left entirely failed, and for last twelve months has been totally blind, and led about by another patient. Right eye operated on in June last, cocaine being used. Patient never winced during operation, and felt nothing. Owing to general impairment of nutrition in the insane, Graefe's incision was made, the wound being wholly in the sclerotic, and away from the non-vascular cornea. The cataract proved to be a fluid one, with a small, hard, flat, red nucleus; capsule was removed entire, by means of pair of iris forceps. After-treatment resolved itself into one of keeping patient quiet and keeping up his strength, for union was very protracted. On the sixth day, and again on twelfth day, owing to straining on patient's part, the wound was reopened, but eventually stimulation by port wine, stout, eggs, and bark brought about firm healing of the wound. Ultimate results highly satisfactory, his vision being perfect for near work and for distance, *vis.*, with +14D J 1, and with +10D he read every letter of  $\frac{2}{9}$ . Points of interest: 1. Its performance on a lunatic; 2. Occurrence of a fluid cataract in an old man of seventy-one; 3. Entire removal of the capsule; and 4. Normal vision.

Dr. BURTON related the particulars of a case of

##### MYOMA OF THE UTERUS,

in which the appendages were removed. The patient was a widow, *æt.* 33. She had been suffering for about two years, when she was first brought to him by Dr. Hugh Williams. She had suffered very much from hæmorrhage, was very anæmic, and was troubled with breathlessness and palpitation. She was admitted into the Hospital for Women, and on March 25th the appendages were removed. The tumour was then the size of a small cocco-nut, very red and soft. The patient made a rather tedious recovery. For several months the menses continued regular, and were very profuse, and the tumour increased rapidly in size, so that in July it reached nearly to the umbilicus, and probably weighed three or four pounds. Menstruation then ceased for ten weeks, and on examining the patient three weeks ago, the speaker was much surprised to find a great improvement. The patient had gained flesh and colour, and the tumour had diminished so much in size that it could only be felt on bi-manual examination, and probably did not weigh more than eight ounces. He was afraid there was an impression abroad that the diminution in size in tumours after removal of appendages was small, and corresponded to what would take place from drainage after removal. His principal object in bringing the case forward was to show that such an impression was erroneous, and that a real disappearance of myomatous tissue took place on removal of the uterine appendages.

Dr. IMLACH thought the case narrated was a fair illustration of what took place in myomata on removal of appendages. The menses continued for a time, then became irregular and finally ceased, with great diminution in the size of the tumour. He doubted whether the tumour ever entirely disappeared.

Mr. RUSHTON PARKER then read a paper entitled

##### REMARKS ON HERNIA BASED ON SEVENTY-FOUR OPERATIONS (WITH PATIENTS).

Eleven of these were cases of umbilical hernia: the difficulties met with had been extremely various, but the successful results singularly alike. No. 10 on his list was done for the relief of strangulation in June, 1879, was undertaken early; and attained its immediate object. A fecal fistula, however, remained, which was operated on at a late period, detaching the fistulous bowel and closing the aperture by catgut suture. The hernia returned, however, owing to an imperfect method of suture. In July, 1881, he operated on a case for radical cure, and employed for the first time in umbilical hernia his method of securing with a constricting ligature the innermost investment of peritoneum. This was his sixth case of the kind in other forms of hernia, and 22nd



on his list. Six weeks later the appearance of the scar assured him of the sound attainment of his object. The appearance was a deep umbilication of the scar, in every attitude of the patient, with actual drawing in of the side of the former protrusion. This patient was shown before the British Medical Association in 1883. His next case (No. 26) was one of irreducible intestine and omentum. He incised the sac all round at a point where the peritoneum could be got hold of when stripped and soundly tied it inside the margin of the abdominal opening. The patient made a good recovery. Through unwise and too early exertion on her part, the hernia returned, and was cured by a second operation. His fifth case was one of strangulated hernia. The patient was admitted moribund into the Infirmary. The prognosis was most grave, but he felt it his duty to operate. Several inches of gangrenous intestine were found at the herniotomy, due apparently to compression at the convexity of the loop in the tightly distended sac. The patient died in a few hours from continuance of the septicæmia. His sixth case was admitted strangulated, but underwent spontaneous reduction soon after admission. She was operated on for radical cure two days afterwards. The operation was successful and resulted in a sound umbilicated cicatrix. In the seventh case (67th herniotomy) the patient was admitted with strangulation of a large umbilical hernia, upon which operation had been performed two years before. The patient was pregnant, and suffering from bronchitis and albuminuria. Strangulation had lasted a few hours, and already a foot and a-half, or two feet of protruded intestine was dark purple in colour, though not apparently gangrenous. On recovery, which was slow, the cicatrix became depressed when the patient coughed. The eighth case (70th herniotomy) was one he had previously operated on for radical cure. The sac was as usual soundly tied with catgut, being laced through to prevent slipping. Healing took place by granulation, sublimated gauze being used as a packing. The patient was kept most urgently to bed during the process of healing. Six weeks after the operation all impulse had cleared. In the ninth case he had to do with a ventral hernia occurring in the scar of an ovariectomy incision. She had previously submitted to herniotomy a year and a-half before. The neck was enormously wide. By a combination of suture and ligature he pursued up the wide neck into a stump with a very constricted neck. After some delay a perfectly satisfactory recovery resulted. The tenth case was in a man, æt. 70, recently strangulated. Healing took place almost by first intention (patient shown). The eleventh was a large and more formidable example than any of them. She was recovering from the effects of a ten days' strangulation, and was not in a satisfactory state of health. After almost insuperable difficulty the operation was completed, but the patient died in two days of peritonitis. He now thought that a postponement of the operation until more complete recovery would have been better. This was his seventy-fourth and last herniotomy so far. The eleven umbilical herniotomies had yielded nine recoveries, though there were only seven persons, two having been operated on twice. One had still a hernia, not having been subjected to the ligature method. His femoral cases had been twenty-four in number, twenty of them strangulated, with the high death-rate of eight, half of them gangrenous. In these cases the hernia returned, but only one after ligature of the sac. The inguinal cases were thirty-nine in number, nine of which were strangulated, with two deaths. In one of the fatal cases the intestine was gangrenous, and in the other the sac was backed by colon, a complication that seems to be attended with great danger when the hernia was irreducible. Twenty-two were unstrangulated, with two deaths. One of these was a large irreducible scrotal hernia with colon behind, and forming part of the sac. Here gangrene of the testicle occurred, with death from pyæmia. The other fatal case was in an infant seven weeks old. The sac contained the whole of the small intestines, which escaped in the operation, and were only reduced with the greatest difficulty and much delay. He undertook the operation with reluctance, at the urgent request of the parents. The case had better have been left alone. Of thirty-five inguinal recoveries he only knew of five or six recurrences, two of which were operated on without ligature of the sac.

After some remarks by Drs. Barr and Logan, in reply to a question Mr. PARKER stated that all the cases were treated with Listerism, in hospital with the spray, and in private without. A drainage tube was used, and deep and super-

ficial ligatures, with gauze dressings. The neck of the sac was ligatured with catgut. In his later cases suppuration had taken place.

Dr. ALEXANDER thought the paper a valuable one, as it was based on so many cases. Every surgeon had modifications of his own. Most brought together the pillars of the ring. He admitted that ligature was all that was necessary in umbilical hernia, but in the other kinds it was not enough. Cicatrization brought together the recti muscles. He noted that most of Mr. Parker's cases, in which the cicatrix sunk on coughing, healed by granulation, and in the patient shown from Southport, in which the wound healed by first intention, the ligature came away some time after the operation, so that aseptic inflammation must have gone on for a considerable period. In the inguinal herniæ the recurrences had been high. When healing took place by granulation the ring would be closed, and the bowel could not come down. He now brought the pillars of the ring together in all cases. He thought a considerable amount of the catgut now used was bad, and he had given it up, and now used silk and silkworm gut, and had thus saved a considerable amount of suppuration.

After a few remarks by Dr. Campbell, Dr. Pughe, and Mr. Hamilton, Mr. PARKER, in reply, said he was convinced that drawing together the pillars of the ring was unnecessary, and he omitted it. He did not consider that those who practised it were immoral or deserved holding up to public opprobrium. He acknowledged that his death-rate had been high, but in his choice of cases he had not been actuated solely by a desire to show a low death-rate in his published cases, but to benefit all whom there was a reasonable expectation of benefiting.

REGISTERED FOR TRANSMISSION ABROAD.

## The Medical Press and Circular

Is published every Wednesday morning Price 5d. Post free 5d.

POST FREE TO ANNUAL SUBSCRIBERS . . . £1 2 0

" IF PAID IN ADVANCE . . . 1 1 0

Post-office Orders and Cheques to be drawn in favour of—

A. A. TINDALL, 20 King William Street, Strand, London, W. C.

A. H. JACOBS, 8 Molesworth Street, Dublin.

Agents for Scotland:—

MACLACHLAN & STEWART, South Bridge, Edinburgh.

A & W. STENHOUSE, Hillhead, Glasgow.

Sole Agent for the Continent:—

JOHN F. JONES, 31 Bis, Rue du Faubourg Montmartre, Paris.

ADVERTISEMENT SCALE—Whole Page, £5 0s. 0d. Half Page,

£2 10s. 0d.; Quarter Page, £1 15s. 0d.; One-eighth Page, 12s. 6d.

Small Announcements of Practices, Assistancies, Vacancies, Books, &c. of Seven lines or under, 4s. per insertion; 6d. per line beyond.

Considerable reductions are made from the foregoing Scale when orders are; even for a series of insertions. Letters in this department should be addressed to the Publishers.

SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIÈRE, Rue Hautefeuille, Paris—post free in advance, £1 3s. 6d. per annum.

SUBSCRIPTIONS FOR THE UNITED STATES are received in New York by Messrs. WILLMER & ROGERS; Philadelphia, by Dr. BRISTON: post free in advance, \$4 dollars (£1 3s. 6d.) per annum or direct from the Offices in this country for the same amount, if remitted by International Post-Office Order.

## The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 28, 1886.

THE COMING ANNUAL MEETING OF THE ROYAL COLLEGE OF SURGEONS, ENGLAND.

To-morrow (Thursday), at 3 p.m., has been fixed by the Council of the Royal College of Surgeons as the time at which they will meet the Fellows and Members of the



College for the purpose of presenting to them a report of the Council's proceedings during the twelve months extending from July, 1884, to July, 1885. There is not any suggestion in the report itself to the effect that discussion of its contents is invited, but we may assume that the meeting will be prepared, without any such specific invitation, to criticise any passages that call for comment; and in this, as in many other particulars, the importance of the occasion will be fully appreciated by those immediately interested.

Indications are not wanting to prove that the constituency of the College is fully alive to the fact that the present is the accepted time, and that the struggle long preparing between the powers that be and the combined champions of rights that have been long unjustly withheld from the general body of the College, is about to commence in earnest; and we cannot too urgently impress upon every individual Fellow and Member the essential importance of his supporting, in person, the speakers who will to-morrow advance the legitimate claims of the College constituency. To this end all should make an especial effort; and even though their doing so should involve not inconsiderable sacrifices, they ought to forego every other engagement that will prevent them from being in attendance at the meeting. For it must be fully understood, that according to the effect produced by the imminent demonstration, so may it be confidently predicted that the immediate action of the Council will be moulded; either in accordance with the expression of determination from those to whom they owe an account of their actions, or in defiance of warnings loudly and frequently expressed. If, that is, Fellows and Members of the College fail to convince the Council by their presence and their vote, of the invincible nature of the demands formulated in their behalf, the Council will delude itself into the belief that the reactionary impulse is weak and spiritless; and they will thus be encouraged to persevere in their expressed intention of ignoring the cry for reform. If, on the other hand, they are met face to face by a meeting determined to pronounce and to insist on terms which alone will prove acceptable, then we feel assured the triumph will be with those who have so long and patiently laboured to remove the disabilities under which Fellows and Members of the College have hitherto suffered. On these grounds we earnestly urge a full and punctual attendance of every Fellow and Member who can possibly arrange to be present.

Another point, too, arises on which a timely word of warning will not be out of place. The College Council have doubtless taken well into consideration the fact that they are confronted by two separate associations, one representing the Fellows and the other the Members, and that the programmes of these two associations are not identical in all respects; that, in fact, the junior body has made one or two demands which have not received the full approbation of the seniors in all details. It is not impossible that this source of disagreement may have suggested the likelihood of creating division in the meeting itself, from the existence of which substantial advantage may arise to the Council. Such a danger is of course possible, but we do not conceive that it will be permitted to menace the whole success of the reform

movement. We take this opportunity of warning the meeting of what may be expected in this connection; and, whatever course events may take, we venture to prophesy that at the meeting the two associations will loyally support one another in their demands. Such differences as do exist are, after all, of a minor character only, and will easily admit of being subsequently arranged by consultation between the two organisations. The most important question, that of the participation of Members in the election of the Council, has already been ceded in principle by the Association of Fellows; and there can be no difficulty in securing a complete adjustment of opinion on all other matters also, when once the struggle with the Council has concluded. It would, indeed, be pitiable if at this stage of the proceedings any question of rivalry between two bodies both striving for the same ultimate good, could be permitted to wreck the hopes common to both; and we trust that the warning to which we have here given utterance will be accepted, and will influence the actions of the several associations to-morrow.

Speculation on the outcome of the meeting would scarcely be profitable; but if we may accept as evidence the strong interest it is exciting generally as an indication, it would be quite justifiable to indulge in anticipations of the most encouraging description. Certain it is that it will be productive of a settlement of some kind or other, and if that settlement should assume the shape of a compromise with the Council of the College it would probably surprise but few. Any compromise, however, will of necessity have to be based on the most liberal concessions to the Fellows and Members; and if every demand they make is not acceded to, it will be satisfactory only if all the important points in the programmes put forward are granted. At least some members of the Council are opposed to a policy of obstruction; they are able to gauge the intensity of the feeling prevalent outside the sacred confines of the deliberative chamber of the College, and they would fain meet the plea for justice in a generous spirit of consent. They know full well the existence of the College as at present constituted is impossible for a much longer time, and cherishing its interests as a specific trust, they would seek to have the reforms that can no longer be postponed by senseless obstinacy within the Council effected by agreement rather than by revolution.

#### THE DOCTORATE FOR LONDON STUDENTS.

At last the long-disputed right of London medical students to the possession of a degree in medicine and surgery, as the reward of their labours is conceded; and on Thursday last the Council of the Royal College of Physicians of London was directed by an overwhelming majority at a meeting of the Fellows of the College to carry out the terms of the following resolution: "That it is desirable that persons examined by the Royal College of Physicians of London and the Royal College of Surgeons of England conjointly, and found duly qualified, should, in virtue of that examination, have a degree in medicine and surgery conferred upon them." This important and satisfactory ending to a movement

which has from the first commanded our sympathy is a matter on which metropolitan students are greatly to be congratulated; for it at once removes the disability under which they have so long laboured when compared with their fellows in many provincial and Irish and Scotch schools, to whom a degree is open after a much less trying and searching curriculum and examination than must be gone through by those who succeed at the English Conjoint Board. We must not, however, be too precipitate in expressing satisfaction, for the manner of carrying out the decision arrived at has yet to be found. That the difficulties in the way of its accomplishment will be overcome there can be but one opinion; and the way in which this can best be done is probably by at once creating the two Royal Metropolitan Colleges an University of Medicine and Surgery, and it is not unlikely that a suggestion to this effect may be placed before the meeting of Fellows and Members of the College of Surgeons to-morrow. We believe we are correct in stating that a charter of incorporation such as would be required for this purpose need not necessarily originate in Parliament, but that the Queen in Council may confer the required powers; and doubtless the most readily available course of procedure is the one which will be followed in this connection. Having finally determined that the long-contemplated step shall be taken, it would be at once injudicious and unjust to those who will benefit under the scheme to delay its speedy fulfilment.

The College of Physicians is to be congratulated on the wisdom it has shown in voting for *graduation* in preference to the employment of a mere courtesy title of Doctor. The latter solution of the problem commended itself, as we know, to certain Fellows of the College; and some would have gone so far as to at once decide in its favour, on the ground of difficulties in the way of accomplishing anything more definite in the way of a degree. Such timid and short-sighted counsels have, we are glad to say, not prevailed; and indeed, the only opposition to the scheme for full graduation came from a very few gentlemen, principally representing Scotch Universities, who seem to think their privileges are threatened by the movement. It is impossible to forget in this connection that once the new degree is given to London students a very large diminution of the annual entries at Scotch Universities will be witnessed, not a few English youths who would, as of old, have sought the usual M.B., M.Ch., of these Universities will prefer to undertake the extra labour and incur the extra expense attendant on the acquisition of a doctorate granted in their own country. Under the circumstances that the new arrangement will create the only inducements which Scotch Universities will be able to offer to students from the South will be some reduction of expense, and an easier examination standard; and we feel certain that the unrivalled clinical advantages of the metropolitan hospitals will more than outweigh these considerations in the minds of commencing students, when they have no longer to put against the sacrifice of education in London the acquisition of a legal right to use the title "Dr."

The noble devotion which Sir Andrew Clark has shown

to the interests of students and young practitioners throughout the controversy on this question deserves, as it will receive, the highest gratitude. On Thursday last his speech at the College of Physicians was a most eloquent defence of the claims of right and justice; and the manner in which he demolished the weak, and often pitiful, arguments of opponents of the scheme unquestionably exerted a powerful influence on the subsequent vote. It is right, however, to say that with few exceptions, the Fellows, as a body, have throughout been ready to admit the necessity of the movement which has reached the end of its first and most important stage successfully; opposition has arisen only from a few, and always on grounds which will not bear a very strict examination. It may, therefore, be fairly expected that the number of those from whom approval of the course adopted will come includes the bulk of all interested, and when such a conclusion attends a movement, whatever its nature, it deserves the title "popular."

#### LICENSED MIDWIVES.

LICENSED midwives and their proper position in relation to medical men and their patients, is a subject deserving of further consideration at the hands of the profession. Many practitioners would gladly welcome the services of well-qualified and thoroughly competent midwives as a means of avoiding the drudgery of wearisome and unnecessary work, which, under present conditions, they themselves are now compelled to undertake. Who does not grudge the hours spent in their patients' houses, wearily waiting for the completion of the first stage of labour, or the slow advancement of the second stage, before there is any possibility of the accoucheur's services being of any benefit. A long day's work has been gone through; the unfortunate doctor has retired to bed, and is in the sweet enjoyment of well-earned repose, when, sooner or later, the bell goes, and he is aroused from his slumbers. He receives an urgent message to attend Mrs. So-and-so, who, of course, is so bad that the messenger thinks the doctor will be scarcely able to reach the house soon enough to be in time for the event. Having hastily dressed, and feeling the ill effects of being disturbed in his sleep, he rushes off and arrives at the patient's house fondly hoping that there may be some truth in the messenger's tale. Upon entering the bedroom he may find his patient on the bed—or, more frequently, walking about. "Cutting pains" are pretty frequent, and fairly severe. Examining, he finds the passages moist and cool, the pelvis roomy, or more or less (often less), dilated, head presenting, and everything promising a fair and natural labour. As a result of his examination he makes up his mind that some hours must yet elapse before there is a chance of delivery. Some cool hands and clever tacticians manage, under these circumstances, to inspire their patients with the conviction that time must elapse, and that they can be of no present service, and so depart, to be sent for again later on. Others, however, are not so fortunate. Possibly they may have experienced many disappointments in their forecasts, labour having been completed on former occasions before they could again reach their

patients. Possibly their consciences are more tender, or their experience is less, and they determine to see the case through. They are, of course, regaled with previous experience of similar events, when the patient was taken ill and all was over before the medical man could reach the house. Having resolved to stay, wearied and fagged both in mind and body, they go down stairs and try to snatch some sleep—restless and disturbed at best—seated, in too many instances, in a not over comfortable chair. Hour after hour goes by, with occasional visits to the patient. If it is, as we have supposed, at night, the morning hours draw near, and possibly the last stage is reached—say at 5.30 a.m. By 6.30 the sleep-bereft and fagged doctor is on his way home too late to go to his bed, too early to start on his rounds. When the time does come to do so, he goes out not in the best mental and bodily condition to do full justice to himself or his patients. The same experience may be, and often is, repeated next night, and with those who have a very large poor-class connection, we have known such experiences to be repeated for several nights successively. Such night and day work must try even the strongest constitutions, and interfere considerably with the mental concentration and efficiency necessary in the general work of an active practice.

This is a fairly accurate picture of what at present goes on in connection with the attendance of medical men upon natural confinements. With some men there is a strong temptation to bring matters to a speedy conclusion, once the os is fully dilated, by the use of the forceps. Of course, in skilful hands the use of instruments is a perfectly safe proceeding, and rapid delivery husbands the patient's strength, and often induces a far more favourable convalescence than might be the case where there is strong labour, and a protracted second stage. To secure this result the operator must be a thoroughly competent and experienced man. In less skilful hands the element of danger enters in as a result of ill-directed and unnecessary force being used, and injury to the maternal parts being caused by bruising, &c., &c. The remedy for such a state of affairs is undoubtedly to be found in a greater command of thoroughly trained, experienced, and in every way competent midwives. In the event of the labour being natural, the medical man's services would only be required to supervise post-partum progress on the part of the patient, in favourable cases a few visits being alone necessary or desirable; in unfavourable cases the proper treatment could, of course, be taken up and carried through. Were the case an unnatural one, requiring interference, the midwife would know at once when to send, and the necessary measures could be adopted by the medical man without delay, and with but slight interruption to his rest. Some medical men are inclined to look upon this question solely from a monetary point of view. They value attendance at confinements as a source of income; were the profession polled, however, we question whether these form a majority. We feel quite satisfied that in holding such an opinion they are shortsighted as regards their own well-being. The danger they fear as to loss of income might be minimised. In the first place, the midwives might be forbidden to take charge

of any case upon her own responsibility as a condition attached to her license. Breach of this condition to be followed by forfeiture of the license and its privileges. The doctor should pay the midwife 7s. a case, the balance of the fee to cover his own two or three subsequent visits, and any ordinary assistance he might be called upon to give. These conditions would go far to protect alike the interests of the medical man, the midwife, and the patient. Members of the profession would escape a vast amount of unnecessary fatigue, and would gain a corresponding amount of most beneficial brain-rest, and conserved energies useful to themselves, and to their circle of patients.

Lastly, we are satisfied, that if such an arrangement were in force, parturient women would in no sense be sufferers, but rather the gainers. The subject is one of great interest and importance, and we trust these remarks may call some attention to it, and that the opinions of the profession generally may be expressed upon it. Not wishing further to extend our remarks, we leave untouched other phases of inconvenience caused to medical men by their being held in attendance upon natural labours, but we have no doubt they will readily present themselves to the minds of our readers.

## Notes on Current Topics.

### The Prevalence of Hydrophobia.

WITHIN the last few weeks a very large number of inquests have been held at which the verdicts returned have shown the deaths to have been due to hydrophobia; and occurring thus with such unusual and disconcerting frequency these fatalities have excited not a little consternation in the public mind. That some at least of the deaths thus returned do not strictly deserve the character impressed upon them by the decision of a jury must be admitted, but after allowing for the reductions necessitated on this ground, it still remains that a very considerable number of people have recently died as the result of being bitten by dogs. This raises an important question concerning the general safety of the community, for it indicates that there is in our midst a common and an urgent danger, which threatens all alike, and for the removal of which all alike should be willing to make some sacrifice. Unfortunately, the time has not yet arrived when absolute safety can be assured to the victim of a rabid dog's attack, inasmuch as the terribly short-sighted policy of sentiment and ignorance has deferred the experiments necessary to place protective measures on a sure foundation of success. Pasteur, however, who has not been hampered in this direction, has practically solved the problem; and by-and-by we here also may hope to reap the benefits of his wonderful discoveries in the matter of inoculation against rabies. Meanwhile, however, some preventive measures are necessary to check the growing ravages of hydrophobia in this country; and as it is now pretty well proved that the dogs which, as a rule, exhibit symptoms of rabies are the uncared-for, homeless wanderers, of which so many exist in large towns, the remedy is apparently at hand. The plan adopted in New Zealand, where hydrophobia is

unknown, is at once simple and efficient, and deserves to be exactly imitated in England, where, if adopted, we undertake to say that deaths from hydrophobia would become as rare as they are now, unfortunately, frequent. The method adopted by our Colonial brethren is to require every one owning, and paying the legal tax of ownership on a dog, to place round the animal's neck a collar on which shall be inscribed the name and address of the proprietor. Every dog found at large without such a collar is at once captured and destroyed, and the result is in every way eminently satisfactory to the community adopting so sensible an arrangement. Can we not imitate it?

#### What is Fever?

THE opening meeting of the new session of the Medical Society of London took place on Monday, the 19th inst., when the President, Dr. W. M. Ord, delivered a short inaugural address, the importance of which is likely to be very widely appreciated. After referring to the losses sustained by the Society through death, Dr. Ord devoted his remarks to a consideration of the question, "What is Fever?" and the observations which fell from him in this connection are at once philosophical and suggestive in the highest degree. As will be seen from the address printed in another part of our present issue, the theory of fever advanced by Dr. Ord is not in accordance with the one usually accepted as an explanation of pyrexial phenomena; nor do we think that, in the light thrown upon clinical experiences by the suggestions contained in the address, reflecting physicians will be inclined henceforth to accept the make shift hypothesis which has so long done duty for scientific doctrine. Indeed, Dr. Broadbent's description of Dr. Ord's explanation as one of those flashes of insight which suddenly lights up a dark subject, though possibly sounding extravagant, is not really asserting more than is deserved; and there can be little question that a new and more remunerative direction will be given, by the publication of the theory, to bedside and laboratory researches into the processes of fever. The idea is simply, that in pyrexial states heat normally used in the functional labour of the body is suddenly wasted without return, is dissipated on the surrounding atmosphere, for the reason that the normal processes in effecting which it should be expended are no longer performed; and by its simplicity it cannot fail to attract, while the questions that lie behind and around it are thereby rendered the easier to understand, and the readier of solution.

#### The Bacillus of Tuberculosis.

DR. KOCH's further investigations of the bacillus of tuberculosis lead him to regard it as a true parasite, in contrast with other pathogenic bacteria, and he is induced to believe it has no genetic connection with any other form of bacterium. So far, too, it goes through its whole course of development within the body. The separate individuals of the bacillus are very long narrow rods with no segmentation of any kind, but often with slight angles and curvings, and a tendency to spiral twisting, by which they are distinguished from bacilli somewhat resembling them in form, as those of the septicæmia of mice. They

occur within the cells of the tubercular nodules, only in small numbers in the cheesy substance. The formation of spores is frequent, and when these are about to be formed, the bacillus does not immediately break up into separate segments, but from two to six ovate spores are formed in each. The destructive bacillus is found in the sputum and in bodies after death, and it retains its vitality for a long period.

The culture of the bacillus is most successfully carried out on the solidified serum of the blood of oxen at a temperature of 37° C., and the best mode of staining is by the aniline stain employed as directed by Ehrlich and Rindfleisch.

#### The House of Industry Hospitals, Dublin.

DR. JOSEPH F. O'CARROLL, B.M., M.Ch., Harcourt Street, Demonstrator of Anatomy, Catholic University, has been elected Assistant Physician in the above institution, in the room of Dr. Nugent, who was last week promoted to the Physiciancy vacated by the death of Dr. MacDowel. It is stated that seven of the eight members present voted for the election of Dr. O'Carroll from a number of candidates.

#### The Belgian Investigations on Cholera.

THE Belgian Government has all along manifested considerable interest in the prevention and spread of cholera, and, with the view of obtaining every information on the question, in the first place sent a commissioner, Dr. E. Van Ermengem, to Egypt to prosecute inquiries into the origin and cause of cholera. A short time since he presented his report to the Minister of the Interior. It has now been printed off and distributed, and an extremely valuable and exhaustive report it is. The appearances of the microbe under high powers of the microscope add greatly to the interest of the subject; suffice it to say that the report entirely bears out Koch's views and assertions. Subsequently Dr. Van Ermengem was sent to Spain to make every possible inquiry into the anti-choleraic inoculation experiments of Dr. Ferran. After having bestowed some weeks upon the matter, and clinically followed out a number of cases, he was forced to the conclusion that no reliance could be placed upon inoculation, and that the cultivation process adopted by Dr. Ferran was not such as to inspire confidence in the hoped-for successful results. A further report on this part of the inquiry has been presented to the Minister of the Interior, and an abstract of it appears in the current number of the Proceedings of the Belgian Microscopical Society.

#### Ether Drinking in the North of Ireland.

THE Diocesan Synod of Armagh has adopted the following resolution:—"That the Temperance Committee be requested to endeavour to obtain legislation which will prevent the unrestricted traffic in ether, and other noxious drugs, prevalent in certain parts of the diocese." The awakening of the Synod to the prevalence of ether drinking in its diocese is rather tardy, considering that the whole subject was elucidated in our columns (and on more than one occasion since) by Mr. H. N. Draper,

F.C.S., of Dublin. The district in which the vice is most prevalent is Draperstown, and we are informed that one large drug house in Dublin sends there £1,000 worth of ether annually.

#### A Victim on the Altar of Duty.

ANOTHER of those distressing accidents to which medical men are liable in the exercise of their profession has recently happened to one of our most popular and distinguished gynaecologists at a well-known London hospital. While conducting, some time since, the examination at the hospital of a female patient who was then under the influence of syphilis, this gentleman unfortunately scratched his finger on one of those pins which constitute the outworks, so to speak, of many women, and notwithstanding that the usual precautions were taken, by washing in Condy's fluid, the result of this trifling injury was the formation of an indurated sore on the index finger, followed in the fulness of time by the usual sequelæ. Under these circumstances the gentleman has, of course, had to relinquish, temporarily at any rate, his practice, both hospital and private.

The risks incidental to our profession, and especially to this branch of it, cannot be too strongly insisted upon, and devotion here certainly calls for the same sympathy and recognition as elsewhere; indeed, many men would infinitely prefer running the risk of contracting diphtheria rather than syphilis. If, then, the Albert Medal is very worthily bestowed by Her Majesty upon those medical men who risk diphtheria in the exercise of their profession, how well has it been merited by those who not only incurred the risk of infection, but actually caught this indescribably more loathsome disease!

It is a matter for surprise and congratulation that these accidents are not more frequently met with than they are, considering the multiple exposures that occur to all men busily engaged in practice or hospital work; indeed, were not this exemption the rule, the occupation of what an American poet calls "that gentle-fingered genius, the Gynaecologist," would long since have lost whatever charm it may possess for those who practise the art.

#### Royal College of Surgeons in Ireland.

THE Council, on Thursday last, proceeded to elect an Examiner in Anatomy, in room of Dr. MacDowel, deceased. Six candidates offered themselves—Mr. John Barton, sometime Anatomical Demonstrator in the Dublin University School; Messrs. Nixon and Robinson, Lecturers on Anatomy in the Ledwich School; Mr. Coppinger, of the Catholic University School; Mr. Kilgariff, of the Mater Misericordiæ Hospital; and Dr. Gogarty. Mr. Barton was elected. The Council afterwards elected as Examiners in Dentistry, Messrs. O'Grady, Croly, Arthur Baker, Sherlock, Hazleton, and Daniel Corbett, jun. Professor Stack has retired from the Court.

At the Preliminary Examination held by the College on last Wednesday, 86 candidates offered themselves, of whom 29 were rejected. A considerable number of the candidates, though passed in all other subjects, were re-mitted for further examination in the "elementary

mechanics" subject recently introduced by the General Medical Council.

#### University College, Liverpool.

At a meeting of the Senate of the above College, held on Wednesday last, it was unanimously resolved to convert the lectureship on materia medica into a professorship. Dr. Carter therefore, the present lecturer on the subject, becomes Professor of Materia Medica, with a seat in the Senate. We regret to hear of his indisposition, which has confined him to the house for the last ten days, and hope it may speedily pass away.

#### Victoria University Intermediate M.B.

THE first intermediate M.B. examination for the Victoria University, held in Liverpool, took place the week before last. Liverpool sent in eight men, and Manchester three. Of the Liverpool men six passed, and one from the Manchester contingent. Liverpool, therefore, scores this time.

#### "Touting" for Books.

A DELICATELY-WORDED circular signed by the President of the Birmingham Medical Institute has been issued during the last few days to various authors, in divers parts of the Kingdom, with the intimation that the Council of the Institute regret to observe that no work or pamphlet by such author is on their library shelves, and further intimating that the illustrious body issuing the circular will be glad to *accept* such works or pamphlets *as gifts*; if the authors prefer, carriage prepaid, by Parcels Post, or the Institute will even undertake the cost of carriage! But, seriously, does Mr. Sampson Gamgee, whose name is on the circular, consider what he is doing by making such an appeal? He is simply by his act telling the authors appealed to that he does not, and his Council does not, think the works asked for worth the money they sell at; for as Birmingham men have the credit of being shrewd men of business it will be at once taken for granted that, had this or that book been considered of sufficient value, they would have been procured and paid for as they came out. We would counsel Mr. Sampson Gamgee, as the only way of wiping out the insult to the authors addressed, to send round another circular apologising for the last, and informing the authors whose feelings he has wounded that he is at least fully aware of the great value of their works, and has given orders for their immediate purchase.

THE Cork Board of Guardians have resolved to admit medical students to visit and receive clinical instruction in the Cork workhouse hospitals.

WE learn with much regret that the improvement in the state of Mr. Joliffe Tufnell, of Dublin, which we reported last week, has not been maintained. On inquiry we are informed that there are no alarming symptoms, and he is making as favourable progress as was to be expected, but is nevertheless very seriously ill.

**An Observation Fever Ward for Edinburgh.**

For some time past great inconvenience has been experienced in the Royal Infirmary of Edinburgh, owing to the want of suitably isolated accommodation for the reception of doubtful febrile cases. Not a little friction has resulted from this and petty disturbances have threatened to arise, which otherwise would have been avoided. With a view of overcoming this difficulty, the managers have now arranged for the erection of a special observation ward. Plans have been submitted to them by Mr. Sydney Smith, architect, which promise to adequately meet the want. It is proposed to place the building on a site between the medical and surgical departments. The structure is to be of brick, plastered inside with cement. Accommodation will be afforded for four small wards, two male and two female, arranged altogether to contain twelve beds. In the central part of the building, between the male and the female department, is the nurse's sitting-room and bed-room. Behind the building is a passage, in part merely a free covered way, in part walled in. At the back of this passage is a small wing with kitchen, bath-room, and an extra room, available for an additional nurse. The whole building is to be supported, clear of the ground, by brick piers, so as to admit the free passage of air below. Ventilation is arranged for by means of four æolus water spray extract ventilators, and the heating will be by steam pipes. The undertaking involves an outlay of about £1,000. It is proposed that all doubtful cases should be sent to this department for observation, before finally being drafted off either to the general medical wards or to the city fever hospital. This will largely obviate the possibility, which at present certainly exists, of non-infectious patients finding themselves transferred to the fever hospital while, as indicated before, it overcomes much of the difficulty that has arisen through possibly infectious cases having been sent to the general wards.

**Bavaria Beer.**

THE Pope has desired the Chapter of Franciscan Monks to suppress the numerous breweries belonging to the order in Bavaria; so there will be no more of the famous "Franziskaner Brau," which is so highly esteemed by all beer-drinkers in Germany.

**Transplantation of a Rabbit's Eye.**

DR. CHIBRET executed recently a very interesting operation, as we learn from the *Allg. Med. Centr. Zeit.* He took the eye of a rabbit and transplanted it to one of his patients whose eyeball had been extirpated on account of the pressure of a foreign body, which had given rise to sympathetic iritis. The operation is said to have been very successful. [No doubt of it.—Ed.]

**Novel Telephones.**

THE following ingenious device is resorted to by a convict in the Eastern Penitentiary at Philadelphia, condemned, for bad behaviour, to undergo a season of solitary confinement. By placing the pan in which he receives his food upon the steam-pipe, and talking into it, the prisoner can be heard very distinctly the full

length of the entire block, although he speaks in an ordinary tone. This is by far the best means of communication, and is of very recent origin. Another method is a system of telegraphy, with which the Morse alphabet was used. A piece of wood or iron served as a key. By striking the steam-pipes which ran through the cells, the sound was transmitted along the entire block.

**A Physician convicted of Murder.**

THE trial of Dr. John D. Pitts, of Virginia, America, for the murder of Dr. Littleton T. Walter, over a year ago, was concluded recently, and the case was given to the jury. The jury have rendered a verdict of five years in the penitentiary. The case attracted great interest throughout Eastern Virginia and Maryland, owing to the prominence of the prisoner's family and the extraordinary efforts made by prosecution and defence. This was the second trial, the first resulting in a sentence of eighteen years in the penitentiary.

THE vacant Professorship of Ophthalmic Surgery in the University of Warsaw has been conferred upon Dr. Wolfring, extraordinary professor.

At a meeting of the Royal College of Surgeons of Edinburgh, last week, Dr. Douglas Argyll Robertson, F.R.C.S.E., Surgeon-Oculist to the Queen for Scotland, was appointed President in room of Dr. John Smith, Edinburgh.

**Literature.****HYDATIDS. (a)**

THIS book can have only a limited interest for many of our readers, inasmuch as it takes no cognisance, from a clinical point of view, of the disease they—the hydatids, with which it deals—cause in the economy, or its treatment, and it is otherwise concerned with matters that do not come within the purview of the ordinary practitioner. It explains, however, well and exhaustively, the genesis and development of the cysts and worms to which man is liable in common with his congeners the dog, sheep, monkey, &c., and may, so far be regarded as a good substitute for the rarer or costlier works of Cobbold, Küchenmeister, von Siebold, and others of that ilk. It exhausts in short the literature of the subject, it contains numerous tables or lists of statistics from various countries, including our own, and the illustrations—several of which are original—with which its pages abound reflect the very greatest credit on all those who had to do with the drawing or engraving of them.

Nor is the book devoid of other or more practical information, and to show the gravity of the situation with which our Antipodean brethren are occasionally confronted, we need only mention on Dr. Morris's authority that "during the fourteen years from 1868 to 1881 inclusive, 500 persons were known to have died of this hydatid disease in the province of Victoria alone, and that over 1,000 cases were recorded in the returns forwarded to me from the various hospitals of that colony. In my opinion it would (he continues) be quite reasonable to estimate that during the last twenty years from 2,500 to 3,000 persons at least, have suffered from hydatid disease in this one colony." He ascribes its greater prevalence in the south-eastern district of this colony to the swampy character of the country, and it may be noted, *en passant*, that "bogs and swamps abound also in Iceland," especially so "in the lower-lying country

(a) "Hydatid Disease with Special Reference to its Prevalence in Australia." By John David Morris, M.D., &c. London: H. K. Lewis. 1884.



where the farms are most numerous." We will see further on that hydatids may almost regard this country as their home.

Though such an occurrence as the swallowing of an entire proglottis is improbable, yet it is not at all unlikely that the terminal proglottis—one-eighth of an inch long—of a minute tænia may be swallowed any day by any one of us with the water we drink or with the vegetables wherewith we prepare our salads. When this happens, when in brief, this almost indistinguishable mite enters our stomach "no blood-containing organ or tissue is sacred from its invasion. The liver, the lungs, the brain, the heart, nay, the very marrow of the bones are liable to harbour this pest," and the manner in which it finds, or rather bores, its way into the blood-current, and through that into the liver—its favourite site or seat—the lungs, the brain, &c., is well described and beautifully illustrated at p. 37-8 of this volume. This process implies such an amount of ingenuity and perseverance in these creatures as would appear all but incredible did not frequent autopsies prove the contrary, but these details do not admit of being even summarised here, and the book itself is happily within the reach of all.

Dr. Morris deals in the fourth part of his book with the geographical distribution of echinococcus disease, and he shows in this that it exists, with more or less frequency, in all places where man and his faithful friend, the dog, are found together. The disease is fortunately rare in this country, not producing, perhaps, more than one death in every 10,000 of those that occur in any one decade. It is also rare on the continent as well as in America, and the writer of these lines can testify that it is all but unknown in India. But, as if to make amends for its infrequency in those countries, it abounds to such an extent in Iceland that every third adult person is said to have hydatids in a district called Skuptar-Syssel in that island, and it is nearly as prevalent in certain parts of South Australia. The habitual use of bog, swamp, and other infected water, the habit of allowing the dogs to cleanse the plates by licking them, and the use of raw vegetables as salads, are said to be the cause of this abnormal prevalence in the former; and the dog alone is regarded as, for all practical purposes, the source of its diffusion in the latter.

One would think that when the cause of this destructive pest was so clearly ascertained and so very accessible there would be an end to the matter, and that all the dogs would be knocked on the head. But no, the Iceland peasant will not part with his pet, while the numerous dog Acts that have been passed in Australia are either evaded or not enforced, and so the mischief continues unchecked in both countries. Fortunately for all concerned these very fragile, though withal very tenacious, creatures are very apt to undergo spontaneous rupture or decay within the body, and be expelled through the intestinal or bronchial tracts like other irritants. When, however, their contents are extravasated into any enclosed space, such as the pleural sac or the peritoneal cavity, the death of the parasite will be usually followed by that of its host. The creature may also die *sua sponte* while still enclosed in the body of its living owner, and when this occurs its death may follow immediately on its birth, while its cradle may become its shroud, thus realising the anticipation of the poet, *Nascentes morimur finisque ab origine perocedat*.

For the rest the book is well written and carefully arranged. We have already spoken favourably of its illustrations, and it only remains for us to say that it contains some interesting feeding experiments upon the breeding, &c., of these parasites, and some valuable hints for their prevention, diminution, or destruction. But for these and the other numerous details or description for which we cannot possibly find room, we must refer to the book itself, and, meanwhile, our readers may pluck such comfort as they can from the assurance of our author that "the mere fact of boiling or otherwise cooking meat ensures the destruction not only of echinococcus cysts, but also of cysticerous (measles), coenurus, trichina," *et hoc genus omne*.

#### THE FOUNDATION OF DEATH. (a)

THE author of "The Foundation of Death," is an enthusiastic unbeliever in alcohol, and is convinced that it is

(a) "The Foundation of Death: a Study of the Drink Question." By Axel Gustafson. London: Kegan Paul, Trench, & Co.

chargeable with ill effects on every occasion that it is employed. Ordinarily, a work constructed on such an hypothesis would be worthy of slight attention at the hands of the medical reader, since the writers of books of this description are, as a rule, careful only to frame their indictment of drink in the most forcible terms, without any attempt to analyse the value of their own statements. It is only right, therefore, to say that Mr. Gustafson's laborious compilation differs *in toto* from the frothy productions of too many of the anti-alcoholic writers whose publications meet us at every corner. Our author has taken upon himself a most onerous task, and has discharged it in a manner that is eminently creditable alike to his industry and his ingenuity, notwithstanding that the whole contents of his treatise is warped by the evident prejudice to his conception of which the initiation of the work must be attributed.

We are informed in the preface that the work was commenced in April, 1883, and was completed within the twelve months following. During this time Mr. Gustafson had not only to write the pages of the book, but also to inform himself on the question he essayed to discuss. "At the outset of this study," he says, "I entertained, besides a great deal of general ignorance on the subject and a mass of erroneous notions, the idea that there probably existed a safe dietetic dose of alcohol." As the result of his inquiries he now formulates the proposition that such a theory is impossible, and though we do not for a moment accept the deduction, even after a careful study of all the arguments advanced to support it, we cannot fail to admire the wonderful display of energy exhibited by our author in the discharge of the herculean task voluntarily imposed on himself. This task involved the examination of "three thousand works, dealing more or less directly with the alcohol question," a labour of itself sufficient to occupy most of the twelve months given to the fulfilment of the complete performance; and it is not an unkind criticism, perhaps, to urge that some confusion, traces of which are apparent in the work, must have thus been created in the mind of the author. An instance in point is to be found on page 39, where we are informed, "It is now known that all fermentation is the work of so-called micro-organisms." On page 90, however, it is suggested that "some of those hydrolytic (hidden) ferments, whose office and functions so puzzle the physiologist," may have a part in producing the result following from chronic alcoholism. Now with a little more time at his disposal Mr. Gustafson might easily have learned that it is not the office and (*sic*) function of the ferments in question which puzzle physiologists, but rather the exact nature both of the active agent, and its mode of action.

In the two sections of the work dealing with the physiological results of alcohol and its therapeutics the question of its virtue as a stimulant is considered at length, and with a skill which must command attention. The conclusions, however, do not coincide with clinical experience, for Mr. Gustafson will not admit that alcohol can ever be a stimulant, and in this again he demonstrates the dangers into which an inexperienced observer is likely to be led from a study of merely written records. Whoever has seen the instant effects of an ounce of brandy given to a patient dying of inanition, will demand much more impressive teaching than can be found in an array of quotations for and against the injurious *permanent* effects of alcohol on *tissue change*, as contrasted with *stimulation*, to deter him from giving that fillip to the circulation which is invariably consequent on the administration of the remedy in such cases.

It is possible to doubt the value of the lengthy discussion of the therapeutics of alcohol in a work designedly intended for general use, and especially since the author has nothing to add in the way of personal testimony, but can only criticise from a layman's point of view the conclusions of others. It must not be thought, however, that such remarks as Mr. Gustafson makes are anything other than thoroughly sensible; we would even go so far as to say that they are instructive up to a certain point, and that physicians will gain rather than lose by devoting to them a share of their attention; but we feel equally sure that they will persuade no therapist to resign a practice from which he has hitherto found benefit follow to his patient. The Temperance Hospital of London naturally comes in to illustrate the principle advocated in this part of the book, but as at this institution the employment of alcohol in those cases where it is absolutely demanded is resorted to, it cannot be said to

stand on any other ground than a majority of so-called general hospitals. Mr. Gustafson is possibly not aware that many physicians do not think of ordering stimulants for hospital patients unless circumstances arise to make them urgently necessary. His contention of course is that such circumstances never arise: we, on the other hand, guided by a considerable practical experience of disease, know that they do, and that in many such cases alcoholic stimulation gives the best results.

In connection with the drink question, medical men of to-day hold entirely different views to those entertained by physicians of a former generation; as much, indeed, as is the case with the use of many other resources of medicine. And it is a gratuitous insult to cultivated members of the profession to hold up before them the pictures descriptive of errors committed by those who had not the benefit of teaching based on the discoveries of modern science. Practitioners of to-day know that indulgence in alcohol as a constant habit deserves the reprobation it receives, and none can now be found to prescribe such indulgence as part and parcel of treatment. But that they do and will continue to advise its employment in cases and under circumstances which their judgment assures them can be treated by its aid, may be accepted as an axiom; though at the same time we do not hesitate to admit that, compared with the past, the number of such cases is vastly smaller in the present.

When we come to consider with Mr. Gustafson the social results of intoxication, and "what can be done" to amend the national trouble arising out of it, we can follow him with the utmost agreement; nor can he be said to exaggerate any one of the evils that swell into terrible proportions under his gifted pen. This section of the work indeed shows the evidence of a master mind, and we would urge everyone interested in the solution of the great problem to study the overwhelming indications it puts forward.

#### IRISH MEDICAL SCHOOLS' AND GRADUATES' ASSOCIATION.

A GENERAL meeting of the above Association, which now numbers nearly 300 members, was held on Saturday, 24th inst., at 49 Berners Street, London, the President, Dr. Macnaughton Jones, F.R.C.S.I., in the chair. There was a very large attendance of members. On the motion of Sir Thomas Crawford, K.C.B., the rules drawn up at the annual meeting last July were finally adopted as the new constitution of the Association. A committee was appointed to support in the name of the Association any movement to secure the registration of the Membership of the K.Q.C.P. and the degree of M.A.O. of the Royal University.

The October dinner took place the same evening at the Holborn Restaurant. Fifty-three members and their guests sat down. The chair was occupied by the President, Dr. Macnaughton Jones, who was supported by Sir John Watt Reid, K.C.B. (Director-General Naval Medical Department), Professor Aitken, M.D., F.R.S. (Army Medical School, Netley), Sir W. Guyer Hunter, K.C.M.G., Mr. Josiah Messer, and other guests of the Association. Among the members present were Sir William MacCormac (Vice-President), Sir Thomas Crawford, K.C.B., Deputy Inspector-General E. T. Mortimer, R.N., Deputy Surgeon-General Nicholas Ffolliott, Deputy Inspector-General W. H. Lloyd, R.N., Brigade Surgeon W. Alexander, Dr. James Thompson (Hon. Treasurer), Dr. James Stewart (Hon. Secretary), &c. The usual loyal toasts having been duly honoured, and that of the public services, Professor Aitken proposed the toast of the evening, "Success to the Irish Medical Schools' and Graduates' Association." The chairman, in responding, alluded to the new and more comprehensive title which had been given to the Association, and said that, though an Irish University—as some present knew too well—might disappear beneath the magic wand of a Prime Minister, no Minister or Government could obliterate the historic traditions of the Irish medical schools, nor could the profession readily forget such names as Corrigan, Stokes, Graves, Crampton, and others—names which were not only an honour to the Irish school, but to the profession at large. He then referred to the great increase that had taken place in their numbers, and announced that in future the Association would not, so to speak, be tacked on to the tail of the British Medical Association, but their annual meeting would be held on the day dear to all Irishmen—St.

Patrick's Day. The toast of "The Press" and others followed, the proceedings being enlivened by several songs, and the gathering was rendered most enjoyable by the urbanity and attention of the honorary officers.

### Correspondence.

#### THE HARVEIAN ORATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I read with great pleasure Dr. Quain's eloquent address at the Royal College of Physicians in your last issue. Dr. Quain is a learned and experienced physician, and is acquainted with all the medical doctrines and methods of past times which he tersely, and more or less correctly, describes in his oration. But if what he says respecting homoeopathy conveys accurately his knowledge of that system, I must say that he is not so well acquainted with the medical doctrines, or at least with a medical doctrine, of the present time. He says: "Homoeopathy, which teaches that symptoms constitute the disease, and are to be treated by remedial agents which produce like symptoms, but the potency of which is increased in proportion to their dilution." In attempting to be epigrammatic Dr. Quain has missed being accurate. Homoeopathy does not teach that symptoms constitute the disease. It teaches that diseases record themselves by symptoms, that all the symptoms, objective and subjective, which we can observe in the patient, make up together the picture of the disease, and are the features, as it were, whereby we recognise the disease. It would be nearer the truth to say that allopathy, or orthodox medicine, teaches that the symptoms constitute the disease, or even that one symptom constitutes the disease, as the high temperature in fever; for does not Dr. Quain's boasted treatment by antipyretics imply that the single symptom of heightened temperature constitutes the disease, and is alone to be regarded in treatment?

Dr. Quain is right in saying that homoeopathy teaches that diseases "are to be treated by remedial agents which produce like symptoms;" he should have added "in the healthy." The medicine to be homoeopathic to the disease should be capable of producing in the healthy an *ensemble* of symptoms corresponding to the morbid picture offered by the symptoms of the disease to be treated. This is very different from the treatment of one symptom, such as increased temperature, sleeplessness or pain, so much in vogue in the orthodox school, with its antipyretics, hypnotics, anaesthetics, and analgesics, to which, along with anti-septics, Dr. Quain triumphantly points in proof of the progress of therapeutics. He seems to claim for scientific medicine the credit of staying the rinderpest, but as that was only effected by the slaughter of every animal that was imported or had been exposed to infection, at a cost to the country of upwards of £3,000,000, it can hardly be regarded as a triumph of therapeutics, and is a mode of treatment hardly applicable to human beings.

Homoeopathy does not teach "that the potency of remedies is increased in proportion to their dilution." Homoeopathy gives its remedies in small doses because experience teaches that, when the remedy is homoeopathic to the disease, its curative action is best developed when the dose is not large enough to cause collateral pathogenetic effects. The partisans of the orthodox school, when they prescribe medicines homoeopathically, have found by experience that they must give them in much smaller doses than the ordinary official ones. Thus Ringer recommends minute doses of ipecacuanha in vomiting, of cantharides in acute Bright's disease, of corrosive sublimate in dysentery, and so on.

That the health of the population has increased and the mortality has diminished during the last forty years, is an undoubted and satisfactory fact, but this improvement cannot be attributed to any appreciable progress of orthodox therapeutics; it is chiefly due to improved sanitation, and partly also to the abandonment by the profession generally of faulty and pernicious methods, such as bleeding, mercurial salivation, drastic purgatives, and other "heroic" methods, which were in full swing when Hahnemann wrote, and for denouncing which he was prosecuted and abused by the dominant school, which has since by its cessation from these practices, tacitly admitted that Hahnemann was right in inveighing against them.

Dr. Quain concludes with a prophecy of the great future that awaits the medical art. Similar prophecies have been frequently made in almost all ages, but more frequently than during the last score or so of years, but hitherto they have never been accomplished. Medicine, like men, "never is, but always to be blest." It is about time that medicine should cease to pose as the Johanna Southcote of the sciences, boasting that it is pregnant with some saviour of sick humanity, which somehow never gets born.

I am, &c.,

58 Montagu Square, W.,  
Oct. 23rd.

R. E. DUDGEON, M.D.

#### NEW NAMES FOR OLD DISEASES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

"Denique sit quidvis simplex dum taxat, et unum."—  
HOR., *ARS POET.*

SIR,—Having been much impressed by a perusal of the summaries of some of the introductory that appeared in your pages on a recent occasion, and especially so with that portion of these that discussed the relationship that exists between the dead languages and our modern professional terminology, I wish to say a few words on the subject, and to point out as briefly as I can that, if one of these is to be retained the other must either give way or be so modified as to comport with the exigencies of our most exaggerated pupillary curriculum. I quite agree with Prof. Schafer in thinking that they, the dead languages, must be studied somehow as long as we retain our present scientific (!) nomenclature. I also think with Mr. Hutchinson that "our text-books teem with words which are derived from the Greek and Latin languages, and of these the meanings are most difficult of memory to anyone not previously possessing a good vocabulary in these languages," and this, being admittedly so, what, I would ask, is the remedy, or where is all this nosological multiplication to end? Are we to bury the former decently out of sight, as Mr. Hutchinson advises, or discard the latter altogether, and tell the devisers—I will not call them discoverers—of new names for old diseases, that we have had quite enough of their concoctions and manipulations?

When I worked a parish in this city many years ago for a local practitioner, I found that whenever I returned my pauper-patient's ailments in English, 'twas ten to one that they got the extras I recommended for them; when however, I employed Latin names, and the longer these were the better, these extras were as regularly granted, and this experience suggested to me at once a means of evading, on the one hand, the clamorous importunities of the more selfish or unworthy members of my constituency, and of securing without fail, on the other, for a poor countrywomen of mine, or other deserving sick person, such allowances as I considered them justly entitled to. I accordingly used, under the former contingency, or in this connection, whenever I fairly could, such phrases as *hernia-humoralis*, *insomnia*, *laryngismus stridulus*, *morbus valvularum cordis*, *rhinorrhœa*, &c., &c., as the symptoms indicated or required, and the extras were forthwith allowed. Per contra, when the plain words "headache," "gum-boil," "indigestion," "ephe-meral fever," or even "the windy spasms" were employed, they only elicited a smile or a sneer from the workhouse-clerk of the day, and instead of being received as I expected on my visit, with "nods and becks and wreathed smiles" by the recipients of these favours, I was all but shown the door. It was, indeed, actually slammed in my face in one or more instances, and this too, although I had really complied with their wishes in the matter. 'Twas vain for me to point out, what was the truth, that their names were, as they requested, "on the books." "Oh! yes, Sir," they would say, "we know that, but then you only put us down for a headache or a toothache, a taste of the gripes, or a touch of the wind, and they laughed at us for asking for extras for them trifles."

Some carping biographer has said of the famous Marshal Saxe that he wrote illegibly because he spelled badly. Sir W. Napier has, I think, attributed a similar weakness to the great Frederick, and the still greater Napoleon, and exaggerations and mystery have ever been the cloaks under which quacks and gipsies concealed their ignorance or proclaimed their powers. They were the weapons with which Paracelsus and Cagliostro gained access to princes and power, they

were also the weapons with which Mr. Holloway and St. John Long fought their way to fortune, and they are now the media through which the "Professors" of Mesmerism and table turning live, move, and get their notoriety. Carleton tells us of a loafer who effected miraculous cures in Ireland by shaking his hand in the air in the shape of a cross and muttering, at the same time, the words "Orus, doxus, glorioxus." Scott tells a similar tale in his "Bride of Lammermoor" of an old woman who performed so many cures by means of a doggel couplet—

"My loaf is my lass; my penny's my purse;  
Thou art ne'er the better, and I'm ne'er the worse."

That she was suspected of witchcraft, and we know that some similar exhibitions are not altogether unknown, even in these enlightened days, in rural districts in this country. They have at least the merit of being "understood of the people," which is more than can be said of some of the device or designations contemplated within, and the man—the professional man who resorts to such expedients for the purpose of showing off his superiority or cloaking his ignorance, is no better than he ought to be. He imitates, in the one instance, the nauseous buffoonery or pretentiousness of a Dogberry or a Dr. O'Toole, and excels, in the other, the more offensive assumption or pedantry of a Master Halofernes or a Dr. Pangloss. He is, in either case, unworthy of further notice at our hands in this place.

Can it be, I wonder, that our "young bloods," who are, I notice, so fond of inflicting these grand phrases on us, are doing so, like the knaves or impostors mentioned above, for the purpose of mystifying their votaries or of increasing their own importance in non-professional eyes. They are, perhaps, influenced by the consideration so beautifully expressed by our national poet—

"You forget how superior for mortals below  
Is the fiction they dream to the truth that they know."

It looks like it. Coining is, however, now as it has ever been, a dangerous game, and honesty is in this, as in other walks, the best policy. I certainly will not accept this explanation of the matter, and I refuse point-blank to believe, even by way of conjecture, the insulting imputations here referred to. I rather think the luxury of the old ways or impelled by that insatiable love of novelty which is pervading every order in the State, they are casting about for new weapons against their old foes, disease and death, and I further believe that a good deal of this wild stirring after effect is due to the distrust that is inspired in presence of these potent factors, by our now generally accepted failure in their treatment or encounter of drugs. However that may be, the thing is clearly growing upon us year by year, and month by month, and he who will take up and try to master, as I have done, your reports of societies for the next four or more months, will clearly see this. He will also, I trust, see that those useful compilers, the Messrs. Liddell and Scott, are much to blame for this outbreak of outlandish titles, and he will probably think it as well to put them by, for the present at any rate.

Let us now apply these considerations to the issue in hand and see how far these assumptions or premises are justified by the facts. I have looked, with this view, over several late numbers of your journal, as well as over a similar number of your contemporaries' issues, and I must at once confess that you are, *me judice*, as much to blame in this matter as they are. What do we find in these? Let me just enumerate a "baker's dozen" or so of these and see what they look like. Here they are, as large as life; would they were only half so handsome:—

Actinomycesis	Hydrosalpinx
Analgesia!	Hypodermoclysis
Aphasia	Hysterectomy
Aphemia	Hæmoglobinuria
Azoturia	Lithopalaxy
Cephalæia	Laparo-elytrotomy
Cephalalgia	Nephrectomy
Cephalotripsy	Nephrotomy
Cholocystotomy	Olegæmia
Coloboma	Oðphorectomy
Dacryocystitis	Osteomalacia
Dystocleia	Paresis
Dyspareunia	Pylorctomy
Enteroclysis	Pyosalpinx
Gastroctomy	Sapraemic Fever
Gastrostomy	Scotoma

Hæmatosalpinx  
Hæmatodrosis  
Hemialbumose  
Hemianæsthesia  
Hermogenetic

Serre-naeud  
Spondylotisthesis  
Strumipriva  
Xeroderma  
&c., &c., &c.

These are all obviously derived from the Greek, and such of them as end in algia, tripsy, and otomy are as clearly traceable to the words algos (pain), tero (I rend), temno (I cut), &c., but where do we get entero, clysis, hemialbumose, laparo-elytrotomy, oöphorectomy, and spondylotisthesis, &c.? Echo answers where? I can find no sufficient or satisfying response to its sounding interrogatory in my copy of Liddell and Scott. Possibly the gentlemen who invented these fine phrases had "that blessed word Mesopotamia" in his weather-eye at the time, or he, perhaps, believed with Swift that—

"When letters are in vulgar shape  
'Tis ten to one the wit escapes,  
But when in capitals express'd  
The dullest reader smokes the jest."

And he wished, in either contingency, to go down as a discoverer to his admiring descendants. But "facilis est descensus Averni," and I for one pity the poor student who has to carry in one small head, in addition to his sternomastoids, musculo-spirals, &c., &c., such meaningless, if not absolutely barbarous phrases as hypodermoclysis, hemialbumose, and above all, laparo-elytrotomy, evidently are.

But I ask in all seriousness if the difficulty can be disposed of in this way. It stares us sternly in the face, and I do not, just now, see how it can be minimised, much less scotched outright, except we give up one or other of those otomies or ologies that are only heard of in the lecture theatre or at the examiner's table, but nowhere else, and set up a chair of comparative philology instead. We should remember, with Mr. Hutchinson, that "the capacity of the human mind, varying much in individuals, is yet limited in all. *It is not so much defective power of comprehension as of retention.* We can easily understand a hundred things for one that we can clearly and permanently remember," and agree with Carlyle that "it is greatly wise to recognise the impossible, the unusually difficult when it presents itself." We must, in short, either enlarge our acquaintance with Greek, or give up the terminology that is founded on it. There is no middle course, and to retain a nomenclature of whose etymology we are ignorant seems to me to savour of a solecism, if not of something much worse. It suggests an appearance of learning the substance of which we do not possess, and implies a knowledge of detail or diagnosis which is, at present anyhow, beyond our reach, and "there is nothing," as Mr. Lever once truly said, "assists barbarism like a dialect adapted to its wants."

I am, &c.,  
WM. CURRAN.

Auriol Road, West Kensington, W.,  
October 26th, 1885.

## Medical News.

**Royal College of Surgeons, Edinburgh.**—At the annual meeting of this College, held on 21st inst., the following office-bearers were elected for the ensuing year:—President: Douglas Argyll Robertson, M.D. Vice-President: John Smith, M.D., LL.D. President's Council: James Donaldson Gillespie, M.D.; Henry Duncan Littlejohn, M.D.; Patrick Heron Watson, M.D., LL.D.; Francis Brodie Imlach; Thos. Annandale; John Duncan, M.D.; *ex off.*, John Smith, M.D., LL.D.; Joseph Bell. Secretary and Treasurer: Joseph Bell. Librarian: Archibald Dickson, M.D. Examiners: James D. Gillespie, M.D.; Henry D. Littlejohn, M.D.; Patrick H. Watson, M.D., LL.D.; David Wilson, M.D.; John Smith, M.D., LL.D.; Joseph Bell; John Duncan, M.D.; Robert J. Blair Cunyngame, M.D.; Alexander G. Miller; Peter H. MacLaren, M.D.; Johnson Symington, M.B.; Francis Cadell; James Dunsmure, jun., M.D.; William Craig, M.D.; Charles E. Underhill. Dental Examiners: Patrick H. Watson, M.D., LL.D.; Henry D. Littlejohn, M.D.; David Wilson, M.D.; John Smith, M.D., LL.D.; Andrew Wilson, L.D.S.; George W. Watson, L.D.S. Assessors to Examiners: William Brown; Archibald Inglis, M.D.; James Dunsmure, M.D.; Francis

Brodie Imlach. Conservator of Museum: Robert J. Blair Cunyngame, M.D. Clerk: James Robertson Solicitor. Officer: Colin Mackenzie. Assistant to Conservator: George Reid.

**The Academy of Medicine in Ireland.**—The third annual general meeting of the Academy of Medicine in Ireland will be held in the King and Queen's College of Physicians, on Friday next, Oct. 30th, at half-past four o'clock, when reports from the General Council and the General Treasurer will be submitted, and the election of the President and other officers will take place. Only those Fellows who have paid their subscriptions for the current session are entitled to vote. The General Council propose that the following should be elected Honorary Fellows of the Academy:—Sir William Jenner, Bart., F.R.S., London; Professor Ludwig, Leipzig; Professor Emmett, New York; Mr. J. Simon, C.B., London; Mr. Jonathan Hutchinson, F.R.S., London; Prof. Von Recklinghausen. Dr. R. McDonnell is to move "That the system of admission of visitors by ticket be abolished, and that in future Fellows and Members be permitted to introduce two visitors each without payment." Dr. Quinlan is to move "That Medical Officers of Her Majesty's Army, employed on active service in any part of the United Kingdom, be permitted to become Temporary Fellows of this Academy, on payment of the annual subscription of £2 2s., and without entrance fee. That such Fellows when ordered on foreign service be permitted to become corresponding Fellows, during their period of foreign service, on payment of an annual subscription of one guinea. Further, that both these classes of Fellow shall receive the usual annual copy of the Transactions of this Academy." The General Council report the continued success of the Academy, which now enters upon the fourth year of its existence. The Fellows, Members, and Student Associates, number 211, 35, and 24 respectively, as compared with 208, 27, and 24 in 1883-4. With the close of this year the Academy loses the services of Dr. Banks, the President, whose term of office terminates. At a special general meeting held on the 17th January, 1885, the Council submitted the names of ten members of the profession whom they recommended for the Honorary Fellowship. These were all elected. The number to be admitted to this distinction is limited to twenty-five; and the Council now beg to nominate six well-known scientific workers whom they also recommend to the Academy for this honour. The treasurer's account shows a satisfactory balance to the credit of the Academy, and the Council having regard to its prosperous condition, have thought it right not to seek any repetition of the grants made by the Colleges of Physicians and Surgeons. The Council submit the following recommendations for the consideration of the Fellows: Passed by the Pathological Council:—"That in order to meet the necessary requirements of the Academy, one first-class microscope and six smaller ones be procured at a probable expense of £100." Passed by Council of Obstetrical Section:—"That at the meetings of the Obstetrical Section recent specimens may be exhibited, and the President may invite discussion thereon, provided that such exhibition of specimens or discussion, if any, thereon, must terminate at 9 o'clock p.m., but that, if necessary, they may be resumed after the papers for the evening have been read and discussed."

**The Mortality of Foreign Cities.**—The annual death-rates per 1,000 in the principal foreign cities, according to the last weekly returns communicated to the Registrar-General, are as follow:—Bombay 26, Madras 36, Paris 18, Geneva 21, Brussels 17, Amsterdam 18, Rotterdam 19, The Hague 18, Copenhagen 16, Stockholm 20, Christiania 17, St. Petersburg 24, Berlin 20, Hamburg 20, Dresden 18, Breslau 25, Munich 24, Vienna 20, Prague 25, Buda-Pesth 19, Trieste 33, Turin 19, Venice 21, New York 25, Brooklyn 19, Philadelphia 18, and Baltimore 17.

**University College, London.**—The following awards have been made:—Medical Entrance Exhibitions: £100, Mr. T. L. Pennell; £60, Mr. S. B. Mitra; £40, Mr. J. J. Macnamara. Andrews Entrance Prizes of £20 each for Science: Mr. C. F. T. Blyth. For English and other languages: Mr. Arthur Vaughan. Gilchrist Entrance Engineering Scholarship (£35 for two years) Mr. R. J. Durley. The number of new students who have entered for the full medical course at this College this session is 67, besides 69 for the preliminary scientific.

## Notices to Correspondents.

### LUNACY LEGISLATION.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Absence from home on the Continent has prevented my seeing the notice in your journal of the "Psychological Section of the British Medical Association at Cardiff," contained in your issue of August 26th. In it the following passage occurs under "Lunacy Legislation":—"Dr. Hack Tuke read a clever paper on this subject, but treated of it in a manner described by the President as happily irrelevant." Will you allow me to say that the President's observation (which, by-the-by, was "delightfully irrelevant") was made, good-humouredly, in regard to another paper read on the same day, and is consequently not altogether relevant to mine.

I am, Sir, yours, &c.,  
 Lyndon Lodge, Hanwell, W., D. HACK TUKE.  
 Oct. 24, 1885.

MR. OTTO HENNER.—The question will be examined, and a reply given in our next.

MR. RAYNOR.—We do not propose to make any special mention of the proposal, which, so far as we understand at present, is tentative only, and depends on the fulfilment of conditions not likely to be complied with. It is impossible to ascertain the exact state of affairs.

### SANITARY SALARIES.

"JACK GREEN" submits the following case for our instructions:—(1) The dispensary committee of a certain district agree to elect a medical officer at a salary of £100 and £25 as medical officer of health, exclusive of vaccination, &c. (2) A notice to that effect appears in several newspapers. (3) The medical officer is appointed at the above salary, but at the end of the first quarter he is forwarded £50. When he informs the clerk of the union of a balance of £1 5s. for the quarter, he is told that the sealed order of the Local Government Board only allows £30 as sanitary officer. The medical officer was not aware of this at the time of election, and had not been informed of it till the end of the first quarter. Will you kindly advise me the best course to adopt?

[The salary fixed by the guardians is, under the Act of Parliament, subject to the sanction of the Local Government Board, and therefore, even in strict law, an officer could not recover any sum but that which the Local Government Board had approved. That Board, being hostile to public health organisation, and being anxious to save itself responsibility by nullifying the Public Health Act as far as it could, made an order immediately on the passing of the Act that the sanitary salary of the medical officer should never exceed one-fourth of his dispensary salary. Thus, by reducing his pay to a minimum, they made sure that the officer should do as little sanitary work as possible, and they have maintained that rule and acted upon it in the present instance, and our correspondent must submit and accept the lower sum. It is hardly necessary for us to point out that this rule of the Local Government Board is as stupid as it is arbitrary, for the sanitary work of a district bears a relation to the dispensary work exactly the reverse of that which the Board imagined. In a mountainous, thinly-populated district the dispensary work is comparatively light, and the salary proportionately small, but the sanitary work, owing to the distances travelled, very heavy; nevertheless, it is paid for on the same scale as the dispensary. In populous towns, on the other hand, the dispensary salaries are good, and the sanitary salaries good, while there is hardly any travelling to be done.—Ed.]

A. L. M.—Any ordinary complete anatomical text-book will meet the requirements you specify; and perhaps the one most likely to please will be Mr. Heath's "Practical Anatomy." Dr. Mearns' "Schematic Anatomy" will also be of great service if used as an additional aid to the study.

DR. LITTLE.—We hope to have space at our disposal for your paper in a week or two.

### PERIPATETIC DOCTORS.

"NELOCORUS" asks our opinion on the following case:—A Dublin surgeon usually comes to a health resort near here—presumably for his health—and practises his profession for a period of two months or so during the season, thereby increasing his income considerably, and depriving the resident practitioners of a large portion of their resources. I may add that he uses his sleeping apartment in the hotel as a consulting room. Is it in accord with medical etiquette for a hospital surgeon to act thus? Do you consider it an attempt at an advertisement for this gentleman to send a portrait of himself, much too large for an album, to the owner of the hotel—the portrait taken in consulting attitude, watch in hand?

[This sort of travelling doctoring is shabby to the last degree, and we suspect the practitioner alluded to would not like to let it be known in Dublin, but it has been done before. Some years ago a London eye doctor was wont to make a regular trade journey—like a bagman's round—every summer to the South of Ireland to pick up what he could get, but he stopped the practice when the "Medical Press" advertised his doings.—Ed.]

DR. F. EDWARDS.—Sir Andrew Clark's address on Catheter Fever was delivered before the Medical Society of London, not the Clinical Society, and was fully reported at the time. It may be quite possible that your theory affords a full explanation of the facts you state, but we have not any special means of confirming the statement.

MR. PARRY.—There is not any rule to prevent your attendance; but

at the same time it is a fair subject of consideration how far your presence is likely to complicate matters already more than sufficiently mixed and intricate. We cannot help advising you not to carry out the intention you express.

MR. FURNIVAL.—Such a work as the one you describe was published two or three years ago, but it fell almost stillborn from the press. True, it was pre-eminently ill-written, and had scarcely a redeeming point in its favour, so that its failure need not of necessity deter a competent writer from again attempting the task of producing a useful book.

ANGERS.—Your state of mind is admirably reflected in your letter, from the contents of which we find it impossible to glean any information respecting your intentions or wishes. If you will let us know plainly and briefly what the complaints are we will do our best to remove their causes.

MR. ARTHUR.—Central sarcoma of the jaw in children is quite a well-recognised affection. The age you give is well within the limits of its occurrence, and the signs and symptoms amply justify the diagnosis on which you venture. Excision is alone to be thought of under such circumstances.

## Meetings of the Societies.

WEDNESDAY, OCTOBER 28TH.

UNIVERSITY COLLEGE MEDICAL SOCIETY.—At 7 p.m., Dr. J. E. Squire, With the Field Force at Suakin.

HUNTERIAN SOCIETY.—At 8 p.m., Mr. Clement Lucas, On Inversion with Inflation in the Cure of Intussusception, with a successful case.—Dr. Stowers will exhibit a Case of Rare Disease of Nails, and one of Erythematous Lupus.—Mr. Cotman will exhibit Cases of "Dead" Fingers.

BRITISH GYNÆCOLOGICAL SOCIETY.—At 8.30 p.m., Specimens will be shown.—Dr. Heywood Smith and Mr. Lawson Tait, Hernia of Ovary.—Dr. Imlach, Treatment of Prolapsed Ovaries by Oophorraphy.

MONDAY, NOVEMBER 2ND.

ROYAL INSTITUTION.—At 5 p.m., General Monthly Meeting.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—At 8 p.m., Mr. J. H. Balkwill, On a Method of Mounting Porcelain Crowns on Pulpless Molar Stumps.—Mr. W. Hern, On a Method of Treatment of Pulpless Teeth.—Casual Communications by Messrs. S. J. Hutchinson, C. W. Dunn, Storor Bennett, A. S. Underwood.—Exhibition of Ward's Non-Thermal Lamp.

THURSDAY, NOVEMBER 5TH.

WILLAN SOCIETY OF LONDON.—At 8 p.m., President's Address.—Dr. Harries, Cases of Lupus under Treatment of Para-iodides.—Mr. Starlin, A Case of Diffuse Scleroderma.

## Vacancies.

Eastern Counties' Asylum for Idiots, Colchester.—Resident Medical Attendant. Salary, £100 per annum, with furnished apartments, &c. Applications to the Secretary not later than November 7.

Jaffray Suburban Branch of the General Hospital, Gravelly Hill, near Birmingham.—Resident Medical Officer. Salary, £150 per annum, with board, &c. Applications, with testimonials, to the House Governor on or before November 2.

National Hospital for the Paralyzed and Epileptic, Queen Square, Bloomsbury.—House Physician. Applications, with testimonials, on or before November 6.

## Appointments.

BRADSHAW, T. R., B.A., M.D. Univ. Dub., M.R.C.S., House Physician to the Liverpool Northern Hospital.

BROWNE, E. A., Lecturer on Ophthalmology in University College, Liverpool.

COLMEE, P. S. Y., M.D. Durh., L.R.C.P. Ed., reappointed Medical Officer and Public Vaccinator to the Second District of the Yeovil Union.

DAYMAN, B., L.R.C.P. Lond., M.R.C.S., Medical Officer for the Third District of the South Stoneham Union.

RUSSELL, J. H., M.R.C.S., Medical Officer for the Cheshunt District of the Edmonton Union.

SYMONS, M. J., M.D., M.S. Ed., Honorary Ophthalmic Surgeon to the Adelaide Hospital, Dublin.

## Births.

BURN.—October 22, at Richmond, Surrey, the wife of Stacey S. Burn, M.B. Oxon., of a son.

CADMAN.—October 25, at Breadsall, Derbyshire, the wife of A. W. Cadman, M.R.C.S., prematurely, of a son.

## Marriages.

DOBBYN—CONWAY-HUGHES.—October 22, at St. Jude's, Southsea, John Stephen Dobbyn, M.D., Fleet-Surgeon R.N., R.M.S. Rupert, to Irene Marie, youngest daughter of the Rev. J. W. Conway-Hughes, M.A., late Consular Chaplain at Corfu.

MALCOLM—MASON.—October 21, at the Cathedral, Edinburgh, William Aberdeen Malcolm, M.B., C.M. Lond., to Helen Agnes, eldest daughter of Samuel L. Mason, St. Helen's, West Coates, Edinburgh.

## Deaths.

CUMMING.—October 16, at Richmond Barracks, Dublin, Robt. Frederick Cumming, Surgeon, Scots Guards, aged 80.

LILLY.—October 13, at Norland Square, Notting Hill, W., Hubert Walter Lilly, Surgeon, aged 45.

SYLVESTER.—October 23, Anne Isabella, daughter of C. J. Sylvester, M.D., Upper Norwood.

# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 4, 1885.

CONTENTS.		PAGE	PAGE
<b>ORIGINAL COMMUNICATIONS.</b>		<b>SANITARY DEPARTMENT.</b>	Dublin Hospital Sunday .....
Leprosy: its Causes, its Course, and its Treatment. By Jonathan Hutchinson, F.R.C.S., F.R.S., Emeritus Professor of Clinical Surgery at the London Hospital; Consulting Surgeon to the London Hospital and to the Royal London Ophthalmic Hospital .....	415	The Etiology and Spread of Diphtheria ..	425
Cholera and Epidemics Hypothetically viewed in Relation to Pangenesis, Evolution, and Continuity. By William H. Pearse, M.D. Edin. Senior Physician Plymouth Public Dispensary; late of the Government Emigration Service ..	417	<b>LEADING ARTICLES.</b>	<b>SCOTLAND.</b>
Hernia. By E. J. Pye-Smith, F.R.C.S. Surgeon to the Sheffield Public Hospital and Dispensary; President of the Sheffield Medico-Chirurgical Society .....	420	A PROMISING OUTLOOK.....	EDINBURGH—
<b>CLINICAL RECORDS.</b>		THE PRIVILEGES OF BRITISH PRACTITIONERS IN THE COLONIES .....	The Royal Infirmary: Fresh Appointments .....
Hôpital Français à Londres. - Obscure Case of Chronic Renal Disease. Under Dr. Vintras. By Alfred S. Gubb, L.R.C.P., M.R.C.S., Resident Medical Officer ..	423	<b>NOTES ON CURRENT TOPICS.</b>	Royal Hospital for Sick Children .....
<b>TRANSACTIONS OF SOCIETIES.</b>		The M.R.C.P. London .....	The Royal Maternity and Simpson Memorial Hospital .....
SHEFFIELD MEDICO-CHIRURGICAL SOCIETY—		The College of Physicians on the Qui Vive ..	The University: Opening of the Winter Session.....
Hernia.....	425	A Hospital for Women .....	Literary Notes and Gossip.....
		The International Congress of 1887 .....	Royal College of Physicians of London ..
		Laparotomy for Ileus .....	The New Jervis Street Hospital .....
		Pilocarpine in Toothache .....	Academy of Medicine in Ireland .....
		A New Haemostatic .....	<b>MEDICAL NEWS.</b>
		Cure of Hydrophobia by Inoculation ..	Royal College of Physicians of London ..
		Meath Hospital, Dublin .....	Royal College of Surgeons of England....
		Poison in Flour .....	University of Glasgow.....
		Acquittal of a Medical Man.....	Royal College of Physicians and Surgeons, Edinburgh .....
		Cocaine in Microscopy .....	Royal College of Surgeons, Edinburgh and Faculty of Physicians and Surgeons of Glasgow .....
		A Scientific Definition of Gout .....	NOTIONS TO CORRESPONDENTS.....
		Licences to Practise Medicine in Japan ..	
		The Medical Defence Union .....	
		The Dublin Hospitals Inquiry .....	
		What is Culpable Homicide? .....	
		Honorary (?) Degrees at the Royal University of Ireland .....	
		The Copyright of Lectures .....	
		The New Preliminary Examination Rules ..	

## A Course of Clinical Lectures

Delivered in June, 1885, at the London Hospital.

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

Emeritus Professor of Clinical Surgery at the London Hospital; Consulting Surgeon to the London Hospital and to the Royal London Ophthalmic Hospital.

### LECTURE IV.

#### LEPROSY: ITS CAUSES, ITS COURSE, AND ITS TREATMENT.

GENTLEMEN,—I have an excellent opportunity of showing you a case of true leprosy to-day, but I will with your permission begin by showing you the contents of my portfolio. Here, for instance, are the drawings of leprosy patients; you will observe that the face is brown and discoloured, and that there is a good deal of thickening in the folds which are arranged according to the usual folds on the forehead; there are also some tumours of small size scattered about in different parts of the face. Then you will see in the patient's eyes that both corneæ are opaque, and there is a condition of dusky redness of the whole of the conjunctivæ with the development of little tubercles around the eye. Then look at this leg, it is copied from a patient in the London Hospital, a sea-captain, who went to Barbadoes, and who subsequently became the subject of this remarkable disease. You will notice the dusky erythematous patches have formed folds, and that there are no tubercles, but a dusky diffused erythema, and in certain places this has disappeared and left white patches, and if you stick a pin into one of these white patches which have undergone retrograde changes, he will not feel it, he is to a certain extent anaesthetic. Here is another case, repeating the leprosy erythema rather differently arranged, but it pretty nearly covers the back, that is taken from a patient at Christiansa. Then here is the drawing of the arm of a boy whom I will show to you. In 1881 this boy who is of English parents, and whom we shall see

directly, had lived during the early part of his life in Calcutta, until six or seven years of age, and then he came to England, and at that time it was not known that he was ill, but now we know that at that time he had some brown spots on his feet, that he had wasting of the muscles between his thumb and his fingers, which is characteristic of paralysis of the ulnar nerve, and he gradually became anaesthetic in his little finger on both sides, and in the ring finger on the ulnar side, and ultimately over the whole area supplied by the ulnar nerve; for that paralysis he was taken to various physicians for his "nerve" disease. Finally, he became dusky, and it was decided to was taken to a specialist, when he was brought to me. I saw at once what we had to deal with. In this case, therefore, I have added another picture of leprosy, viz., that it is possible for a nerve trunk to suffer, and for a patient to become anaesthetic, quite irrespective of any damage to the skin itself, and that will very fitly introduce some further diagrams where dissections have been made. You will see that several nerve trunks are very much enlarged; here is an engraving showing that the erythema may occur in patches looking almost like psoriasis, with a white centre. Here is an interesting case showing the wasting of the muscles consequent on the nerve affection, the nerve trunk being destroyed, you will see that the muscles supplied by it are very much wasted; here one leg is very much thinner than the other. You might not be able to recognise this case from these very slight dusky patches alone.

I now bring before you a gentleman from South Africa, living in the mountains, there he was brought up, born of English father and Dutch mother, so that there is no native blood in him at all, and whilst living there in comfort and abundance, he is attacked by this disease. Now what I particularly wish to show you in connection with him is, that it is met with in such different localities. He has had it about two years. A very common place for it to begin is the eyebrows, and the falling off of the eyebrows is often the earliest sign, but the erythema may begin anywhere, sometimes on the feet, but more



generally on the face; although due to an internal cause, external causes may have something to do with its appearances. Now our patient was sent first to salt water baths, and there the erythema appeared very much more. You will notice that his face is not merely rosy, but it is discoloured and thickened. Then look at the rash, it looks not unlike a syphilide, it is copper-coloured, and it is useful to learn to distinguish between them. Now I should know it was not a syphilide because in the middle of some of these patches he has scarcely any sensation. On his leg there is a large area where he cannot feel, and still other patches on the soles of his feet. Now on his neck you will see that the parts which have been exposed to the sun are much more affected than the parts which were sheltered by his clothes. Part of the time he was in a hydropathic hospital, and was *packed*, and this is why the eruption has appeared so much more on the abdomen.

Our next patient is a boy whose portrait I showed you as he was four years ago, and we shall now be able to see how much the malady has progressed. You know it is customary to divide the disease into the anæsthetic form and the tubercular form, and I will say at once that in my opinion no distinction is to be drawn between these two forms, and that the disease is always the same in all countries, and that they always resemble each other, though different symptoms may predominate. If it is to be called an anæsthetic case, then the growth of inflammatory tissues has taken place in the nerve trunks. If it takes place in a nerve trunk, then it will cause anæsthesia of a patch of skin which itself shows no physical change; whereas, if the inflammation takes place in the skin itself, then it will generally get the term tubercular, although properly speaking this term is not applicable, because the thickening may be general. In the case of this boy, however, you will see that there are many distinct tubercles on his face, but some few years ago these were not present. So, then, I will try to simplify the matter as far as I can by saying that leprosy no matter where or in whom it occurs, is one and the same disease.

I would ask you further to believe that the changes in the skin in leprosy are due to changes in the end nerve organs of the skin, for skin which has once passed through the stage although it may have recovered to a certain extent, never does so completely. Then we get certain peculiar cases where beginning in erythema of a limb it travels up certain groups of muscles, and in these cases it generally travels from below upwards. I have seen a patient who having had the erythematous affection of his hands, all the muscles of his arm afterwards became affected.

To come back to our boy, you will notice that he has lost his eyebrows and now is abundantly covered with tubercles although a few years ago he had none. I could easily demonstrate the condition of anæsthesia, but I think you may take my word for it now. He has the general anæsthesia of leprosy almost all over him, but the absolute anæsthesia resulting from implication of the nerve trunks only in the region supplied by the ulnar nerve. Before I dismiss him please look at his eyes—you will see that his corneæ are somewhat opaque, they have been much worse, but they have been getting better under the use of the yellow oxide of mercury.

Now I have to ask your attention as to the extremely interesting question as to what its cause may be. I may first say one or two words as to its treatment and as to what we may hope from it. In this young man, we have given him tonics, we have treated his eyes just as we should any other form of keratitis, and we hope in time to get him better. I might if time permitted have persuaded an old lady to come and let us see her, whom I treated thirty years ago and who has now got quite well, though when she first came under my observation (she was then a patient of Mr. Starvelly of the Skin Hospital) her face was nearly as bad as the face of the patient before you. She has of course not recovered the use of her nerves or of

the affected skin, but it has now no longer been progressive for fifteen years since. This is, I believe, the first case of recovery from leprosy ever clearly observed. From the length of time they take to get better it is not to be expected that we shall have many cases which can be so recorded. That patient left Barbadoes where it began and came to England where she lived very liberally, and I have no doubt that her liberal regimen and the long lapse of time cured her. I might have mentioned another case of cure which occurred in the person of a Methodist missionary. He went in early life as a missionary into a district where leprosy prevailed, and there he became the subject of leprosy, and his case was seen and diagnosed by a good many of the best authorities, among others by Dr. Brown Séquard. Well, since then he has been gradually getting better but he has lost his sight and his fingers are contracted, &c., but otherwise he enjoys good health and no longer has the slightest tendency to the development of any leprosy symptoms.

I said the disease was the same in all countries—and we might claim for leprosy a very high antiquity. I may say that it is the most aristocratic of all diseases, for probably no disease was named so far back in the history of the world.

Now, can we learn anything as to its causation by observing where it occurs principally? I have met with it at Bergen on the coast of Norway, and you may find it all along the coast. Then we come to Christiania, and you find no cases at all. In the Gulf of Bothnia there is a large fishing establishment at which there are a few cases. These men are exposed to great hardship, and live almost entirely on fish and a little milk and rice. Now let us go to the West Indies, here people are well fed, there is plenty of every kind of food, there is no lack either in quantity or variety, yet here we get leprosy again. Passing up the northern coast we find a few places where leprosy occurs whenever there is an establishment of fishermen, and it is worthy of note that we can always find some cases among fishermen. Formerly it was indigenous in the Mediterranean, but now there is not much left, though you will still find the old leper houses. Passing across Europe there are very few places where it is to be found at all until we come to Spain, and then they are seldom found inland. In our own country there is not a single case of indigenous leprosy to be met with, nor do I believe that a single case has ever been seen for many, many years. During the last century there were houses on the coast, in Cornwall there are still several well-known, well-endowed institutions for lepers, but without any lepers to treat. Now, our first patient comes from Cape Colony, where leprosy is almost unknown, but it happens that just now it is making a spread over the world, and the disease becoming prevalent where formerly it was not known. It appears to have affected one other patient in the same town. Now, we have to ask ourselves what is to be done where it begins, and what measures should be taken to prevent any further spread? I have not mentioned India where it is very prevalent, but it is always on the coast or river or near an inland lake. Now, I think you will grant one thing, and that is its sameness, a fact which impresses everybody who has made it a subject of study. All over the world it is exactly the same disease. Then I ask you to admit as a corollary, that there must be a sameness of cause. It is quite impossible to believe that the leprosy can depend in Norway on one cause and in India on another. Now, Norwegian physicians say that it is dirt, hardship, &c., but I confute them at once by telling them that it is found where none of these causes prevail.

Then let me say respecting its prevalence in different places, that it sometimes attacks those who go to live there, and this is a fact which may help us very much. Those who go as emigrants may in rare instances become its subjects, and in this case they get leprosy in its totality, it comes out in them just as severely as if it came out in a person belonging to a family in whom it had existed for generations, therefore heredity can have absolutely nothing to do with it.

I had formerly a young lady in this hospital who had left England some years ago as a comely young woman, and now she comes back horribly disfigured. She had lived six or seven years in Burmah as a scripture reader, and she was of English birth, this is only one case of many I could tell you of people who could not have inherited it, in whom it has so occurred. It occurs, moreover, in people in all circumstances of life, and of every variety of habit.

Then let me make this further remark, and that is, that not one in a thousand of the Englishmen who go into leprosy districts, get it. In India they will tell you that it is only the natives who get it, but this is not absolutely true. So that we have the fact that a white man in perfect health going into an affected district may contract the disease, though he will be the rare exception. Now some people will tell you it is merely a matter of contagion. Well, that might be, but unfortunately for them the argument will not hold water, because we are met with another class of facts—viz., that if we institute a leper hospital, if we have nurses, medical men, students, dressers, &c., they may mix with the leper patients, and neither nurses, nor students, nor doctor, will ever become a leper. So I submit that it thoroughly upsets the idea that contagion can ever have anything to do with it. Husband and wife have lived together for years, and yet one has never taken it from the other. Of course, if you are prejudiced in favour of its contagiousness, you can produce instances apparently in favour of it, especially if you reject a thousand negative facts in favour of one fact which seems to support it. I submit that no one who will read a record of the facts can ever believe that contagion can take place; further, I submit that it is not a hereditary disease, and that it is not modified by hereditary transmission, although it may, of course, be transmitted. I used to compare it to gout, but the more one thinks about it the less is one inclined to attribute any great importance to hereditariness. In our two patients of to-day it is clearly not possible. Now, then, as to its causation. I maintain that from its being the same disease it must have a common cause, from the fact of its existing in the hottest and in the coldest, climates it must have a common origin. I have shown that hereditariness goes for nothing. I shall be quite at a loss to suggest any condition of the atmosphere or soil which could be the same in the different countries. I pressed a Norwegian physician some years ago, and confuted what he said time after time, and drove him into a corner, and he finished by saying that it is a telluric condition, but if that were so, then it would be dangerous to go into the district, and no one has succeeded in mentioning any particular telluric condition which would be alike under such different climates. Then again, as civilisation advances in temperate countries, there leprosy recedes. Now my theory about it is this, and the more I think about it the more am I convinced that it is true. It is, that the disease must depend upon some article of food, some kind of poison, since it is not contagious. If we can believe that it is due to some kind of poison, so that one person may get it while another may not, then I think we have a plausible explanation of its causation, I suspect fish, and more especially fish which has been somewhat decomposed or has been salted, and I think all the facts about leprosy support this supposition. You have been told by some that it occurs in places where they do not eat fish, but they are nearly always on a river or lake, or, if elsewhere, it is amongst the poor people, who have to eat fish transmitted to them under very disadvantageous circumstances.

Now, when leprosy is met with in temperate climates, as for instance, when it prevailed in England, then probably the consumption of fish was very large, and I can easily show you that as civilisation has increased, as the cereals have been more grown, so the consumption of fish per head has diminished. Fishing was one of the earliest occupations of savage man. Again there were laws at one time as regards the consumption of fish which tend

to show how much more common an article of diet fish was then, you know for instance that apprentices contracted not to have to eat salmon more than three times a week, and that goes to show how very much more common it was at that time. I alluded to its prevalence in Cornwall and all places where the supply of fish was unusually abundant. Since it occurs sometimes in places where the supply was likely to be fresh, perhaps a large quantity of it will have the same effect, but the fact of its being fresh is not altogether proved in these cases. I am not prepared to say that the ingestion of healthy fish in any quantity will cause it, but I do maintain that a comparatively small quantity of fish so poisoned will have the effect. Such are the facts I submit to you, and I have stated them with considerable care. I am aware that if you talk to those who have lived in leprosy districts where it has just become prevalent, if you take the opinion of the medical observers in those districts, they will say that the fish hypothesis will not hold, that those who suffer from leprosy do not eat more fish than anybody else, but in all cases I have found on inquiry that there were always some facts which might explain it. Now, it is a curious fact that the Chinamen take it about with them, and in connection with this fact it may be well to remember that they go in extensively for cooking as a profession, and it seems to me that it because they dish up things which are not wholesome that leprosy attaches to them, not from any contagion, but owing to their cooking. Some American friends tried to confute me by saying, that at Sydney the fish supply was small, and that they did not eat much fish, but my patient next day refuted what they had said altogether.

My last remarks concern the patient from South Africa, who as I have told you, lived up on the mountains at a considerable height, in a wine-growing district, not near a river, and more than a hundred miles from the sea, but he told me that they have fish, of course from the sea, together with large quantities of salted fish, and that when these arrivals took place then they would live on fish almost exclusively for a week at a time. I alluded to its existence in Spain, now Spain is still a catholic country where it is a duty to eat fish on certain days, and yet fish is very difficult to obtain inland, and a large supply of fish is sent there from Bergen where there is the largest collection of leprosy cases anywhere.

## CHOLERA AND EPIDEMICS HYPOTHETICALLY VIEWED IN RELATION TO PANGENESIS, EVOLUTION, AND CONTINUITY.

By WILLIAM H. PEARSE, M.D. EDIN.,

Senior-Physician Plymouth Public Dispensary; late of the Government Emigration Service.

OUR attention may well be arrested, and our surprise be great, at the recurring discussions and differences of opinion on the causes and Form of cholera.

But this surprise will cease in some degree, when we remember that disease is the most complex of all the phenomena—except mind and feeling, or soul—which nature presents. Life itself, in its normal states of health, is the so-far final stage of the eternal preceding series of "energies" or motions, and, *a priori*, has co-relation with such, and extending back to an infinite time, and extending around to an infinite or cosmic co-relation. (a) The laws of gravitation, and of the, as yet recognised, correlations of motion, matter, and the physical forces or "energies," must be the merest elementary studies in comparison with the laws or order of vito-chemical molecular energy. But disease expresses these astounding Forms or series, not in their normal course, but in their disturbances or librations; and as if yet more to

(a) The word co-relation is used in the sense of Darwin; cor-relation in the sense of Grove.

complicate the problem, such librations of rate are not sudden, but are in a progressive "continuity" with the prevailing series. Mathematicians and the Cartesian philosophers have as yet invented no analysis which can grapple with, and compass such a series.

The physician has been left therefore to work by collecting facts and comparing them, thus working by observation and analogy. But it has very much appeared to me, that in our study of disease, we have not sufficiently viewed man as a being absolutely correlated in infinite time to all existences. Our search for so-called "causes" of disease has been too special and limited; we have often applied the last act or fact, which precedes *recognised* disease, as a potential cause; we have too often forgotten that disease is in continuity, with a long preceding series, though latent to our limited powers of observation.

Any one who has studied the great "Report on the Cause of Asiatic Cholera," by Dr. William Baly (1854), and the "Report" and "Appendix for Scientific Enquirers" (Blue Book, 1855), must feel powerless to grapple with the vast involvements and correlations of Cholera; the immensity of the mass of facts which Dr. Baly grasped and analysed, overwhelms the mind. Where a law of some constancy seems appearing, there suddenly arise "exceptions;" some greater Form is involved in vital being and its deviations!

I venture to ask: Have we approached the subject sufficiently, from the side of the great *à priori* truths of Cosmic Evolution, Continuity, and a hypothetical Pangenesis? Have we not too little looked at the so-called diseases of the body, as contained-variabilities, as natural deviations and in true Continuity? Must we not view the phenomena we call epidemics, more than we have been accustomed to do, in a parallel Method of study, to that we now follow in the study of deviations of structure, or in the varieties of Species, Genera, &c.? And must we not expect our remedies, more by the Method of co-ordination of the energy, or vital states of the body to the co-related but ever-varying environment, than by battling against Bacilli, and "impurities" (so-called) in soil, water, air, &c., &c.

Those changes in the system known as acclimatisation, the method of vaccination, the instinct of inhabitants of tropical deltas for quinine and bitters, the desire for opium in damp regions, both in Europe and China, the great desire of natives of India for tamarinds, lime-juice, &c., the craving of many pre-phthisical patients for onions and salt food—these and many other instances and habits, of what may be termed the co-ordination of the system, seem by analogy to point to a more hopeful method for preventing Cholera, than that of battling against bacilli "impurities" &c., &c.

The general application of philosophical Method to our study of disease, would be likely to save us from the constantly recurring error, of attributing Cholera to the last recognised fact of an infinite series, as the potential cause of the disease.

*Method.*—The hypothesis of the Cosmic Evolution of life, must be held as an *à priori* truth, and used deductively. Without this Method, our induction of facts, statistics, pathology, treatment, &c., &c., are likely, as in the past, to be narrow in conception and barren in result. The European errors of Method, in the sciences, and in Biology, and which may be stated as having been created by the "assertion" and bad doctrine of the "Catastrophetic," give place to the great new-birth and truth of "Evolution and Continuity." Only then, shall we be capable of rising to a true and commensurate conception of the Form of life and disease. We shall be thus fitted to grasp the portent, which the most infinitely small changes in environment, have on the living body and its processes and functions. Living matter will, as an *à priori* "necessary truth," be held to be in "continuity" with the so-called "inorganic," and to absolutely correlate with all existences. Disease will appear to us as a *natural* process, in "continuity" with normal process. We shall

cease to view diseases—as we too much have done—as actual entities, or separated phenomena of the system—*e.g.*, we ignore all true Method, we exclude all growing light from other sides of knowledge, if we view changes in the skin mainly, as "diseases of the skin," and give them an elaborate nomenclature from their physical aspect; or if we view pneumonia mainly, as a "disease of the lungs;" or if we view phthisis mainly, as a disease of the lungs; or if we view cholera mainly, as a "disease of the intestines." We must not too much exclude wide philosophical conceptions from our view of diseased phenomena, else we shall be but repeating in one direction or another, such vague language, as to say that cholera spreads by a "poison diffused through the atmosphere." (Sir Thos. Watson).

We are led to make our search in the vito-chemical states, rather than in the specific differences of bacilli. The mind strives after a Form, or allied mode of action, common to the whole fever group—that group which embraces such different phenomena, as a common cold or chill, up to a violent fever or cholera. I can never doubt but that a chill which in 60° N. L. is followed by a catarrh, &c., is absolutely an allied series to the cholera, which follows the chill of the N. E. monsoon in Ceylon. The Rev. Dr. Haughton writes (Lectures on Physical Geography), of Ceylon: "The land wind—N.E.—is a dry chilling wind, and you instinctively feel that it is dangerous. . . . It brings with it colds of all sorts, fever, agues, dysentery. Cholera, too, comes with the N.E. monsoon, during which it is more frequent than with the S.W." The body as an absolute evolution, is correlated with cosmic, physical, or vito-physical existences. No thermo-electric pile is so sensitive as is function; there is perpetual evolution and devolution. The order or rate of process cannot be uniform, but cyclic, and thus times of greater tendency to devolution (in true continuity) recur. At such periodic times, a chill might be followed by those vito-molecular changes in the tissues, whose results are cholera, or yellow fever, &c., &c.

The Forms of Cosmic Evolution and Continuity, will embrace the phenomena of sudden outbreaks—intervals, definite proportions only of deviations, and which will appear as generic qualities of man. The Form of Continuity must be applied to Structure and Function. This Continuity of Structure and Function is obvious enough in the Mechanism and Function of the Ear and Eye. It must be as absolute in every diseased rate or structure. In an early stage of science we saw two polarities at the ends of the circuit; we now see that the polarities must exist in every part of the circuit.

We now recognise that the spermatozoon and ovum are but parts of the series of the whole beings and animals. Fission, Budding, are of the same series as sexual increase. Goëthe's morphological law shows that flower, pollen, ovary, carpel, are one Form with the leaf; the local evolution of cancer of the lip, from long continued excited action of the tissues there—all these Facts point, that Darwin's hypothesis of Pangenesis must be applied to Structure. It is a false Method to separate the Nerve system from the other tissues. The most demarked or differentiated nerve structures of the body are not the just measures of the absolute correlation of nerve function with all tissues. Vito-molecular nerve "energy" must exist in all protoplasm and in all tissues.

A somewhat parallel Theory of Pangenesis to that of Darwin on Structure, must be applied hypothetically to Epidemic Deviation; else how can we harmonise such facts as that fear, mental shock, a changed drinking-water, a change of place, a shift of wind, have all led to the evolution of these molecular states in the system, which end in cholera, yellow fever, &c., &c.

I propose to glance at the somewhat parallel phenomena in epidemic deviations, to those which in structure have given birth to Darwin's "Provisional Hypothesis of Pangenesis."

We know that the Form of Sight exists latent in

the Nervous and General System, and that the localisations of sight in the eye, and its most nearly associated nerves, are but parts of a great common and diffused Form of capacity for vision. (a) We are sure also that sight, and the other special senses, are but a graduated series, and in co-relation one with another, let them be ever so differentiated in the higher animals. We are sure, further, that there must be an absolute correlation between the temperature or heat of animals, and the other senses and functions and powers. We are thus led to the necessary *à priori* expectation that a chill, a shock, a change of wind or place, and all which may be the occasion, at certain seasons, for the system to pass into different degrees of cholera or yellow fever rates, must have a correlation with every cell unit, molecule, or gemmule of the living individual. Thus the hypothesis of Pangenesis opens to us in viewing epidemics.

*Variation in Epidemics.*—The discovery by F. Schlegel of the Indo-European tribe of languages, has already, even in so short a time as half a century, given a new birth to the Method of the human mind, and whose mighty future no intellect can presume to measure. A great common Form of Thought has been, and is, in process of evolution. The old specific lines of languages and philosophies have become paleontological. This Method must penetrate Medicine: we cannot rest in an insular conception of diseases: it is agony to have, in practice, to degrade Philosophy to cotemporary fashion: we must apply the Methods of philosophy-in-general, to biology,—both to biology in normal rates, and in its perturbations or librations,—diseases.

Epidemics, then, of the great Fever group, have a common Form: a Continuity exists in all their varieties, from the Equator to high latitudes. Darwin (p. 371) (b) says in reference to Structure, that, "Variability . . . results from special causes, generally from changed conditions acting during successive generations." There are the phenomena of "fluctuating variability" and inherited variability. Blair says (*Med. Chir. Review*, April, 1856, p. 78): "Many facts came to my knowledge which showed that *family predisposition* for this disease (yellow fever) exists, and is evinced under varieties of exposure." Dr. Jackson says of the Epidemic Fever in Nuddea, Bengal (*Ind. Med. Gaz.*, Dec., 1883, pp. 358-9): "It is intensified in old, effete, decaying, rotting-places, saturated with organic *débris*, and that a fever, originally malarious, acquired either in Jessore or Nuddea, contagious properties." Dr. Lidderdale says (*op. cit.*, p. 359): "The history of Cholera is a similar one. Originally looked upon as a mild endemic disease, it appeared in 1817 in Jessore in epidemic form of extreme fatality, which has been its characteristic ever since." Again, he says (p. 359): "It requires a Mahomedpore, Srinuggur, or Oolah, to bring it to full vigour, in the same sense as overcrowding is favourable to typhus poison, and once reared, it can be carried from place to place."

The Editor of the *Ind. Med. Gaz.*, remarks (p. 345, Dec., 1883): "The doctrine that the virulence of disease germs varies, and that the variation depends on the circumstances of their development, growth, nutrition and life, has much to commend it to provisional acceptance." Dr. W. B. Carpenter remarks (*Med. Times and Gaz.*, Dec. 22, 1883, p. 717): "I have always myself been a believer in the great polymorphism of the saprophytic fungi; and I recently argued that the extension of the same idea to disease-germs will account for many clinical facts observed by able practitioners of medicine, which have hitherto received in my opinion, far too little attention. I mean, the occurrence of what have been called hybrid varieties of exanthemata, or of forms of fever intermediate between typhus and typhoid, or the conversion of an

endemic malarious remittent into a contagious fever." Dr. Julius Dreschfeld quotes (*Brit. Med. Jour.*, Dec. 1, 1883, p. 1056): "That Rossback showed that the blood of a frog, which was perfectly free from organisms, was found to swarm with them a few minutes after the injection of papain, itself free from organisms."

Thus whether we approach the Form of Fevers from wide observation; or deductively from the great hypothesis of Evolution,—Variability appears; and this is true, equally, whether we use the minor temporary hypothesis of "Germs," or the greater hypotheses of Pangenesis, or of vito-chemical changes.

And we perceive further, that this phenomena of Variability in disease, is in unity of Method, and harmony, with variability extending through other parts of organic nature.

Darwin says (*op. cit.*, p. 372), in reference to animals and plants: "That characters appearing at any age tend to re-appear at a corresponding age. We may, on the whole, conclude that in all cases inheritance is the rule, and non-inheritance the anomaly." Again (*op. cit.*, p. 396): ". . . We can see on the hypothesis of Pangenesis that variability depends on at least two distinct groups of causes. Firstly, on the deficiency, superabundance, fusion, and transposition of gemmules, and on the re-development of those which have long been dormant."

As function and structure are inseparable, and in true Continuity, and as Variability appears in the great Common Form of Febrile diseases, both when viewed, as comparing the epidemic fauna of different latitudes, and the epidemic fauna of the same latitudes, at different seasons, and in different years or cycles, so we are led to seek a parallel hypothesis to Darwin's "gemmules" or Pangenesis. I cannot but conceive a far wider hypothesis than that of "Gemmules," as applicable to structural, functional, and epidemic phenomena and variability, viz., a pan-vital "energy," in absolute correlation and continuity with matter and motion. Nothing short of such an hypothesis seems to cover the phenomena of normal temperature, febrile temperature, and the varied librations of temperature, &c., in epidemics.

*Continuity.*—But besides Variability there is the hypothesis of Continuity. In the present stage of European Philosophy and Method, the absolute continuity of Inorganic or Organic, is unhappily not held as a pure or *à priori* Truth. Most minds, however, which have really thought on the facts of Biology, perceive on many sides, this great deductive Form, in wider and wider circles: as Darwin says (*op. cit.*, vol. ii., 359); "Finally, we may conclude that the several forms of gemmation, and of fissiparous generation, the repair of injuries, the maintenance of each part in its proper state, and the growth or progressive development of the whole structure of the embryo, are all essentially the results of one and the same great power."

Again he says (p. 383), "All the forms of reproduction graduate into each other, and agree in their product. . . We see that the reproductive organs do not actually create the sexual 'elements.'" And again (p. 381) he says, "But what determines the development of the gemmules of the first formed or primordial cell in the unimpregnated ovule is beyond conjecture." It can only be replied that the hypothesis of "Continuity" explains it. The organic and inorganic processes are but correlated modes, in absolute continuity. But Nature's time is not our time.

I have always felt the *à priori* necessity of applying the same Method of Continuity to the phenomena of Epidemics. For at present we are lost and overwhelmed in the vast mass of detail, without a guiding principle. We may well use the hypothesis of Continuity in this age, as applicable to Epidemics, when our experience has so often shown us, that our nosologies are but the Linnæan stage of classification.

In my own experience, the Continuity of different forms of disease was deeply impressed on my mind, when

(a) "The central nervous system, therefore, in a crayfish, as in a vertebrate animal, is at first as a part of the ectoderm, morphologically one with the epidermis." . . . "The visual rods of the eye are merely modified cells of the ectoderm." (*The Crayfish*, Huxley, 1880, International Scientific Series, page 225).

(b) "Animals and Plants under Domestication." 1868. Vol. II.

in charge of communities of people, changing their latitudes. What in early weeks of a voyage, was an endemic or epidemic bronchial "cold," became in later weeks, a fatal fever; or what in earlier weeks was an epidemic of scarlet fever or measles, became in later weeks an "aching of bones" only, or diarrhoea only. A Continuity obviously exists, between the endemic bubo of the Mediterranean and the periodic librations into Plague. Similarly a Continuity, in the tendency to change into disease, is seen in the diarrhoea, which has often for long periods preceded Cholera. Dr. Baly says ("Reports on Epidemic Cholera, 1854," p. 56), "... for nearly three years previous to the invasion of cholera, the deaths from diarrhoea had been much more numerous than they had been previously." Again (p. 59) he says, "The mortality from diarrhoea during the first three months of 1849 was excessive in almost every county in England, and most so in those twenty-three counties in which the effects of cholera were least apparent." He says (p. 43) that "facts tend . . . to establish the close resemblance borne by Asiatic cholera to the common summer cholera and diarrhoea of this country and remittent fever, which there are such good grounds for believing to be purely of malarious origin, and not to be in any way communicable." The authors of the "Report of the Committee for Scientific Inquiries in Relation to the Cholera Epidemic of 1854," say (p. 62), "The larger part at least of the diarrhoea which is generally so rife in localities where cholera exists, must be ascribed to the same cause, and must be regarded as only a slight degree of the diseased action, which in a higher degree becomes cholera." The authors (p. 57) quote Dr. Mc'Loughlin to the effect, "That during the prevalence of the epidemic all persons who do not actually labour under cholera or diarrhoea suffer from a slighter disturbance of the stomach and bowels, or from an unusual susceptibility to the action of purgative medicine." The fact that in cholera seasons, a purgative, or shock, or chill, will induce cholera is as certain as is any observation within the range of medical experience. The Report further says (p. 64), "That cholera is in the great majority of cases preceded by a stage of diarrhoea, which affords time for treatment."

It appears to me important to remember, that our phraseology may greatly hinder our right method of viewing disease. The terms "invasion of cholera" imply, if not taken in a purely descriptive sense, the false hypothesis of cholera being a kind of entity. It is more true to nature to view cholera as a periodic libration of the system's rates, absolutely natural and orderly, and in contumity with normal rates, and with other so-called diseases. It is in perfect harmony with other facts, in the organic realm, that so far new properties should sometimes appear or evolve, in and with the change, e.g., fecundity or contagion. That the property of miasmatic-contagion or infectivity should arise in cholera or yellow fever, is not more wonderful than the phenomena of partheno-genesis, or that a forest can be produced from seeds which have resulted from a bud, and which latter fact, necessitates the hypothesis of Pangenesis.

Dr. Blair writes (*Med. Chir. Rev.*, April, 1856, p. 60) of "*Choleroïd and diarrhoeal varieties*" of yellow fever: and, p. 65, that prior to "the stage of acid elimination" he "could conceive much embarrassment on the part of the practitioner in distinguishing yellow fever from benign scarlatina, if the two should happen to co-exist as epidemics." He says (p. 77), "In two cases attacks of yellow fever were induced from the irritation of passing a bougie. In one case . . . the pain and irritation of a whitlow appeared to set the morbid process a-going." "It is possible (in another patient) that the sea-sickness . . . may have had a similar effect." "Cases of pneumonia, and even bronchitis also, have appeared to rouse the latent poison of yellow fever." Dr. Blair cites (p. 74) fatigue, checked perspiration, a chill, depressing emotions, worry and vexation, crushing sorrow, panic, and even overwhelming joy, have each had its victim." One sees by such varied instances that there are strong *à priori*

grounds that "catheter fever" may arise from the "shock" or molecular changes induced by passing a catheter. I have seen an epidemic of a continued fever, where the cases were almost confined to those who slept in the coldest places. I have never doubted that at certain recurrent periods of the system, fever, as surely as pneumonia, could arise from the molecular changes following chill. But, indeed, I have often been wholly unable to classify cases, whether to call them bronchitis or pneumonia or fever.

From the above facts and considerations, we are led to look for a great Form of Continuity, between normal rates and diseased rates; and between phenomena, so seemingly different, as are cholera, yellow fever, and diarrhoea; and further we see a Continuity of Method, between the evolution of fecundity in animals, and the evolution, at times, of miasmatic contagion in fevers. We are led further, by the hypothesis of Continuity, to see, that there must be a cumulating orderly series of molecular changes, which precede cholera, yellow fever, &c., &c., and which are as essentially parts of these diseases, as are those final phenomena which are so obvious. Such hypotheses lead us to attach a lesser importance to bacilli or other concomitants of natural devolution; our minds are rather led to co-ordinating the living units to their essential environment.

(To be continued.)

### HERNIA. (a)

By R. J. PYE-SMITH, F.R.C.S.,

Surgeon to the Sheffield Public Hospital and Dispensary; President of the Sheffield Medico-Chirurgical Society.

THE interest evinced in the subject of Hernia has long been great. This is abundantly evident from the very numerous contributions, dealing with its various questions, which are constantly made to the medical periodicals, as well as from the number of classic books on the subject. It arises, no doubt, from a variety of causes—the practical importance of a condition affecting so seriously the physical capacities and liable to be attended with such sudden risk to life; the great variety of conditions found at the operations of emergency to which it gives rise; the progress made in its successful treatment; the fact that most of the deaths due to it are strictly preventible.

With regard to frequency, one case of hernia exists in about every 25 of the population, and one death in every 500 in England is due to hernia (i.e., 1,000 per annum); and with regard to the fatality of strangulation, one death occurs in every five such cases, according to hospital statistics. Again, one case of hernia in every ten suffers strangulation at some period of its existence, and consequently one case of rupture in fifty is ultimately fatal.

Table of 100 Cases of Strangulated Hernia at all Ages and in both Sexes.

	Strangulated.	Reduced.	Operations.	Deaths.	Percentage of Deaths to Operations.	Percentage of Deaths to Cases of Strangulation.
Inguinal .....	50	33	17	8	48	16
Femoral .....	44	14	30	12	40	27
Umbilical .....	6	4	2	1	50	17
Totals .....	100	51	49	21	43	21

Half the cases of strangulated hernia admitted into hospitals are inguinal, of which about two-thirds are reduced

(a) A paper read before the Sheffield Medico-Chirurgical Society, Oct. 8th, 1885.



without operation, and one-third are operated on, with a mortality of 48 per cent. About one-seventeenth are umbilical, of which also two-thirds are reduced without operation and one-third are operated on with a mortality of 50 per cent. The remainder (nearly half the cases) are femoral, of which one-third are reduced without operation and two-thirds are operated on with a mortality of 40 per cent.

These facts (which are of course only approximate) are expressed in the preceding tabular form, and from this table it will be seen that half the total cases of strangulated hernia are reduced without operation, and half are operated on with a mortality of 43 per cent.

In such a large subject as the name *hernia* opens up to us, all I can hope to do this evening is to sketch the subject just sufficiently to allow of details being intelligibly filled in and to supply here and there a few of those details myself, leaving to those present the filling up of many untouched and unfinished parts of the picture.

Commencing with the etiology of hernia, the following are, I think, the chief predisposing causes of that condition:—

First. Those depending on physical development, viz.:  
An hereditary weakness of the abdominal walls, or openness of the natural "rings," &c.

An individual lack of muscular development in these parts.

Peculiarities of development depending upon sex:

In the male, the opening of the inguinal canal by the descent of the testis, the permanent presence of the spermatic cord, and frequently the persistence of an open or partially open vaginal process of peritoneum.

In the female, the widening out of the pelvis at puberty, and the occasional non-closure, in early life, of the canal of Nuck.

These peculiarities of sex would lead us to expect that inguinal hernia would be comparatively common in male subjects and femoral comparatively common in female subjects; also that inguinal hernia would, in both sexes, be comparatively common in infants, whilst femoral hernia would be rare in children of either sex, and common only in women after puberty.

These conclusions are borne out by statistics.

In the male inguinal is more than twenty times as common as femoral hernia, whilst in the female femoral is somewhat (though not much) more common than inguinal.

And so, too, with regard to age, I find that, relatively to the number of persons living at the respective ages, inguinal hernia in both sexes commences far more frequently during the first year of life than it does during any subsequent year. It is found, too (Birkett), that half the cases of inguinal hernia admitted into the wards are of the congenital form. And again, femoral hernia occurs as a mere curiosity before puberty, but in each of the years between the ages of 20 and 50, it develops, in women, with great frequency.

From the following table it appears that hernia commences twice as frequently during the first year of infancy as at any subsequent period of life, that after the first year it rarely commences (as a fresh attack) till puberty is attained, and that during adult life it develops for the first time with nearly equal frequency at all ages.

Table showing Frequency of First Occurrence of Rupture at various Ages.

Under one year of age one case of first rupture occurs in every 21 persons living at that age.

Between 1 and 5 years of age (a) 1 in	197
5-10 ... ..	375
" 10-15 ... ..	257
" 15-20 ... ..	105
" 20-25 ... ..	73
" 25-30 ... ..	57
" 30-35 ... ..	52
" 35-40 ... ..	49
" 40-45 ... ..	56
" 45-50 ... ..	49
" 50-55 ... ..	53
" 55-60 ... ..	55
" 60-65 ... ..	62
" 65-70 ... ..	70

(a) This is a period of four years, but taking the first five years of life together, one case occurs in every 69 persons living at that age, or about as frequently as in adult life.

This table has been compiled from Kingdon's statistics of the ages

I may here give another table showing the distribution among the two sexes of the various kinds of hernia at all ages.

Table of 100 Cases of Hernia at all Ages.

	Male.	Female.	Both Sexes.
Inguinal .....	76	7	83
Femoral .....	3	9	12
Umbilical.....	2	3	5
Totals .....	81	19	100

This table shows that inguinal hernia is far the commoner variety, forming four-fifths of all cases, that it is ten times as common in males as in females, and in males is twenty-five times as common as femoral; that femoral hernia is in females rather (but not much) commoner than inguinal, and is three times as common in females as in males; whilst umbilical hernia is somewhat commoner in females than in males (much more in women than in men), and furnishes less than half as many cases as does femoral hernia.

As the second class of predisposing causes, I place conditions of health more or less general which produce a relaxed condition of the abdominal parietes, and especially of the peritoneum, both visceral and parietal (for it is necessary for the development of an acquired hernia that both should be stretched), and such causes as directly stretch that membrane, such as pregnancy, ascites, tympanitis, and obesity.

As to exciting causes, they are perhaps exclusively such as put pressure on the contents of the abdomen—accidents causing a squeezing of that cavity, straining, holding the breath for muscular exertion, especially in lifting weights (in which position the anterior abdominal muscles are at a disadvantage), coughing, vomiting, &c. Hence we find women affected in parturition, men in stricture of the urethra, and both sexes in bronchitis and in constipation; and in male children I think that far the commonest exciting cause is the straining produced by phimosis. Mr. J. A. Kempe found, at the Ormond Street Hospital, that 3 out of every 5 cases of phimosis were ruptured, and among my own cases of hernia in male infants I have found that 4 out of every 5 have phimosis. It is curious that this coincidence appears to have attracted so little attention. It is scarcely, if at all, mentioned in the text-books, and except for Mr. Kempe's communication to the *Lancet* (in 1878) I have seen only passing references to it. It is, however, a point of much practical importance, and affords an additional reason for performing circumcision or dilating the prepuce in all cases of congenital phimosis, whether hernia is present or not.

I shall not say much with reference to the anatomy of hernia, but would draw attention to the varieties of condition produced by differences in the degree to which the normal closure of the vaginal process of peritoneum takes place. You remember that in fetal life, previous to the descent of the testicle into the scrotum, a pouch of peritoneum passes down the inguinal canal ready to form a serous covering for the testicle, when it arrives at its destination. Normally the canal of this diverticulum closes up before birth from above the testicle (around which it leaves the tunica vaginalis) up to the internal inguinal ring. But, from imperfect evolution, this closure may never take place, or may take place only partially, and hence occur the varieties of the congenital forms of hernia, that is to say, the forms in which a congenital peritoneal sac is present. (a)

There is a curious anatomical fact for which I cannot account, and should be glad to hear theories expressed, namely, that the majority of ruptures, both femoral and inguinal, occur on the right side of the body. Statistics show that the proportion is two to one; among my own cases, as shown by tables kindly drawn up for me by Mr. H. Lockwood, the difference is still greater. With regard to inguinal hernia, an explanation, which carries us back one step, seems to be ready in the analogous fact that the right testicle is imperfectly descended at birth twice as often as the left. But of the reason of this we are likewise ignorant. I suspect the main cause in the case of hernia lies in some anatomical or physiological peculiarities

at which hernias first develop (as given by Birkett in "Holmes' System of Surgery"), together with tables showing the number of persons living at various ages (kindly furnished me by Dr. S. White, Medical Officer of Health for Sheffield), and is based on the statement of Malignant that among infants he found one in twenty-one to be ruptured.

(a) The various forms of congenital and encysted hernia were illustrated by diagrams.



of the lowest part of the small intestine as compared with the part just above it, but I am not aware that a satisfactory explanation has as yet been offered.

In the acquired forms of hernia the sac, as it is gradually formed, is at first soft and puckered at its neck and capable of being entirely reduced. But if the hernia remains down the neck of the sac gradually becomes harder by a matting together of the peritoneal folds and the development in them of new blood-vessels. When this state is arrived at (as it is only after years) the neck of the sac can no longer be opened out, and it begins to contract. It is no doubt this pathological change that accounts for the fact that, in acquired inguinal hernia strangulation occurs most frequently in old cases: it is not till the neck gets hard and unyielding that strangulation is likely to be produced. Mr. Bryant gives twenty years as the average period of existence of an acquired inguinal hernia before strangulation takes place. On the other hand, in the hernia into the congenitally open vaginal process of peritoneum, strangulation commonly occurs immediately on the first descent of the bowel in adult life, and the symptoms are more urgent than they are in the acquired kind. In femoral hernia it is different. Here the hard sharp edge of Gimbernat's ligament, supplemented by the unyielding bone behind the crural canal, and Poupart's ligament in front, forms a ready-made trap which relentlessly holds the unlucky knuckle of intestine that has been pushed through, and, accordingly, we find that, whilst the average duration of femoral hernia before strangulation is, according to Mr. Bryant, only eleven years (half that of an acquired inguinal), it very frequently happens with femoral hernia as with the congenital forms of inguinal, that strangulation takes place on the first descent.

The crural ring is always less yielding than the inguinal, and the strangulated bowel of a femoral hernia soon dies entirely (often in twenty-four hours), whilst that of an inguinal hernia only becomes ulcerated at the constricting neck. I say "only," but we must not forget that in the course of a few days (sometimes less) this ulceration may go on to perforation which may be as fatal as the gangrene.

In strangulated umbilical hernia ulceration often takes place very rapidly at the lower edge of the abdominal opening, the weight of the tumour no doubt frequently assisting this result. Strangulation rarely occurs in umbilical hernia till the case is of old standing.

I need not take up time by sketching the symptoms and signs of hernia, but I must refer to some of the complications that may arise in the course of a case, or, as we might otherwise put it, to some of the diseases which may attack a hernia.

A hernia may become irreducible without causing any serious symptoms. This may be due to its great size, often seen in umbilical hernia as well as in inguinal, and sometimes in femoral, which may reach half way down the thigh. Or the irreducibility may be occasioned by adhesions between the contents of the hernia and the sac. A hernia may become inflamed, from external injury of any kind, even that of a truss which fails to keep the rupture entirely within the abdominal cavity. Or it may become obstructed, the contents of the bowel not passing freely on, and so giving rise to constipation, and perhaps vomiting. And, lastly, it may become strangulated, and on this depends almost entirely the great practical danger of the affection.

It is difficult to draw a very distinct line between obstruction and strangulation, and perhaps it is well that it should be so. When obstruction is bad enough to give rise to serious symptoms and is not at once remediable, it is pretty sure to lead to strangulation, and may most safely be so considered and treated.

By strangulation is meant such a degree of nipping of the contents of the hernia as to give rise not only to entire obstruction to the flow of the contents of the imprisoned bowel, but also to stoppage of the circulation of blood in the herniated tissues, whether bowel or omentum. It is not difficult to see how this condition may arise: a little extra filling of the knuckle of intestine, or even some congestion of the omental tissue may make all the difference between a relation of parts, in which there is room for the bowel to move and for the blood to circulate, and one in which the ring becomes just too tight to allow of either taking place. Venous engorgement must at once follow, and serous effusion soon brings matters to a crisis. Pain and local tenderness are usually present; the pulse becomes rapid, the tongue

dry, the urine scanty, the bowels constipated, and vomiting soon sets in. If relief be not given, the vomiting becomes by degrees more nearly stercoraceous, owing to the peristaltic action of the bowel above the constriction forcing its contents downwards to the block, where they are, as it were, sucked back as a return stream along the centre of the calibre of the bowel. The effect of the irritation of the periphery of the sympathetic nerves soon begins to show itself as it does in peritonitis. The heart and the arterioles contract over much, the pulse becomes small, the surface of the body cold, and the face anxious and old looking. At this stage death may take place, the heart refusing to dilate for the entrance of the blood, before the strangulated bowel has lost its vitality.

I will pass on at once to the consideration of the treatment of this grave condition, referring to some points of diagnosis and prognosis in connection with it.

The first and all important point in the treatment of strangulation is to relieve the constricted bowel from the grip of the parts through which it has passed. The second point is to return the bowel (if it be in a fit state) to its natural position in the abdomen. The third point is to take means to prevent a recurrence of the strangulation. If the bowel be in good condition nothing more will be needed (beyond suitable diet, &c.) to enable it to resume its functions. But should the bowel be gangrenous or otherwise damaged to such an extent as to be unable soon to recover its proper peristaltic action, a fourth indication must be attended to, and a means of exit be provided for the contents of the bowel, which are unable to be safely carried through the damaged intestine.

The consideration of prime importance in the treatment is to release the bowel before it becomes damaged past the prospect of perfect recovery. How sad it is that patients often do not apply for aid till too late! How much more sad when the responsibility for fatally delaying effective treatment rests not on the patient but on the medical practitioner!

Having first of all made a diagnosis of strangulated hernia (from the history and symptoms of the case together with the general condition of the patient, and the local characters of the tumour) several points should be attended to before deciding upon any treatment.

Thus, the history should be carefully inquired into, as to whether the hernia be an old one or of quite recent formation, and whether it has appeared suddenly or not; if a strangulated old femoral hernia, the chances are that herniotomy must be performed; if a recent femoral hernia, there is some little hope of reducing it by taxis. On the other hand, if it be inguinal and of old date, there is great probability of its reduction without operation, and if a recent inguinal, it will probably require early herniotomy. Bryant states that the only cases of femoral hernia likely to go back without operation are those that appear for the first time, and immediately suffer strangulation, in women of about sixty years old; such cases to the extent of one in three of all femoral strangulated hernias may, he says, be returned by taxis. He states also that almost the only cases of inguinal hernia that will not go up by gentle taxis under chloroform, are those of the congenital variety occurring, usually suddenly, for the first time, and suffering immediate strangulation, in men of about twenty years of age; these form about one-third of all strangulated inguinal cases. So that of strangulated inguinal hernias, two-thirds may be reduced without operation, the intractable ones occurring in young men; and of strangulated femoral hernias one-third may be similarly reduced, and occur in old women. Inquiry, next, as to the frequency and length of continuance of vomiting, and the character of the vomited matters, will be valuable as measuring the urgency of the case.

Thirdly, the facts should be known as to whether any treatment has already been adopted or not. Patients often take purgatives in such circumstances, and the fact of their having done so should lead us to administer opium to counteract their baneful effect. Or another surgeon may have seen the case and applied taxis already, and this should put us on our guard against further delay. The constitutional condition of the patient should, of course, be ascertained, at least to the extent of noting the condition of skin, tongue, abdomen, pulse, respiration, and temperature. The urine should also be examined and it seems that this may afford very valuable information, not only as throwing light on prognosis and perhaps treat-

ment, but as a means of diagnosing the extent and severity of the strangulation. Mr. Englisch (a) has been making observations which have led him to the conclusion that albumen is present in the urine in all cases of strangulated intestine, and in amount proportionate to the severity of the constriction, the amount of bowel involved, and the morbid changes that have taken place in it. On the other hand, no albumen was found in cases of mere obstruction, nor in cases in which mesentery only is constricted, nor in which an empty hernial sac is inflamed. He advises, therefore, that if albumen be found in considerable quantity in the urine, taxis should not be applied, but the sac should be at once opened and its contents examined.

Fifthly, an exact diagnosis should be made as to the variety of the hernia. The chief point of importance is to diagnose femoral from inguinal hernia, for they sometimes very closely resemble one another in women, as taxis cannot be properly applied without the knowledge of which variety we are dealing with. The diagnosis may, I think, always be made by putting a finger on the spine of the pubes, which can always be got at in either variety, and can always be felt, even in the fattest subjects. Then, if the tumour be above, and to the inside of the finger, it must be inguinal, if below, and to the outside, femoral. It is of some importance and considerable interest to diagnose the congenital from the acquired forms of inguinal hernia. In addition to the youth of the patient and the history of sudden complete descent, the following characters serve to distinguish the congenital form:—The greater length of the inguinal canal, the more smooth, regular outline of the tumour, its tenseness and tubular shape in the inguinal canal, the smallness of the neck of the sac, and, usually, the overlapping of the testicle, or the absence of that organ from the scrotum.

Lastly, the tumour must be examined as regards tenderness, appearance of bruising, or of inflammation, and the patient should be questioned as to whether it has varied in size since it came down.

Let us now suppose that we are called to a man in whom an old inguinal hernia has come down while he was without his truss, and he cannot get it back. It has been down ten or twelve hours; he has been vomiting bilious fluid, which is now getting more like the contents of the small intestine; he has had no treatment but rest and starvation, and is in good condition: the tumour is tense and of moderate size. What should we do?

I think there can be little doubt that we should at once try, in the gentlest manner possible, to manipulate the contents of the hernia back into the abdomen, but certainly if any manipulation is practised it should be so gentle as to be incapable of doing any damage or even of causing more than the slightest pain, and if the tumour feels very tense and unyielding, or if the least squeezing gives pain, the handling should be desisted from at once, and under no circumstances should it be persevered with for more than a minute or two.

It may happen that the bowel at once begins to empty itself under pressure, that we hear a gurgling and feel a rush of the contents under our hand, and we find that we have succeeded in immediately relieving our patient by taxis. But suppose that we are not thus successful, or that after a slight diminution in bulk, no further progress is made. I think we should then desist from the endeavour to at once return the bowel, and take means of another kind. I think it is generally best at this stage, unless the age of the patient or other circumstances contraindicate it, to give a full dose of opium, and to apply locally to the tumour either heat or cold. Hot fomentations have the effect of relaxing the external tissues, and so of relieving the neck of the sac of a little pressure as well as of allaying pain. I think they are often useful, especially when applied over the inguinal canal. The effect of cold, which may be applied either by means of ice in an india-rubber bag, or of ether poured on a handkerchief, is, on the contrary, to cause contraction of tissue, and I think it acts very beneficially on large enterocœles by constricting the muscular and vascular tissues within the sac, and more especially by diminishing the volume of the air contained in the bowel. (Hot fomentations to the neck of the tumour and ice to its body and fundus is a good and not very inconvenient arrangement.) At the same time, the tumour, if scrotal, should be raised on a pillow to a level

slightly higher than the abdomen, and it is perhaps well also to raise the foot of the bed and to put pillows under the shoulders and under the knees. If constipation has been present for more than a day, it is perhaps well to administer a simple enema by the rectum. It has been advised recently to wash out the stomach repeatedly with water, with an idea of emptying the bowel above the constriction. I doubt if it is a very wise or efficacious plan. I have tried it once without marked effect for good or for evil. Very high testimony has been given by some French surgeons and others in favour of administering repeated doses of strong coffee. It is a remedy common in Havannah, and is said to have a remarkable effect in favouring spontaneous reduction of a hernia. Half-an-ounce of coffee should be infused in a small cup, and this dose should be swallowed every quarter of an hour till reduction takes place, or till half a pound of coffee is consumed. I confess I did not know of the remedy till I came across it the other day, but I think it is worth trying. If this be not given, a little ice may be sucked to allay thirst. The patient may be thus left for two, three, or four hours, and in many cases like the one we are supposing we shall find at the end of that time either that the hernia has gone up or that it is now easily reduced by gentle taxis.

I am not at all sure that taxis is a useful word for us. Perhaps the mystery of the term has a tendency to make one think that something *sui generis* has to be done, and then perhaps a supposed lack of skill is apt to be made up for by force. But though taxis means merely gentle manipulation and pressure of the hernia, it must, to be effective, be applied in an intelligent and orderly manner. Anatomy must, of course, guide us as to the direction in which pressure or traction must be made; but I think there is one practical point which should always be borne in mind—viz., that in applying taxis an attempt should be made to narrow the tumour immediately on the distal side of the constricting part, and at the same time to pull open the neck of the sac as far as possible. These objects may be attained by grasping the neck of the tumour with the fingers and thumb of the left hand and pulling on, and at the same time compressing, the fundus of the tumour with the right hand. And if, as often happens, the external abdominal ring forms the main constriction, the impediment to the return of the hernia can be readily overcome by simply pressing inward that part of the tumour which overlaps the outer edge of the external abdominal ring. (a)

But suppose that a few moments' application of well-directed and gentle pressure again fails to effect reduction, there should, I feel sure, be no hesitation in at once obtaining leave to administer an anæsthetic, and to perform an operation, if necessary. Ether or chloroform should be given as soon as practicable, and when the patient is under its influence taxis should once more be tried, remembering that it must still be as gentle as before. The muscular relaxation produced by the anæsthetic, especially by chloroform, assisted by a flexed condition of the thigh, will often set an inguinal strangulation at liberty, and is, I think, accompanied by less danger in hernia than that produced by a hot bath. Should a minute or two's taxis be ineffectual, the cutting operation must be at once proceeded with. I think it is well to make the incision higher than is perhaps usual, so as to expose the external abdominal ring thoroughly, but not to go far over the scrotal part of the tumour. In two cases I have been able to reduce the hernia after dividing a few aponeurotic fibres at the outer part of the external abdominal ring, and if the "minor" operation, of not opening the sac, proves sufficient, it is better to perform it by this small and high incision.

With regard to opening the sac or not, it seems obvious that in such a case as we have been supposing, where taxis has been the chosen treatment, it is justifiable to return the bowel without opening and exploring the sac. Of course, if the hernia had been so long down that we feared ulceration of the bowel, or if it had been so forcibly manipulated that we had reason to fear it might have been ruptured, we should not have been justified in attempting reduction either by applications, by taxis, or by division of a stricture outside the sac. There is no doubt that we avoid a certain risk by not opening the peritoneum, though with antiseptic precautions I do not think the risk is more than very slight. A much more important question is whether we ought not to

(a) It is said also to facilitate reduction if taxis be applied whilst the patient holds his breath after a prolonged expiratory effort (Dr. Andrew Buchanan, in *Glasgow Medical Journal*, July, 1856).

take the opportunity of the strangulation or of the administration of an anæsthetic to perform an operation for radical cure. I am quite inclined to think that we ought in a large number of cases, though I am by no means sure that it is not better, where possible, to return the strangulated bowel without opening the sac, and to perform the operation for radical cure when we can choose the circumstances and prepare our patient for it. After all, probably the majority of cases will require the "major" operation—the opening of the sac, for in most old cases the neck of the sac is so hard and unyielding as itself to form the main impediment to reduction; and, again, we shall probably long continue to meet with cases where advice has been delayed so long that it would be unsafe to return the bowel unseen, whilst adherent omentum is met with in half the cases of strangulated femoral hernia, and occasionally in inguinal, and should, I think, always be removed.

I cannot agree with some modern writers, as well as older ones, in advocating the leaving of omentum at the mouth of the sac. I think an adherent piece of omentum is a constant encouragement to the bowel to enter the sac, and, in addition to acting as a guide to the internal ring, it forms a band which may, at any time, strangle some unsuspecting piece of bowel.

If, from any cause, it is deemed necessary to open the sac, the bowel, if found to be healthy, should be returned after sufficiently dividing the constricting ring, and any omentum that is down, even if quite healthy, should, I think, be tied in at least two parts, cut off short enough to prevent its again falling against the ring, and returned. The sac, or if large, the upper part of it only, should then be separated from the fascia, twisted round, transfixed with needle and stout gut, and tied flush with the surface of the general peritoneum. Mr. Hardie (a) thinks it better to tie the fascia with the sac, instead of separating them. The sides of the inguinal canal and rings must then be carefully approximated with strong sutures of either gut, tendon, or solid silver, and the main steps of the operation are completed. In the case of femoral hernia the operation is very similar.

It occasionally happens that, in spite of the free division of the stricture, the bowel cannot easily be pushed back into the abdominal cavity. Under these circumstances the plan proposed to be systematically followed by Mr. Keetley is probably the best, namely, to make a small incision above the pubes, pass down a finger and withdraw the bowel upon it. This can no doubt be easily effected. (b) I cannot but think that such a laparotomy would be the best plan of operating for strangulated obturator hernia.

The most serious part of the operation may yet have to be faced. The bowel may be found to be ulcerated through at the line of constriction, or ruptured at the middle of the strangulated coil, or, especially in femoral hernia, it may be gangrenous, or in a state so nearly gangrenous as to prohibit its being with safety returned into the abdomen. The chief signs of gangrene of the gut are the very dark colour, the dullness of surface, the lack of elasticity, the fæcal odour; and, in extreme cases, the perforation and collapse of bowel which exist. Perhaps in doubtful cases we could tell if the circulation were still going on in the arteries by careful feeling and inspection, or more certainly by cutting a few small vessels near the mesentery; and possibly Faradism might, on occasion, be used with advantage to show whether life remained in the bowel or not. Of course, sloughing of the skin would lead us to expect to find a sloughing bowel, and the occurrence of hicough is often suggestive of gangrene.

A most interesting question, and one not yet, I think, fully settled, is the treatment of gangrenous bowel. It may be left where it is found, to form a fæcal fistula, or the gangrenous portion may be excised, and the free ends so formed be stitched to the parietes to form a temporary artificial anus. Or it may be excised and the bowel be returned at once to the peritoneal cavity, after uniting the two free ends together.

If left *in situ* it is important not to disturb its connections with the parietes as they are the safeguard against peritonitis, but the middle part of the bowel should be laid freely open, so as to give immediate exit to fæcal matter. The objection to this method of treatment is, that the resulting fæcal fistula is not likely to close. In either of the

other methods of treatment the whole of the dead bowel together with its corresponding triangle of mesentery, should be excised. In the one case the whole circumference of the portion of bowel above the excised part is united by a special suture to that of the portion below, and the bowel is returned free into the peritoneal cavity. The objections to this plan are the long time occupied by the operation when the patient is in a low condition, the difficulty of making a distended piece of bowel join evenly to a contracted one, the possibility of obstruction still continuing owing to the paralysed condition of the united ring of bowel and its projection into the lumen of the tube, and the further possibility of fæcal extravasation from sloughing or from imperfect suture. It is probably a safer plan to unite the two portions of bowel partially together and in part to the parietes, forming a temporary artificial anus upon which a further operation can be done for complete closure at a subsequent date. As Mr. Treves remarks, however, if the upper part of the jejunum should be the part involved, complete enterorrhaphy should be done, or the patient will die of starvation.

Lately Mr. Bishop (a) has introduced a new method of passing the suture which he finds, from experiment, tends to prevent the projecting internal fold, and which seems to be in other respects more perfect than any of the other methods adopted for suturing the bowel.

In bringing these remarks to a close, I must apologise for such an unfinished paper, and will hope that some of my many omissions will be filled up by other speakers. Not only is the subject of hernia of the greatest practical importance in itself, but its study opens up the way for dealing with the more difficult problems and more obscure conditions of internal abdominal obstruction. If my remarks and the subsequent discussion should excite any increased interest in that subject they will not, I feel sure, have been entirely without use.

## Clinical Records.

### HÔPITAL FRANÇAIS À LONDRES.

*Obscure Case of Chronic Renal Disease.*

Under Dr. VINTRAS.

By ALFRED S. GUBB, L.R.C.P., M.R.C.S.,  
Resident Medical Officer.

ISAAC C., a Russian,  $\frac{1}{2}$  st. 24, cane-worker, has been sixteen months in England, was quite well until six or seven months ago, since which time his appetite has been gradually failing, and he has ultimately become unable to follow his employment. He has lost flesh and suffers from dyspepsia, with nausea, and this frequently to the extent of actually vomiting his meals. The vomiting, however, does not relieve the nausea. Patient is very emaciated, and walks with difficulty, owing to a want of power in his legs. A fortnight before admission he noticed for the first time pains in his legs, feet and hands on attempting to work; these pains are absent except on attempting movement, and are not apparently at any time really violent. There is no redness, swelling, nor tenderness of the joints complained of, and there is no pain in the shoulders or hips. Patient complains a good deal of insomnia, but says he does not dream, and does not suffer from headache.

He has never been ill until now, and has never had syphilis. He says he has always been a sober man. He smokes, but not to any extent. His father died of heart disease; his mother is still alive; no consumption in the family. His tongue is coated with a thin layer of white fur, and is tremulous; his skin is dry and scaly. He says he has been troubled now and again with pain in the epigastrium, but not just lately. The bowels are regular, pulse 80, regular, heart and lungs apparently normal. No swelling of the ankles nor round the eyes. Complexion pale and sallow. There is a peculiar tremor on extending the arm or leg, increased on attempting voluntary movement; the tremor is coarse, and is not present when at rest. The patellar reflexes are brisk, and there is marked ankle clonus. Sensation appears normal. Patient says that he has no visual troubles. On ophthalmoscopic examination the fundus

(a) *Medical Chronicle*, June, 1885.

(b) See case reported in *Lancet*, Sept., 1885, by Mr. H. Fenwick.

(a) See paper in *British Medical Journal*, Aug. 26th, 1885.

in both eyes is seen to be normal. Patient while being examined had an attack, with some loss of consciousness, and slight convulsive movements, from which, however, he readily came round on being shaken and spoken to. The urine is about normal in quantity, and is pale in colour, sp. gr. 1015. Soon after admission he had suppression of urine for thirty hours, followed by an abundant emission of pale limpid urine, in which a minute trace of albumen was present. None was found either before or after this occasion in other specimens of urine. His temperature was normal or slightly below.

Patient gradually became thinner and weaker, until he was altogether unable even to sit up in bed for more than a few minutes at a time. He generally vomited his meals, no matter what was the nature of the food, and this occurred even when the patient was put exclusively on a milk diet. Predigestion of his food by means of Fairchild's pancreatic powders seemed to relieve this symptom for a time, but it soon returned. Cod-liver oil he was unable to take, but he managed to retain an emulsion of the oil with extract of malt (Kepler's), and this seemed to be attended with benefit to the patient.

At the end of two months' stay in the hospital, being dissatisfied with the progress of his case, he left at his own request, but was admitted ten days later, much the worse to all appearances, and somewhat feverish, and after lingering on for another month, becoming progressively more emaciated, but preserving his intelligence unimpaired, he died from sheer exhaustion. A fortnight before the fatal termination the sickness returned with renewed violence, and nothing seemed to check it.

*Autopsy.*—*Rigor mortis* well marked. Body extremely emaciated. Brain weighed 44 ounces, and its substance was firm and normal to naked eye examination. Cord removed, substance firm and apparently healthy. Heart 8½ ounces, normal, valves healthy. Pancreas 3¼ oz., normal. Liver 49½ ounces, normal appearance on section. Kidneys—*right*, 3½ ounces, small, red, and granular, cortex diminished, capsule adherent; *left*, 1½ ounces, contracted into a cyst, the only kidney substance remaining being a piece about the size of a hazel-nut at the lower end. The ureters were markedly dilated and hypertrophied, the walls of the bladder were also hypertrophied. No trace of urethral stricture could be discovered. There was no evidence of disease in the chest.

## Transactions of Societies.

### SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

OPENING MEETING OF THE SESSION 1885-86, THURSDAY, OCTOBER 8TH.

RUTHERFORD J. PYE-SMITH, F.R.C.S., President,  
in the Chair.

THE PRESIDENT read a paper on  
HERNIA,

which will be found on page 420.

In the discussion which followed, the Vice-President, Mr. GARRARD, agreed very strongly with Mr. Pye-Smith in the point made by him, as to the influence of phimosis in inducing hernia. He dwelt upon the immense strain that is rendered necessary in passing water in such cases. He also believes that whenever it is possible to reduce a hernia without opening the sac, it ought not to be opened.

Dr. MARTIN asked Mr. Pye-Smith whether he had had any experience of aspiration, injection of morphia into the tissues of the tumour, or of the use of the ether spray in attempting to effect reduction, as these measures had all been tried and found useful in several cases.

Dr. KNIGHT asked the reader of the paper's experience as to the effect of atropine and belladonna. He had seen these remedies used successfully where taxis had failed to reduce the hernia.

Mr. ARTHUR JACKSON was surprised upon looking into the subject to find how heavy a mortality attended operative interference in hernia cases. There were 450 cases operated upon in the course of twenty years at St. Bartholomew's Hospital; of these 120 died. He asked the

question: Could nothing be done in the way of improved treatment to reduce so great a fatality? He altogether disapproves of a comparison being made between the mortality attending cases in which the sac was or was not opened. He thinks the use of the bath and of the administration of opium are not as fully and fairly tried as they were in former times. He would not like in many cases, to add to the shock of operation the attempt to effect a radical cure. Mr. Jackson reminded the members that Paget and Solly had laid it down as a law that in cases of long-standing hernia, in which the man himself has been accustomed to reduce it, and in which he fails to accomplish reduction, the surgeon, however clever he may be, ought not to attempt the reduction of that hernia by taxis. He dwelt on the great difficulties which were sometimes experienced in diagnosing strangulation of the bowel, in cases in which there were none of the usual signs of strangulation, and yet which, if left to themselves, are sure to go wrong. Having cited a case which had occurred in his own practice of this nature, he pointed out the danger of not opening the sac, and he, therefore, could not agree with the opinion of Messrs. Pye-Smith and Garrard, that whenever reduction was possible, it ought to be effected without opening the sac. In his own case, returning the hernia without having opened the sac would have proved fatal. He also takes exception to the idea that it is an innocuous proceeding slicing off portions of the omentum. Under no circumstances would he like to cut off large pieces of gangrenous bowel, nor did he approve of scarification of the bowel.

Mr. PYE-SMITH, in reply, had no experience of aspiration, injection of morphia into the tumour itself, ether spray, or atropine. He did not like the idea of aspiration, fearing it might lead to mischief through want of closure of the puncture. He agreed with Mr. Jackson that comparisons between cases in which the sac had or had not been opened were not advisable. He considered it a safe rule to lay down, "When in doubt operate."

## Sanitary Department.

### THE ETIOLOGY AND SPREAD OF DIPHTHERIA.

Few problems of modern scientific medicine are of greater interest than questions relating to the causation and propagation of diphtheria, especially at a time like the present, when this dread disease is rearing its head amongst us in a menacing manner, and is bidding fair to replace, in its havoc-making qualities, the now fast diminishing enteric fever. We, therefore, welcome, with more than usual satisfaction, the fact that the Government has been devoting some attention to this subject of late, and that, owing to the recent increase of the inspectorial staff at Whitehall, some eight careful inquiries have lately been made in this direction. It is our purpose to first present our readers with a brief epitome of each of these several investigations, and then to make a few remarks concerning them.

Dr. Simpson, at Shaftesbury, found diphtheria associated with a water-logged soil, and a damp, flooded state of houses; there was recurrence of "sore throat" each autumn; and throat disease prevailed amongst pigs and horses kept on premises which were invaded. School attendance helped to spread the disease.

The same observer also discovered at Wellington the co-existence of defective drainage and damp dwellings with diphtheria; in houses which suffered, the walls and floors presented growths of fungi and mould, which, on examination, were found to contain bacteria and micrococci; these organisms were also discovered growing on the surface of a cut potato lying in one of the attacked houses. Dogs, horses, and cows died of throat disease in some parts. The disease was introduced into school, and spread thence largely by personal communication.

Dr. Spear, at Spilsby, found the disease associated with a damp and flooded state of houses, as well as manure and sewage nuisances. There was a chain of cases from one autumn to another, when the disease broke out with redoubled intensity. Deaths were so rapid that the disease was occasionally registered as "heart disease." In some of the early cases food from a pig, which had suffered some unusual illness, was taken. School attendance was a powerful agent in disseminating the disease.

Dr. Sweeting, in his report on the Farnham Registration District, found that at Aldershot diphtheria deaths had been registered as due to "croup," "laryngitis," and the like for some years, before they were recognised as epidemic diphtheria. This was associated with defective and unsatisfactory closet accommodation, want of proper sewer ventilation and flushing, and improper methods of house drainage. The disease spread by personal communication between camp and town, and by utter absence of isolation. At Farnham the disease had been imported, and there had been a continuous series of "white throats," followed by undoubted and fatal diphtheria. Drain and ditch nuisances were associated with the prevalence, and this was kept up by unrestrained personal intercourse. At Ash the disease had been imported from Aldershot, and was kept up and spread by school-means; the same was the case at Frimley; whilst, around Farnham town, the villages owed their diphtheria to it. In all these places, diphtheria, once imported, found a congenial soil and *habitat* in grave privy and drain nuisances.

At Kempston, Dr. Sweeting judged attack to be determined by no special local insanitary condition, but to be related to age and season. The malady was imported from the neighbouring town of Bedford, and spread, almost entirely, by a certain school, in the "infant" division of which (containing children from three to seven years) overcrowding occurred habitually, but especially during autumn, after the return from the harvest holidays. The disease was also extended greatly by non-recognition of so-called cases of "mumps" and "bad colds."

Dr. Gresswell, in his inquiry at Glandford Brigg, found that the disease had been imported from outside to the place, and spread both by personal means and by a particular school, at which the ventilation was bad and the closets out of order.

Dr. Sweeting found fatal diphtheria at Tottenham to be associated with defects of sewer ventilation and flushing, an intermittent water-supply (with its corollary of dirty cisterns), imperfect system of refuse disposal, damp floors and yards. Its spread was facilitated by school attendance and want of isolation.

The same Inspector found that at Whixley, diphtheria had been imported to the school from Green Hammerton, and that, having gained a foothold here, it was spread broadcast throughout the place. There was no special insanitary circumstance determinant of primary attack, incidence and fatality being both largely dependent on age and season; there was, however, excessive dampness and an abundance of green mould in houses where attacks recurred. There were second attacks in the same individual of varying intensity. The influence of the school in spreading the disease was heightened by the ill-ventilation of its "infant" division, and the foul state of the unemptied cesspool, receiving the contents of the school latrines.

From a review of these several Reports, which necessarily vary according to the "personal equation" of each observer, we are at once struck with the fact that school attendance helped to spread diphtheria in all the cases inquired into, this being associated in three cases with bad ventilation, overcrowding, and defective closet conditions. Excessively damp circumstances were associated with the disease in half the cases, and drain and sewage nuisances in several of them. Animal illness of a diphtheritic nature was observed twice in relation with true human diphtheria, and on one occasion animal food was suspected. Lastly, the reports show how an epidemic disease may be fostered by its ignorant or wilful mis-registration.

**The Mortality of Foreign Cities.**—The annual death-rates per 1,000 in the principal foreign cities, according to the last weekly returns communicated to the Registrar-General, are as follow:—Calcutta 30, Bombay 24, Madras 30, Paris 20, Geneva 19, Brussels 15, Amsterdam 19, Rotterdam 20, The Hague 21, Copenhagen 16, Stockholm 18, Christiania 18, St. Petersburg 22, Berlin 20, Hamburg 23, Dresden 21, Breslau 23, Munich 30, Vienna 19, Prague 26, Buda-Pesth 23, Trieste 24, Rome 22, Venice 22, New York 23, Brooklyn 20, Philadelphia 18, and Baltimore 17.

REGISTERED FOR TRANSMISSION ABROAD.

## The Medical Press and Circular

Is published every Wednesday morning Price 5d. Post free 5½d.

POST FREE TO ANNUAL SUBSCRIBERS . . . £1 2 0  
" IF PAID IN ADVANCE . . . 1 1 0

Post-office Orders and Cheques to be drawn in favour of—

A. A. TINDALL, 20 King William Street, Strand, London, W.C.

A. H. JACOB, 3 Molesworth Street, Dublin.

Agents for Scotland:—

MACLAHLAN & STEWART, South Bridge, Edinburgh.

A & W. STENHOUSE, Hillhead, Glasgow.

Sole Agent for the Continent:—

JOHN F. JONES, 31 Bis, Rue du Faubourg Montmartre, Paris.

ADVERTISEMENT SCALE—Whole Page, £5 Os. 0d. Half Page, £2 10s. 0d.; Quarter Page, £1 15s. 0d.; One-eighth Page, 12s. 6d.

Small Announcements of Practices, Assistances, Vacancies, Books, &c. of Seven lines or under, 4s. per insertion; 6d. per line beyond.

Considerable reductions are made from the foregoing Scale when orders are; even for a series of insertions. Letters in this department should be addressed to the Publishers.

SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIÈRE, Rue Hautefeuille, Paris—post free in advance, £1 5s. 6d. per annum.

SUBSCRIPTIONS FOR RUSSIA are received by Messrs. RAJCHMAN and FRENDELER, 18 Senatoren Street, Warsaw—post free, £1 5s. 6d. per annum.

SUBSCRIPTIONS FOR THE UNITED STATES are received in New York by Messrs. WILLMER & ROGERS; Philadelphia, by Dr. BRISTON; post free in advance, 5½ dollars (£1 5s. 6d.) per annum or direct from the Offices in this country for the same amount, if remitted by International Post-Office Order.

## The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 4, 1885.

### A PROMISING OUTLOOK.

THE meeting of Fellows and Members of the Royal College of Surgeons of England, which was held on Thursday last in the theatre of the College, was in many ways remarkable. As a gathering it taxed the capacity of the spacious chamber set apart for its reception to the utmost, and it cannot fail to have left a deep and lasting impression on the members of the Council, who were in a measure arraigned before it. The Chairman for the occasion was the new President of the College, Mr. W. S. Savory, and it is due to him to say that his duties were discharged in a manner that made the unanimous vote of thanks accorded to him at the close of the meeting a thoroughly legitimate compliment. Difficult though the task must have been to one so fixedly opposed to granting the demands of the reforming party as Mr. Savory is well known to be, he nevertheless succeeded in preserving a bearing of impartiality which only once seemed to be in danger of yielding to another feeling, and that was when the determination of the meeting to assert its rights of free assembly brought it to the verge of direct collision with constituted authority. The incident arose out of the desire of Fellows and Members to assure themselves that the representations made at the time on their behalf, should at least be considered by the Council and replied to by it officially, to which end a proposal was made for adjourning the meeting to a date

following that of the Council's next deliberation on November 12. This proposition was immediately vetoed by Mr. Savory, who somewhat unwisely, perhaps, proceeded to insist that the Council alone could decide on such gatherings. Not unnaturally the meeting rose as one man against so arbitrary a neglect of its expressed wishes, and no amount of reference to bye-laws and regulations sufficed to calm the excitement, which culminated in a request to the President to refer the matter forthwith to the Council behind him. We think the course pursued by Mr. Savory was, in the predicament, as dignified as circumstances permitted. He acquiesced in the suggestion unanimously supported, and after a short consultation it was announced that the desired meeting would be summoned with as little delay as possible.

Perhaps this single incident was one of the most important of all the afternoon's occurrences. For the first time in the history of the College the will of the Fellows and Members asserted itself over that of the Council as represented by its chief officer, and the overwhelming power of numbers of necessity proved superior in a conflict with the oligarchy to which the College has so long been subject.

The principal business of the day was commenced when Mr. Sampson Gamgee, of Birmingham, rose to move a resolution "That the Council of the Royal College of Surgeons, not having accepted the principle that Members as well as Fellows should take part in the election of the Council, in the opinion of this meeting steps should be at once taken to memorialise Parliament and the Crown so as to secure, in the interests of the public and of the profession, the right to representation in the administration of the affairs of the College for its 16,500 legally qualified members." The speech in which Mr. Gamgee enforced the arguments in favour of this reform was at once eloquent and unanswerable; while the effect it must have produced upon the Council, or at least of that small section of it which obstinately refuses to yield their improperly exclusive privileges, can only be imagined, since, notwithstanding an unmistakable invitation to it to speak in self-defence, no member of the Council ventured to break the silence, presumably dictated as the course to be followed at the meeting. Hence Mr. Gamgee's crushing accusations fell on unresponsive, though—as the listeners' countenances sufficiently proved—not inappreciative ears; and at the close of his most admirable exposition of the case of the Members it almost seemed as though conviction might have been carried to the most unyielding soul. Nor were succeeding speakers any less emphatic in denouncing the selfish policy of the past, and in demanding immediate reform in the future, though we regret that one or two speakers with more zeal than discretion or good taste essayed to strengthen a cause eminently stable on its own supports, by resorting to a strain that can only be characterised as abusive. However, this slight unpleasantness was so plainly at variance with the feeling of the majority that an unmistakable outburst of displeasure speedily put a stop to such utterances; and thenceforward the flow of oratory was well kept within legitimate channels, and was, on this account, by no means enfeebled in its attacks on abuses.

The speeches on the resolution were all delivered from that part of the theatre devoted to the accommodation of members; but it was not, therefore, when put to the vote, supported by them alone, for the sea of hands raised in its favour extended over all parts of the crowded theatre. So numerous, indeed, were the assenting votes that the secretary of the College, when directed to count the uplifted arms, despairingly exclaimed that such a task was impossible; and those dissenting from the resolution were thereupon requested to signify their dissent in a similar way. About four or five hands were then held up, all of them on the Fellows side, and this may be taken as the whole amount of opposition sustained by the motion. This result is naturally one on which we are able to congratulate all concerned. The advice tendered by us to the meeting, viz., "That the Fellows and Members should, for the purposes both have in view, unite in common agreement," was followed to the letter; and the consequence is that the Council is now provided with incontestable proof that it dare not any longer trifle with the constituency it has so long misrepresented. If any uncertainty still remains in the mind of Mr. Savory, or in any of his colleagues disposed to follow his most impolitic lead, we may rest assured that the next meeting at which he presents himself as an unyielding opponent of reform, will convince him that compromise alone lies before him, unless he prefers that the welfare of the College shall be temporarily wrecked through his shortsighted neglect of the signs around him.

But we cannot think that, after this unmistakable display of their intentions, the Associations of Fellows and Members will any longer seek in vain to change the recorded decision of the Council. The latter is now conscious of the spirit it has awakened; it has been roughly roused from its fancied security of power; and it has been pretty clearly demonstrated before it that nothing in furtherance of its hopes can be expected from the sources whence it has hitherto been wont to draw its force. Now, any fresh application of the twenty or thirty who constitute the executive of the College, will be opposed by the seventeen or eighteen thousand Members and Fellows, who deny the right of the Council to rule irresponsibly; and hence, we believe, that after duly considering all things, the Council will ere long meet its constituents, prepared to accept and admit the just claims laid before it.

#### THE PRIVILEGES OF BRITISH PRACTITIONERS IN THE COLONIES.

WE recently recorded the fact that the "Medical Board of Natal" had, by authority of a Licence and Stamp Law passed by the local legislature, imposed upon all members of the profession in the Colony a licence, for which they insisted upon being paid a tax of £5, and had, moreover, refused to allow any one to practise without such licence. We have looked into the law of this proceeding, and are confirmed in our belief that no Colonial Parliament nor any officer acting under its authority, has power to debar from the free practice of his profession, a practitioner duly qualified under the Medical Act of 1858, and



any such practitioner may practise without licence in any Colony of Great Britain. The 31st section of that Act says: "Every person registered under this Act shall be entitled, according to his qualification or qualifications, to practise medicine or surgery, or medicine and surgery, as the case may be, in any part of Her Majesty's dominions, and to demand and recover in any court of law, with full costs of suit, reasonable charges for professional aid, advice, and visits, and the cost of any medicines or other medical or surgical appliances rendered or supplied by him to his patients."

In March, 1879, the College of Physicians and Surgeons of Ontario raised this question and petitioned the Governor-General in favour of the repeal of the above-quoted clause of the Medical Act so far as it affected the colonies. That petition was sent to the General Medical Council, who took the legal opinion of Mr. Jenkyns on the subject, and his advice was as follows:—"The Act of 1858 . . . gives practitioners registered in the Medical Register of the United Kingdom a right to practise throughout the Queen's dominions. The Act, 31 and 32 Vic., cap. 29, relaxed the law in favour of the Colonies, by allowing a Colonial Legislature to require registered United Kingdom practitioners to be registered in the Colonial Register, but it preserved the right of those practitioners by allowing them to claim registration as of right. Under this Act, if the Ontario Legislature requires medical practitioners registered in the United Kingdom to be registered in Ontario, the Ontario registrar is bound to register them, but otherwise the Ontario registrar is not obliged to register them, although unable to prevent their practising without being registered." This opinion was subsequently communicated by the President of the General Medical Council to the Privy Council, and the petition of the Ontario Colleges was therefore refused. We do not doubt that this view of the law is perfectly correct, and that it is illegal to impose a licence in any of the Colonies, or to require payment of a tax for such a licence. Any practitioners duly qualified and registered under the Medical Act of 1858 may insist on being registered under a Colonial Act without payment, and may then practise without any licence.

### Notes on Current Topics.

#### The M.R.C.P. London.

THE facilities afforded to intending candidates for the Membership of the Royal College of Physicians of London to undergo examination at the time of year most convenient to them, were in danger of being seriously curtailed on Thursday last. At a meeting of the Comitia of the College, held on this date, it was proposed by Dr. Wilson Fox "that a committee be appointed, consisting of the past and present Censors of the College, to consider how far it is desirable that the examinations for the Membership of the College should take place twice instead of four times yearly, and to make such other recommendations with respect to the mode of conducting these examinations as may appear to them desirable." It is gratifying, however,

to find that the good sense of the meeting prevailed against a proposition so distinctly retrograde in character, and on a vote being taken eighteen declared against the motion, those in favour of it numbering sixteen. The frequent opportunities afforded to medical practitioners of obtaining the distinction conferred by the possession of the diploma of Membership of the College of Physicians is a privilege that is largely availed of by many men whose engagements would almost certainly prevent their attaining so desirable an object of ambition were it not that the examinations admitting to it occur once a quarter. And it would be a most undesirable thing were the College voluntarily to limit the occasions on which the diploma may be secured.

#### The College of Physicians on the Qui Vive.

THERE are indications that the Royal College of Physicians of London is at last awakened to a sense of the important duties that should be performed by it, but which it has so long neglected to discharge; and we may reasonably hope that ere long it will be found asserting its rightful position in the world of medical politics. In proof of this more healthy state of things, we record with pleasure that at a meeting of the Comitia of the College on Thursday last the following resolution, moved by Dr. West, and seconded by Dr. Sieveking, was adopted:—"That it be referred to the Council to consider the possibility and expediency of this College taking a more active share than heretofore in the guidance of medical education, and in furthering every measure calculated to promote the interests of the profession and the public weal." To this the mover added the suggestion that standing committees of the College should be appointed to supervise and report on (1) education and examinations; (2) professional interests; and (3) public interests; and this was likewise assented to by the meeting. It would be difficult to exaggerate the importance of this most salutary decision on the part of the Comitia of the College. If the course sketched out is effectively followed, the College will for the first time in its more recent history exert a direct influence over the education of its future constituents, and under its fostering care we may expect to see the introduction of many improvements which, though long acknowledged to be necessary, have been continually deferred in the absence of an efficient guiding hand. It is almost too much, however, to hope for any real fulfilment of the promise held out in the suggestion for a committee on "professional interests." If this means—as it ought—that henceforth the profession will find a champion in the College of Physicians on those occasions when its rights and liberties are deliberately outraged—as, for instance, by the offences of unqualified practitioners—then indeed is a happier day about to dawn for the long-suffering and much-tried general practitioner. But we do not venture as yet to indulge in too extravagant dreams of coming security under the wing of a great and powerful corporation; we are willing to accept the signs of reviving interest in the profession and in its relations to the public; and while accepting the promise of help, we will welcome almost every additional indication that matters are assuming a guise more befitting the times in which we live.

### A Hospital for Women.

A HOSPITAL for Women has been opened at Toronto by the Sisterhood of St. John the Divine of the Church of England. As yet the institution is framed upon a most modest scale, but hopes are entertained that it will ere long expand into proportions commensurate with the hopes of its promoters; and there can be no question that if it meets with the success it deserves the movement will ere long command a large amount of support. With far-seeing wisdom the regulations applying to it have been framed in a very liberal spirit, and there is an absence of the red-tapeism which too often leads to the wreck of special organisations of the kind. We wish the new hospital all success.

### The International Congress of 1887.

THE action of the Committee of the American Medical Association in its relation to the International Medical Congress of 1887 has already been sufficiently condemned in these columns. We have now to announce that one of the most distinguished Vice-Presidents of the Congress, appointed by the self elected Executive Committee, Dr. Henry J. Bowditch, has resigned the post assigned to him, and in a letter to the *Boston Medical and Surgical Journal* he explains the motives which have influenced him in his decision. On all sides it appears that the prospect of a successful meeting under the auspices of the existing committee are *nil*, and we once more repeat our prophecy that the Congress of 1887 meeting in America must be totally given up.

### Laparotomy for Ileus.

DR. HENRY F. BEAM, of Johnstown, Pa., reports, in the *New York Medical Record*, the case of a lady, *æt.* 48, who had been confined to bed for two months suffering from an obscure trouble. She had jaundice, the pulse was small and rapid, the temperature was 101° F., the patient suffered intense pain, and had fallen away forty pounds in weight. For three days she had had occasional attacks of stercoraceous vomiting. Palpation of the abdomen caused great pain, especially in the right iliac region, where there was a prominence resembling a hernia, beneath which could be felt a hard, round substance. An attempt to move the bowels by enemata was unsuccessful. It was finally determined to operate, and accordingly, chloroform having been administered, an incision two inches in length was made over the point of swelling. The ileum was opened at its point of junction with the cæcum, and the knife immediately struck a hard body. The incision being prolonged, a calculus the size of an English walnut was removed. This was found on section to consist of a small nucleus the size of a buck-shot, surrounded with concentric layers of a material resembling lime, about 1-16th of an inch in thickness. The patient made a good recovery.

### Pilocarpine in Toothache.

If we can relieve this distressing suffering by hypodermic injections of pilocarpine, as Mr. A. P. Kürzakov, of Moscow, says we can, it will truly prove a great blessing. A solution of two grains of the salt in half an ounce

of distilled water was used, the injection being made into the temporal region on the side of the odontalgia. In two of the cases one-eighth, and in a third case one-quarter of a grain of the salt was injected. In all the cases pain disappeared permanently in about an hour after the injection; about the same time salivation and perspiration (caused by the drug) also ceased. In one of the cases, in that of a man, *æt.* 46, with rheumatic peri-odontitis associated with agonising earache, the injections (of a quarter of a grain) produced profuse vomiting, with cyanosis, general weakness, and drowsiness, all of which symptoms disappeared in about an hour and a-half after taking twenty drops of tincture of valerian. The author thinks that this simple plan of treatment fully deserves a further and more extensive trial.

### A New Hæmostatic.

DR. SPAAR, of Brussels, employs two parts of chloroform to 200 parts of water as a hæmostatic in operations on the mouth and throat, and claims that patients thus treated suffer but slight hæmorrhage. He also uses the chloroform water as a spray after excision of the tonsils. This chloroform water seems to close the open mouths of all small blood-vessels instantly.

### Cure of Hydrophobia by Inoculation.

THE great event of the week has been the publication of the results obtained by M. Pasteur in his hydrophobic experiments. On the 27th these results were communicated to the French Academy. The inoculation of the hydrophobic virus upon the dura mater of the rabbit after trepanning communicates with certainty the disease on the 15th day, but if 15 or 25 rabbits are successively inoculated the period of incubation is shortened, and after 86 transmissions from animal to animal it is reduced to seven days. In rabbits thus inoculated the whole spinal cord becomes infected, and if preserved in broth serves as the inoculation fluid; the infected spinal cords are cut into fragments of a few cm. in size, and are suspended in dry air free from atmospheric microbes. Being thus dried the fragments lose their virulence, so that in ten days fragments are no longer virulent, those of nine days but slightly, those of eight days a little more. If, on the other hand, we inject into the cellular tissue of dogs liquids prepared from these fragments, commencing from those most feeble in virulence, the dogs at the conclusion of the series are absolutely proof against hydrophobic. M. Pasteur has 50 such dogs, who have been for a long time proof against rabies. Being satisfied by these results, M. Pasteur, on the 6th July, inoculated the graduated fragments of an infected spine upon a child who had been bitten by an obviously rabid dog; a post-mortem of the animal left no doubt of this. The child presented fourteen bites; it had been inoculated thirteen times in ten days, in presence of Professors Vulpian and Graucher, who had examined the patient, and who had not entertained previously the slightest hope of his recovery. Nevertheless he was cured. Pasteur wished to know whether the decrease in virulence in the spinal fragments could not be explained by the fact that the microbes develop in the tissues which contain them matters which are poisonous to the microbes themselves. M. Vulpian,

as a member of the Academy, expressed his warmest admiration for M. Pasteur's results. Such a discovery, due entirely to Pasteur's own deductions, and having no other beginnings, throws an incomparable glory upon France. The communication was received by the Academy with great enthusiasm.

#### Meath Hospital, Dublin.

THE winter session of 1885-86 was inaugurated on Monday last, when an introductory address was delivered by Dr. Arthur Wynne Foot, the senior physician of the hospital. In the evening a very successful dinner for the re-union of old students and the governors of the hospital took place in the Shelbourne Hotel, Dr. Foot presiding.

#### Poison in Flour.

A POISONOUS alkaloid has recently been detected by M. Balland in flour which had been kept in sacks for twelve or sixteen months. The presence of the alkaloid in flour which had been kept for three years was very marked, and flour made into pellets with the aqueous extract obtained as above and administered to sparrows proved fatal to them in a few hours. M. Balland thinks that the fact of the formation of this alkaloid in flour may serve to explain certain accidents related in the medical history of ancient wars and attributed partly to the use of bad bread. The publication of these results should serve to awaken the commissariat department of the army to the importance of ascertaining the age of flour purchased by contract, and the mode in which it has been stored. It may be hoped also that further investigations will be made, or that the reactions by which the presence of the alkaloid may be recognised will soon be made known.

#### Acquittal of a Medical Man.

MR. BEATTIE, medical officer of the parish of St. George's-in-the-East, and Mr. Barnes, relieving officer, surrendered, at the Central Criminal Court, to take their trials for the manslaughter of a woman named Jackson. After hearing evidence in which neglect of duty was alleged against the defendants, Mr. Justice Day expressed a doubt whether, under such circumstances, any jury would be likely to convict a medical officer and a relieving officer of manslaughter. He asked if the case had been investigated by a magistrate. The solicitor said it had not. The defendants were only charged upon the verdict of the coroner's jury.—Mr. Justice Day: A coroner's jury is very often led away by sympathy or some other cause to return a verdict of manslaughter without the slightest justification, and it appears to be so in the present case. The solicitor said that the Police Prosecutor felt it to be his duty to take up every case in which life had been lost, and this was his reason for appearing on the present occasion.—Mr. Justice Day: If the Public Prosecutor does what you state, all I can say is that he will very soon become a public nuisance.—Mr. Bealey said he felt it was due to the defendants to say that the board of guardians had entirely exonerated them from all blame in reference to the transaction, and had passed a resolution expressing their opinion that the defendants

had always performed their duties with the utmost kindness and humanity.—The jury then returned a verdict of not guilty.

#### Cocaine in Microscopy.

THE anæsthetic power of cocaine has been turned to account by Professor J. Richard in microscopy as a means of killing hydroids and bryozoa while their tentacles, &c., are still in a state of expansion. The animals are placed in a glass with 5 c.c. of water, and, when they are fully expanded, a  $\frac{1}{4}$  per cent. solution of cocaine hydrochlorate is added drop by drop till it forms a fifth part of the fluid. Half a cubic centimetre of the solution is then added, and in ten minutes the animals are dead, and can be mounted in the ordinary way.

#### A Scientific Definition of Gout.

In a paper ("A Presumptive Diagnosis of Gout") read by Dr. Milner Fothergill before the Medical Society of London on October 26th, he ventured upon a novel definition of gout. Pointing out that when kidneys first make their appearance in the animal world the primitive form of nitrogenised excretion is uric acid. Urates belong to animals with a three-chambered heart, and a solid urine. When the mammalia appear they are found to have a four-chambered heart and a fluid urine, the form of nitrogenised excretion being the soluble urea. When the human liver becomes depraved or degraded it fails in the complete conversion of nitrogenised waste into urea and falls back upon the primitive form uric acid. To the question, then, "What is Gout?" our author replies: "Gout is hepatic reversion; the formation of primitive urine products by a mammalian liver." This is original and ingenious, to say the least of it. It helps to light up the darkness in which the genesis of gout is shrouded. The formation of uric acid in excess by the human liver is an instance of what Dr. Hughlings Jackson terms "dissolution" (as compared to "evolution") manifesting itself in the organic life. This definition puts to rest for ever the old impression that "gout" is a disease of the joints; and tells us clearly that gout may show itself wherever the liquor sanguinis can find its way. Indeed, other forms than articular gout, especially the neurosal, are becoming more frequent at the present time.

#### Licenses to Practice Medicine in Japan.

THE *Supplement to the Transactions of the Sei-i-Kwai* contains a copy of the regulations for the examination of candidates for licenses to practice medicine. The Minister for Home Affairs is to hold examinations twice yearly, six months' notice of the time and place being given. At the time of the examination, he is to appoint an examining committee selected from hospital physicians, or from physicians and chemists of known medical knowledge; a dentist may also be appointed in the case of examinations for licenses in dentistry. A manager is to be appointed to superintend the examinations. The examinations for the license to practice medicine are divided into two parts, unless the candidate can take the whole examination at once. For the license in dentistry there is but one examination, the subjects being dental anatomy and physiology, dental

pathology and practice, dental medicine, dental mechanics, and a practical examination. The subjects of the two examinations for the license to practice medicine are: first, physics, chemistry, anatomy, and physiology; second, theory and practice of surgery and of medicine, *materia medica*, ophthalmology, obstetrics, and clinical observation. A course of study of not less than a year and a half's duration must be pursued before the first examination, and an additional course of like duration before the candidates can be admitted to the final examination. The answers to the questions are to be given in writing; but, under certain circumstances, they may be given orally. Candidates who pass are to receive a certificate, attested by the manager and the examining committee. Rejected candidates are not admitted until after a lapse of at least six months. The fees are, for the primary examination, three *yen* (about fifteen shillings); for the final examination, five *yen*; and for the examination for license in dentistry, five *yen*. The fees are not to be refunded in case of inability to attend or complete the examinations.

#### The Medical Defence Union.

We are glad to notice the formation of the above association, and hope it will meet with very general support. It is quite time that active measures were taken by the profession as a body, to protect themselves against those groundless and cruel charges, which are only too frequently made by hysterical women, as the outcome of delusion, and by designing rogues, for the purposes of extortion. The Bradley case should prove a warning and an example of the risks to which we are exposed in the ordinary routine of practice. There is no need to recall the particulars of that case further, than to say, that had Dr. Bradley been defended by counsel there could have been no possibility of a conviction. It is not open to every practitioner to bear, without hardship, the expenses such a trial would entail upon him. In Dr. Bradley's case, reliance upon the consciousness of his own innocence proved a sorry protection, and landed him into a felon's cell. What would be a matter of grave difficulty to the individual, will be scarcely felt when carried out by the new association. The very knowledge that any investigation which may be instituted must be of a most searching character, will be a protection in itself, especially against such charges as are at present made for the purposes of extortion. The Society has the following objects specially in view:—1st. Where its interference would be just and prudent, to defend, or assist in defending, its members in cases where actions involving questions of principle to the profession, or cruel and groundless charges, are brought against them. 2nd. To suppress unauthorised practitioners. 3rd. To offer its active assistance (without interfering with the just action of any existing council or association) as far as may be deemed judicious, in the promotion or modification of any bill or movement initiated for the benefit of the medical profession. There are already a number of names, more or less well known, upon the provisional general council. Temporary offices have been taken in London at 17 Bedford Row, where further information and papers concerning the Society may be obtained. If

carried out upon the lines proposed, the work being honestly and faithfully done, this Society cannot fail to have a useful career before it, and ought to commend itself to the hearty support of medical men throughout the length and breadth of the United Kingdom.

#### The Dublin Hospitals Inquiry.

THE Commission of Inquiry which was appointed at the suggestion of Earl Spencer in last spring has been occupied in taking evidence during the past week. The Commissioners present were—Sir Rowland Blennerhassett, Bart. (presiding); Sir Richard Martin, Bart.; Mr. Richard Owen Armstrong, J.P.; Mr. Holmes, Treasury Remembrancer; Mr. Charles Kennedy; and Mr. T. Maxwell Hutton, J.P. Dr. Thomas Myles, Secretary to the Commission, was in attendance. The evidence taken was almost exclusively that of the medical and administrative officers of the House of Industry Hospitals, which included Dr. Gordon, Mr. Stokes, Mr. Thornley Stoker, Mr. Thomson, Dr. Jacob, Mr. Kennedy, the Resident Surgeon, Mr. Donnellan, a resident student, and Mr. Mullen, the Registrar. The witnesses examined were Mr. Thomas Hughes, Registrar of the House of Industry Government Hospitals, Mr. William Stokes, Vice-President, and Professor of Surgery of the Royal College of Surgeons in Ireland, and Senior Surgeon of the House of Industry Hospitals, and Dr. William Thomson, another of the surgeons to the same institution. Both these surgeons admitted that the nursing in the Government hospitals was at present unsatisfactory,

We are unable to afford space for the evidence, which was devoted to show the work done by the Hospital for the poor and as an educational institution. The perfunctory performance of their duties by some of the Governors was the subject of criticism, and the nursing system of the Hospital occupied much of the evidence, inasmuch as it was to some extent condemned by the surgeons, but approved by the physician, Dr. Gordon.

Mr. Stoker gave valuable evidence as to the educational work of the Hospital, and Dr. Jacob gave statistical proof that the House of Industry and Steevens's were the only supply of hospital relief to the largest, most densely populated, and poorest district in Dublin.

The controversy resolves itself very much into the question whether the House of Industry Hospitals shall be wholly or partly disendowed, and the money given to Jervis Street Hospital or divided between it and the *Mater Misericordiæ*. In aid of this latter proposition certain newspapers who are allied with the party who govern these latter hospitals have for months been striving in every way to throw discredit on the House of Industry, and a very strong *animus* has been shown by certain of the Commissioners in the same direction.

Moreover, a great effort is being made to raise a religious cry, and to persuade the public that the House of Industry Hospitals have been administered in the interest of one religious party, a statement for which we believe there is not a shadow of foundation.

In this connection we must express our surprise and regret that a surgeon of the hospital under examination should have given his acquiescence to the proposition that the medical appointments to the hospital should be

influenced by religious grounds, and that, to insure such influence, the Board of Governors should be packed with gentlemen of a given religious colour.

We think that the profession at large would repudiate such a doctrine, and would hold the opinion that in such appointment considerations of creed should be, as nearly as possible, totally eliminated. A physician or surgeon should, in our view, not know the religion of his patient, and those who have the appointment should not know the creed of the physician or surgeon. Capacity and industry in the treatment of disease should be the one and only qualification for such position, and though we can hardly hope that electors will confine themselves strictly to these points, we must regret that any excuse should be given to any one to say that the profession recognises any other claim to hospital appointments.

### What is Oulpable Homicide?

LAST Wednesday a chemist and druggist of Greenock, George Armitage by name, was charged with culpable homicide before Lord Adam, at Glasgow, in that he did, on the 22nd of August last, in his shop in Hamilton Street, Greenock, being requested by George Maclean, clerk, on behalf of his mother, the now deceased Jane Warden, or Maclean, to sell him a pennyworth of liquorice powder, culpably and recklessly sell, supply, or dispurse to Maclean, instead of the said liquorice powder, a quantity of nux vomica powder, containing strychnine. The accused pleaded not guilty, and several influential witnesses testified to his care as a chemist. The jury, after an absence of ten minutes, unanimously found the accused not guilty, but recommended that some distinctive colour or marks be put on bottles containing such deadly poison.

### Honorary (?) Degrees at the Royal University of Ireland.

At the annual meeting of the University for the Conferring of Degrees, which was held on Tuesday, October 27th, the honorary degree of M.D. was conferred upon R. D. Lyons, M.P. for Dublin; Robert O. Cunningham, Charles Coppinger, John Campbell, C. J. Nixon, and Patrick J. Hayes; and the honorary degree of M.Ch. upon Charles Coppinger, Anthony Corley, and P. G. Hayes. We should be sorry to say a word in derogation of the claims of these gentlemen, most of whom are well known as practitioners and teachers who have achieved more or less success, but we will not be considered to do them an injustice when we say that some of them are not the "bright particular stars" who are usually selected by Universities for special honour. The family party which administers the University has already made itself ridiculous by selecting as Fellows certain gentlemen whose mediocrity has always been conspicuous, and whose senility must therefore be regarded as their chief qualification. But these Fellowships were a matter of pounds, shillings, and pence, and were distributed by a majority in the Senate to their co-religionists and co-academics, apparently on the principle that scientific attainments have nothing to do with the apportionment of cash. The honorary degrees are, how-

ever, empty distinctions, and if they are not conferred solely for conspicuous merit they cease to be honours at all, and take rank as scientific distinctions with the paid Fellowships. Experience shows us that the family party will not be likely to offer honorary degrees to scientists outside their own party, no matter how distinguished; but if they should make such an offer, we should be greatly surprised if any of those whom the world recognises as really deserving of being picked out of the herd and placed in the seat of honour will care to figure in the same honorary list with some of the gentlemen named above. A University managed on this principle can never soar above the position of a School Board, and it is something of a disappointment that the institution which supplanted the Queen's University, and which, we were told, was to hold a very superior status, turns out to be a mere examining board, with no aspirations higher than such an institution.

### The Copyright of Lectures.

A CASE of some importance to University professors was decided in Edinburgh a few days ago, in which Wm. S. Sime, bookseller, Glasgow, appeared before the Second Division of the Court of Session against a decision given in the Sheriff Court of Lanarkshire granting interdict at the instance of Professor Edward Caird against the publication of a certain work entitled "Aids to the Study of Moral Philosophy." It was contended for Professor Caird that this book being a *résumé* of his lectures from full notes, his property was invaded by Sime. Their Lordships, however, decided in favour of Sime, and already some strong language has been indulged in by Edinburgh professors. We offer no opinion on the legal question at issue, but it is not a little remarkable that, no matter how advanced Scotch professors may be in their politics, they have a strong and common coherency as monopolists. In his introductory address Professor Greenfield remarked, "He had no hesitation in saying that a recent judicial decision would most seriously affect the teaching in the Universities of this country, unless it were reversed by a higher tribunal. He did not for a moment question the interpretation of the law as it now stood, but the point of practical importance was that it altered the relations of mutual confidence between teacher and taught, which was one of the greatest aids to oral instruction."

DR. W. S. PLAYFAIR has been elected an Honorary Fellow of the American Gynæcological Society.

DR. PARSONS BERRY being about to leave Mallow, where he has resided for the past forty years, was presented last week with an address, accompanied by a purse of sovereigns, and a handsome silver salver.

WE learn with much satisfaction that Mr. Joliffe Tunnell, of Dublin, whose serious illness we referred to last week has made gratifying progress towards recovery within the past week. He is under the care of Dr. Banks, Mr. Wheeler, and Dr. Gordon, and is able to take a fair amount of nourishment.

### The New Preliminary Examination Rules.

THE Executive Committee of the General Medical Council has taken upon itself to relax the rule recently enforced by the Medical Council, *i.e.*, that after October 1, 1885, no student should be registered unless he had passed in elementary mechanics, statics, dynamics, &c., in addition to the subjects previously required. The Committee has ordered that students who have passed in the other subjects may, up to June 30, 1886, complete their certificate by passing in elementary mechanics, and that, having done so, they shall be entitled to be registered and their registration ante-dated to the period at which they passed in the other subjects.

### Dublin Hospital Sunday.

THE annual collection in aid of the Dublin hospitals will take place on next Sunday, the 8th inst., and it is to be earnestly hoped that the weather will be propitious. The fund has made steady progress from its inception in 1874, when £3,306 was collected, until last year, when it reached its highest point, and yielded £4,402. It has been the means of distributing £41,721 to sixteen hospitals, a very substantial sum indeed.

### The British Medical Association.

At the meeting of the Council of the Association, last week, the process of clipping the claws of the members of the Association was finally completed. It will be remembered that hitherto, according to the law of the Association, any fifty members might call a special general meeting of the body, and that eighteen months ago the necessary number of members, disgusted with the mismanagement of the Medical Reform question and the senility of the Reform Committee, availed themselves of this privilege. The Council and Reform Committee checkmated these dissentients by a trick, for while they were compelled to grant the meeting, they fixed it to be held in Birmingham, so that none could attend it but themselves, and thus were enabled readily to vote out the remonstrances of the members. But the Council was not content to remain subject to any such remonstrances on the part of the members, and they determined to make such special meetings for ever impossible, for which purpose they proposed at the Cardiff meeting last August a change of rule to raise the number of requisitionists from 50 to 100. This they readily carried by the usual expedient of keeping back the vote upon it until all the members save the family party on the platform had gone away; but, as they had not given proper notice of the matter in the daily journal, an objection was raised to the validity of the meeting at which this vote was taken. The last act of the farce was played out at the Council meeting last week, when it was announced by the President, with as much gravity as he could muster, that the Solicitor of the Council had declared that the meeting and the vote were quite *comme il faut*, and therefore the members were triumphantly shut up. It is by no means the first time that autoocrats have succeeded in temporarily extinguishing discussion, and have been much delighted with their success in doing so; but we may remind the Council that that sort of triumph has been invariably short-lived, and has been always atoned for in

sackcloth and ashes. The family party will yet learn to their cost that the members of the Association have minds of their own, and that when the burthen of despotism can be no longer borne, they can make their opinions felt by wiping out the party who are now so proud of having put the Association to silence.

THE Military Journal of St. Petersburg publishes a Ministerial decree, ordering that each of the Battalions of Chasseurs shall have a midwife on the staff. Their salary will be three hundred roubles, with an additional allowance of one hundred roubles for messing.

DR. JAMES RUTHERFORD, Medical Superintendent of the Crichton Royal Institution, Dumfries, has been elected an honorary Member of the Society of Mental Medicine, Belgium. This is the third distinction which has recently been conferred on Dr. Rutherford by foreign psychological societies.

A NEW and useful instrument, known as the physiographe, has lately been introduced into this country as a substitute for the camera lucida. The prism is replaced by small mirrors and a neutral tint reflector borne on a horizontal arm, and capable of being easily adjusted and focussed. It is said to be easier and quicker to manage than the camera.

## Edinburgh.

[FROM OUR OWN CORRESPONDENT.]

ROYAL INFIRMARY OF EDINBURGH.—FRESH APPOINTMENTS.—Dr. Byrom Bramwell, Pathologist to the Royal Infirmary, Edinburgh, has been appointed Assistant Physician to that institution. This renders the post of pathologist vacant, and already active canvassing is in progress. There is no lack of able and accomplished candidates, and the managers have a difficult office to fulfil in selecting from so many well-qualified men. It is possible that, in view of the recent increase in the amount of the pathologist's labours, the post may be divided, and two gentlemen appointed in place of one. The most likely candidates are Dr. Alexander Bruce, Lecturer on Pathology, Surgeons' Hall; Dr. William Russell, Lecturer on Pathology, Edinburgh School of Medicine; and Dr. G. Sims Woodhead, Demonstrator of Pathology, University of Edinburgh, and Pathologist to the Royal Hospital for Sick Children, Edinburgh. The managers of the Infirmary have also intimated their intention to appoint another assistant surgeon. Mr. Macdonald Brown, Mr. Francis Caird, and Mr. Ross, are spoken of as likely candidates.

ROYAL HOSPITAL FOR SICK CHILDREN, EDINBURGH.—The directors of the Royal Hospital for Sick Children, Edinburgh, having resolved to divide the office of Resident Physicianship, Dr. James Haig Ferguson and Dr. S. Hale Puckle were last week appointed resident physicians to the institution for the ensuing six months. Following the example of the University, the authorities of the Extra-mural School of Medicine have arranged with the directors that instruction in the diseases of children shall be given to the students attending the extra-mural classes. Dr. Underhill and Dr. Playfair have undertaken the duty during the coming winter.



EDINBURGH ROYAL MATERNITY AND SIMPSON MEMORIAL HOSPITAL.—Professor A. R. Simpson has just succeeded Dr. Halliday Croom as physician on duty at the Royal Maternity Hospital. Dr. Berry Hart continues as assistant physician. The house surgeons, Mr. T. Haig Ferguson, M.B., and Mr. S. H. Puckle, M.B., will be succeeded by Mr. Robert Stewart, M.B., and Mr. R. C. Macwatt, M.B.

EDINBURGH UNIVERSITY.—OPENING OF THE WINTER SESSION.—The winter session at Edinburgh University was opened on Tuesday, 27th October, with an introductory address by the President, Sir William Muir. He discussed at considerable length the relative advantages of the English and Scottish systems of University training, and congratulated the students on their selection of Edinburgh. The different classes began on the day following, when suitable lectures were delivered by the different Professors. The number of students seems as large as usual, but it is difficult to estimate this exactly till the class returns have been made. At the Edinburgh School of Medicine work was commenced on the same day.

### Literary Notes and Gossip.

FOLLOWING in the wake of the British Pharmacopœia, we hear that a new Italian Pharmacopœia is to be published at the beginning of next year.

THE well-known neurologist and writer on subjects connected with his chair of psychology, Prof. Berger, of Breslau, is dead.

THE subject for the Fothergillian Gold Medal, to be awarded in March, 1886, by the Medical Society of London, is "The Nature of the Fevers usually termed in this country *Febriçula*, Simple, Continued, and Modified Typhoid."

A MUCH respected American author has recently passed away in the person of Dr. John L. Atlee. He was well and widely known as a surgeon and ovariotomist, and was at one time President of the American Medical Association.

THE Middlemore Ophthalmology Prize of fifty guineas, offered by the British Medical Association, will be awarded in May next for the best essay on "The Scientific and Practical value of improvements in Ophthalmological Medicine and Surgery made or published in the past three years."

DR. PAUL BÖRNER, of Berlin, Editor of the *Deutsche Medizin Wochenschrift*, died on the 30th Sept., at the age of 56. He also edited the *Reichsmedizinisch-kalender* and the *Jahrbuch der praktischen Aerzte*, and he was also one of the most active promoters of the late *hygienische Ausstellung*. His loss will be much felt.

PROFESSOR FUCHS, of Liege, the author of the prize essay on "The Causes and Prevention of Blindness," which has recently been translated into English by Dr. Dudgeon, has been appointed by the Emperor Francis Joseph to the chair of Ophthalmology in the University of Vienna, rendered vacant by the death of Professor Jaeger.

THE first part of the fourth edition of Ziegler's "Lehrbuch der allgemeinen & speciellen pathologischen Anatomie" is now issued. Although the second part of the third edition appeared so recently, the changes in the present edition are neither few nor unimportant. New matter has been added, and the part on new growths, amongst others, has been almost re-written. The second part is expected in the course of the autumn.

DR. FOTHERGILL, in one of his letters to the *Philadelphia Medical Times*, says: "Not only are the products of the United States in drugs and chemicals taking the lead of home productions, but in literature they are threatening the old supremacy of the United Kingdom." On this latter

point we join issue with Dr. Fothergill, who perhaps better than most English authors knows but too well how thoroughly American publishers understand brain-picking.

WE are asked to remind intending essayists for the Astley Cooper Prize that competitions for the next Triennial Prize of £300 must be sent in on or before January, 1st, 1886. The subject of the essay is as follows:—"Diseases and Injuries of the Nerves and their Surgical Treatment, together with the Operations performed upon Nerve-trunks in the treatment of various diseases, and descriptions of the changes which ensue in other structures as well as in the nerves themselves from these operations."

A NEW edition of that well-known "Text-Book of Operative Surgery," by Bernard and Hutte, edited by A. T. Norton, F.R.C.S., has just made its appearance. It is in every sense an *édition de luxe*, printed on rolled paper, with eighty-eight steel plates, hand-coloured, and bound in calf; it is the most magnificently turned out work that has come into our hands for many a day, and it affords us much pleasure to congratulate the publishers (Baillière, Tindall, and Cox) on their part in the work, which we hope to review later on.

IN the November part of the "Miscellanea Genealogica et Heraldica," there is an important communication by Mr. W. J. Harvey on the Coffin Inscriptions in the Harvey Vault, Hempstead Church, Essex. The inscription on the coffin of the celebrated Dr. Harvey is "Doctor William Harvey, deceased the 3 day of June, 1657, aged 79 years." There are no less than fifty-one coffins in the Harvey vault, fourteen of which are of lead, and mostly resembling Egyptian mummy cases in shape, having raised letters and masks of the features thereon.

TO those of our readers who desire to obtain a little knowledge of dental surgery Mr. Barrett's book ("Dental Surgery for Practitioners and Students of Medicine"—London, H. K. Lewis) may be recommended. The author has stated as concisely as possible the substance of what he teaches to students of medicine at the hospital to which he is attached. To those subjects which fall only within the scope of the dentist reference is omitted, the aim being throughout to give as much practical information, and no more, as may suffice the student of medicine in the after-work of his profession.

THE success of "Annals of Surgery," edited in this country by Mr. Keetley, and in America by Dr. L. S. Pilcher, has encouraged Mr. Malcolm Morris to hope that what has been done for Surgery can be accomplished for Medicine. Accordingly, on Jan. 1st the *American Journal of the Medical Sciences* will change its title to *The International Journal*, and will be edited in England by Mr. Malcolm Morris, and in the States by Dr. Minis Hays. Contributions are promised by many well-known and distinguished writers, and if the journal comes up to its prospectus it should form a valuable adjunct to the practice of medicine. The journal will be published quarterly, as heretofore.

TWO other journalistic changes have already been accomplished. The *Students' Journal* has now altered its title to the *Hospital Gazette*, its size increased, and its price raised from one penny to twopence. And our scientific contemporary *Knowledge* will from this month henceforth appear as a monthly instead of as a weekly. In the first monthly part of the new series to hand there is a hitherto unpublished letter from Sir John Herschell to the Editor, Mr. Proctor, on "The Universe," which will be read with much interest, and the number is replete with that thoughtful and varied class of writing—and withal not too severely technical—which has made for *Knowledge* its past and present reputation.

THE October publishing season has this year been more than usually brisk in new books and new editions, if we may take the announcements of the four or five leading medical houses as a guide. Probably this apparent activity may be explained by the custom which has gradually obtained among publishers of strongly counselling authors to concentrate their time and labour to this end, on the plea that "books sell

better" in the autumn than at any other time of the year. There is something to be said for and against this notion, but its effect is certainly more marked this year than before, and we are forced to conclude that obvious advantages have accrued from the practice, or shrewd business men as publishers are credited with being, would not encourage it.

DR. CHARTERIS, of Glasgow, has published "Health Resorts at Home and Abroad" (London: J. & A. Churchill) in a very elegant and convenient form, quite a pattern of what a manual of this class ought to be. In the first place, it contains a map, on which are marked the different spas and health resorts in Britain and on the Continent. Then comes a classified account of different kinds of mineral waters, together with a list of places where each kind exists. A brief description of the spas in the United Kingdom follows, after which those in Continental Europe are similarly dealt with. The information thus given is considerably enhanced by memoranda on sundry subjects, which concludes the volume, including the metric system of weights and measures; preparation and doses of chief drugs of the Austro-German Pharmacopœia, and of some British preparations; and lastly, information regarding routes from London to various health resorts. What more can an invalid require?

THOSE who have been engaged in military or civil practice in India will read Dr. Maunsell's "Medical Experiences" in that country (London: H. K. Lewis) with much interest. In this little book the author recounts his professional experiences as an amateur oculist in India, and gives some rather ludicrous instances of the shifts to which he was put in that capacity. Incidentally he mentions that good spectacles, with lenses of native manufacture, are to be purchased in Lucknow for twelve annas, that is, about eighteen pence a pair. Mr. Maunsell gives an interesting account of a trip made by him to Cashmere across the snow-clad mountains that separate that country from the Punjab, and throughout his work gives various interesting odds and ends about native habits in Upper India. Among these is an account (p. 71) of the manner in which children of labouring women are kept quiet by being placed "with the head in close contact with the bank of a little rill, from which, by means of a piece of hollow bamboo, two or three inches long, a jet of water was carried, falling upon the vertex in a soft, cool stream."

NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our last list, Oct. 14th:—Syphilitic Eruptions of the Skin, by James Startin. Garrod's Essentials of Materia Medica, 11th ed., edited by Nestor Tirard, M.D. Text-Book of Operative Surgery, 2nd ed. (with 88 steel plates, hand-coloured), by Arthur T. Norton, F.R.C.S. A Physician's Pharmacopœia, by J. Bailey. Acne: its Etiology, Pathology, and Treatment, by Duncan Bulkeley, M.D. Vascular Deafness, by Robt. T. Cooper, M.D.

#### ROYAL COLLEGE OF PHYSICIANS OF LONDON.

At the last meeting of this College, on Thursday, October 29th, Dr. Birkett and Dr. J. W. Ogle were appointed Vice-Presidents. The Lectureships for 1886 were also announced, these being "The Gulstonian," Dr. Sharkey; "The Croonian," Dr. P. W. Latham; and "The Lumleian," Dr. Stone.

The following Report of the Committee of Management was received and adopted:—

"Examining Board in England by the Royal Colleges of Physicians and Surgeons:—The Committee have to report that, in compliance with the request of the two Colleges, they have taken into consideration the letter of July 11 from Mr. Thomas More Madden, honorary secretary to the Medical Board of the Children's Hospital, Dublin, requesting that the Colleges will recognise the certificates of attendance on the practice of the Children's Hospital and the clinical lectures delivered therein, as well as the certificates of proficiency in the practice of vaccination given by its staff to such pupils as may be entitled to receive these certificates; and that, having considered the same, they have adopted the following resolution as their recommendation to the two Colleges on the subject, viz.:—

"That it be recommended to the two Colleges that Mr. Madden be informed, in reply to his communication, that the

Colleges see no reason for altering their Regulations by adding the Children's Hospital, Dublin, to the institutions at present recognised by them.

"The Committee have further to report that, in pursuance of the provisions of Section 6 of the Scheme for the Examining Board, by which one representative from each College is required to retire annually from the Committee of Management, both retiring members being eligible for re-appointment, the two junior members, viz., Dr. Norman Moore and Mr. William S. Savory, retire from the Committee."

Dr. Norman Moore was reappointed on the Committee. Dr. Priestley was appointed an Examiner in Midwifery, and Mr. Morratt Baker an Examiner in Surgery.

The following resolution was adopted as proposed:—

By Dr. West: "That it be referred to the Council to consider the possibility and expediency of this College taking a more active share than heretofore in the guidance of medical education, and in furthering every measure calculated to promote the interest of the profession and the public weal."

The following motion by Dr. Wilson Fox was negatived: "That a Committee be appointed, consisting of the past and present Censors of the College, to consider how far it is desirable that the Examinations for the Membership of the College should take place *twice* instead of *four* times yearly, and to make such other recommendations with respect to the mode of conducting these examinations as may appear to them desirable."

#### THE NEW JERVIS-STREET HOSPITAL.

A BRIEF historical sketch of the old "Charitable Infirmary," Dublin, will well serve to illustrate what great results may sometimes follow from very small beginnings. When, one hundred and sixty-seven years ago, six medical men, practising in this city, combined—with most unostentatious benevolence—to found a humble "home" in a back street, wherein to afford refuge and professional aid to *four* sick poor persons, they scarcely could have anticipated that a successor to their modest asylum should one day arise in Dublin in the shape of a noble structure, large and commodious, replete with every refinement of the latest scientific invention suitable for the comfort and care of the sufferers from disease or injury, and fitted to accommodate three hundred patients. The splendid building, so perfect as a hospital in all its appointments, which was so auspiciously re-opened on Thursday last, October 29th, is the structural offspring of the "Parent House" in Cook Street, where, for the first time in Dublin, residence and skilled medical and surgical assistance were gratuitously given to those needing them in a public charitable institution.

In the year 1718, George Duany, Patrick Kelly, Nath. Handson, John Dowdall, Fr. Duany, Peter Brennan, founded the "Charitable Infirmary" in Cook Street, and, as was recorded in an inscription on one of the walls—"Soli Deo Gloria, served the poor without fee or reward." This proceeding so commended itself to the general public, that generous contributions were promptly given to support and help to carry on the charity, and thus the founders were soon enabled to rent a larger house on the King's Inns Quay, where they received and attended fifty intern patients, until an eligible plot was found in Jervis Street, and the "Charitable Infirmary" was located in a house there, procured from Lord Charlemont, in a part of the city peculiarly well adapted for the purposes of the Institution.

In 1792, the Governors applied to the Crown for a Charter, which was granted, and in 1803 the Governors determined to rebuild, and, having had the old house taken down, went to work energetically, and in a short time had a new hospital erected.

In the year 1808 an event of great interest to the medical profession in Dublin, serving to mark a distinct advance in the progress of professional education in Dublin, occurred in connection with the hospital. In that year courses of lectures on the theory and practice of medicine and on clinical surgery, were given in the institution, and a beginning was thus made of that system of practical and clinical, medical and surgical teaching, which, in its expanded and developed form, has been such a marked feature in the later history of the hospital, and from which so many students afterwards rose to enjoy a world-wide reputation in the domain of medicine. It was here that Wallace studied and

elucidated the difficult problems of dermatology and syphilis; that O'Brien verified the great value of the "Long Tube" that bears his name; that Adams gained his great experience, and found much of the materials for his work on rheumatic arthritis; that Wilmot acquired his exact knowledge and unrivalled skill in the treatment of genito-urinary affections; that Corrigan instituted those researches into pulmonary and cardiac pathology which will be for ever identified with his name; that Neligan closely observed cases of cutaneous disease, and amassed that profound information which enabled him to produce his classical work on the "Maladies of the Skin;" that Harrison studied the anatomical details conspicuous in the famous "Dublin Dissector;" and that O'Reilly perfected his unrivalled surgical ability.

The hospital, built in 1803, having, by lapse of time and on other accounts, become totally inadequate to fulfil its requirements, it was decided to rebuild once more, on a very enlarged scale, and at an expense of £40,000. This great work, commenced in 1877, and there has been raised up a hospital of whose salient features the following is an abridged description:—

It measures 167 feet in length, 66 feet in depth, and is 100 feet high. The basement story is 13 feet from floor to ceiling. The four stories above it, which will be occupied by the patients, are faced with limestone and red brick, thus securing that dryness and warmth so essential to a hospital. The walls are 3½ feet thick. Within them are provided airshafts and exhausts for the different stories, so as to secure ventilation without unduly lowering the temperature. The floors are fire-proof, and the interior of the building is in keeping with its exterior effect. There are four wards, each of which is 142 feet long, 30 feet wide, and 21 feet high, providing ample space for 36 beds in each ward, and giving, it is calculated, 2,485 cubic feet to each patient. The wards are heated by hot water. Baths and lavatories are provided at each end, in detached towers off of each ward. Access to the wards will be given by glazed corridors at rear, by the staircases and by hydraulic lifts. The roof is fire-proof, being constructed of iron and concrete asphalted. This asphalted roof, which is surrounded by a handsome balustrade, extends the entire length of the building, and contains 5,100 superficial feet, forming a splendid exercise-ground for the patients.

#### ACADEMY OF MEDICINE IN IRELAND.

The third annual general meeting of the Academy of Medicine in Ireland was held in the King and Queen's College of Physicians on last Friday. Dr. Banks, the outgoing President, occupied the chair.

The General Secretary, Mr. Thomson, read the report, which showed a steady increase in the number of Fellows and members, and a balance in bank of £385.

On the motion of Dr. Robert M'Donnell, seconded by Dr. Quinlan, it was resolved—"That medical officers of the army and navy, and registered medical practitioners not residing within fifteen miles of Dublin, be eligible as Fellows of the Academy on payment of the entrance fee and an annual subscription of £1 1s."

The Scrutineers having reported that Dr. Robert M'Donnell, F.R.S., had been elected President for the ensuing three years, Dr. Banks congratulated the Academy upon its success, the result of the amalgamation of societies. Such an amalgamation, he said, has been long contemplated in London, but the attempts have not been successful. The idea was that the metropolitan societies should be clustered round the Royal Medico-Chirurgical Society, and Mr. Marshall, in his presidential address to the Medico-Chirurgical Society, speaking on the subject of combination, alluded to the Irish Academy as affording an example of such a combination as full of promise, and an encouragement to future efforts on the part of the London societies in the same direction. He spoke of the in-coming President, Dr. M'Donnell.

Dr. Robert M'Donnell then took the chair amid loud applause, and thanked the Academy most sincerely, and from his heart, for the honour conferred upon him. He regarded it as the greatest honour which the profession could confer upon him, and it was impossible for him to express the gratitude that he felt. He proposed a vote of thanks to their late President for his services to the Academy.

The vote was carried by acclamation.

The following were declared elected officers for the ensuing year:—President: Robert M'Donnell, F.R.S.; General Treasurer: George F. Duffey; General Secretary: William Thompson. *Council of Medical Section*: President: Dr. F. R. Cruise, President of the King and Queen's College of Physicians; Drs. Hawtrey Benson, J. Finny, Gordon, Grimshaw, Hayes, Kennedy, Montgomery, Secretary; J. W. Moore, William Moore, and H. C. Tweedy. *Council of Surgical Section*: President: Sir Charles Cameron, President of the Royal College of Surgeons; Messrs. John K. Barton, Colles, Coppinger, Croly, Franks, Hamilton, Mapother, O'Grady, Thornley Stoker, W. Stokes, Secretary. *Obstetrical Section*: President: T. More Madden. *Obstetrical Council*: Drs. Lombe Atthill Byrne, Cranny, Dill, Belfast; Horne, Kidd, Neville, Secretary; Purefoy, Roe, Smyly. *Pathological Section*: President: Thomas E. Little. *Pathological Council*: Drs. Ball, Wallace Beatty, Bennett, Benson, Corley, Foot, Lentaigue, Purser, Walter G. Smith, J. B. Story, Secretary.

The Academy then adjourned.

### Medical News.

**Royal College of Physicians of London.**—The following candidates, having passed the necessary examinations, were admitted Members of the College on Thursday, October 29th:—

Boxall, Robert, M.D. Brussels  
Collins, M. Colman, M.D. Q.U.I.  
Garrod, Archibald Ed. M.B. Oxon.  
Habershon, Samuel Herbert, M.B. Cantab.

Mitra, Jogendra Nath  
Shaw, Lauriston Elgie, M.D. Lond.  
Vinrace, John Hinks, M.B. Lond.  
Williams, Dawson, M.D. Lond.

The following candidates were admitted Licentiate of the College on Thursday, October 29th:—

Archard, Alexander Louis  
Ackland, Charles Kingley  
Aldous, George Frederick  
Bazoom, Horace  
Bathurst, Lancelot  
Bindloss, Edmund Frederic k  
Blair, James Andrew  
Bratton, James Allen  
Brown, Lewis  
Burrell, Arthur William  
Burton, Frederick William  
Cones, John Archibald  
Cory, Isaac Rising  
Davis, Arthur Holdsworth  
Dudfield, Reginald Samuel Orme  
Emery, Frederick William  
Ewart, Charles  
Gandevia, Merwanjee Nourojee  
Gardner, Henry Willoughby  
Gayford, Charles  
Giles, Ernest Ormond  
Godfrey, Albert Edward  
Griffin, Richard Park  
Halley, Percy Oswald Ward  
Hodgson, Ralph  
Hughes, John Douglas  
Hurbutt, Spencer  
Knowles, Frederick Joseph  
Koettlitz, Maurice

Martin, James Pirie  
Moore, Walter Francis, M.B. Durh.  
Nichol, Frank Edward  
Ogle, Arthur Wesley  
O'Meara, Frederick Arthur  
Thomas  
Owen, Richard Jeffreys  
Phillips, Ernest William  
Pollard, George Richard Mackintosh  
Raw William Edmund St. Michael  
Reed, Henry Albert  
Shadbolt, Lionel Piessepoint  
Smith, John Turville  
Southern, John Acton  
Sumner, Benjamin  
Taylor, Charles Henry  
Thomas, David  
Thomas, George Henry Warren  
Wade, Charles Henry  
Wallinger, Robert Namyth  
Arnold  
Weaver, William George  
Webb, Albert William  
Wheeler, Percy Charles E. d'Er  
Wishart, David J. Gibb, M.D.  
McGill  
Wright, Robert Wallace  
Young, Edward Herbert.

**Royal College of Surgeons of England.**—The following candidates, having undergone the necessary examinations, were admitted Members of the College on Monday, October 26th:—

Barber, Robert David  
Bostock, Robert Aston, L.S.A.  
Davis, Arthur H. L.R.C.P. Lond.  
De Nyssen, Petrus J hnames  
Dove, Augustus Charles  
Dudfield, M. S. O., L.R.C.P. Lond.  
Farr, Frederick William  
Fox, Edward Lawrence  
French, George Brooke  
Glasgow, Charles James  
Halstead, Harold Cecil  
Hodgson, Ralph, L.R.C.P. Lond.

Holton, Charles John, L.S.A.  
Holloway, William George  
Innes, Benjamin James  
Jolly, Francis William, L.S.A.  
Morgan, Arthur Lucas  
Poppe, Henry, York  
Preston, Henry Octavius  
Remfry, Leonard  
Vallance, Hugh, Red Hill.  
Wade, Charles H., L.R.C.P. Lond.  
Watts, Ernest Henry Richmond

The following were admitted on October 27th:—

Bratton, J. A., L.R.C.P. Lond.  
Brown, Robert M., M.A. Cantab.  
Collymore, Joseph Henry  
Conolly, Charles Hamilton  
Emery, F. W., L.R.C.P. Lond.  
Ewart, Charles, L.R.C.P. Lond.  
Gardner, H. W., L.R.C.P. Lond.  
Harris, Clayton Campbell

Huntton, Alfred W., L.R.C.P. Lond.  
O'Meara, F. A. T., L.R.C.P. Lond.  
Parr, Arthur Charles Edward  
Perry, Edwin C., M.A. Cantab.  
Priestley, Percy, Sheffield  
Rigby, John William  
Tebb, William Scott, L.S.A.

The following were admitted on October 28th:—

Barker, John Collier  
Cheves, William Arbuthnot  
Clarkson, Thomas Harry F.  
Flomming, Charles Edward S.  
Harris, Herbert Elwin  
Laurie, William Benjamin

Maberly, Ernest, Bath  
Macartney, Edward Kendrick  
McCrison, Frederick William  
Palmer, Thomas Frederick  
Travers, Ernest Aston Otho  
Whyte, Alexander

**University of Glasgow.**—The following candidates have passed the final examination for the degrees of M.B. and C.M. :—

Banks, Charles	Higbet, R. C.	M'Kinlay, William
Brown, Robert	Bill, J. Wright	Macphail, John
Bruce, James	Hughes, Arthur D.	Nicholson, Wm. T.
Bryce, Alex.	Hunter, James E.	Hicoll, James H.
Carlaw, John H.	Jackson, John A.	Nisbet, Adam T.
Connal, James G.	Jago, Josias	Penman, Robert S.
Corbett, Robert	Keddie, John	Robinson, Harry W.
Craik, Robert	Kennedy, John A.	Ehah, Aurung
Dale, Saxon S.	Leishman, James	Snodgrass, Wm. M. A.
Downes, J. Lockhart	Leishman, Wm. B.	Stirling, Robert
Downie, Thomas T.	Mair, Robert	Stewart, J. Barclay
Duncan, Alex.	Marshall, James	Watt, Thomas M. A.
Dunlop, James	Miller, William'	Whitelaw, Robert
Ferguson, George G.	Miller, Robert C.	Wingate, Donald
Forrester, William B.	Muirhead, James	Wylie, Alex.
Fox, Walter	M'Donald, James	Young, John
Grier, William F.	Macdonald, Tom	
Harris, Charles S.	M'Intyre, George	

**Royal Colleges of Physicians and Surgeons, Edinburgh.**  
—*Double Qualification.*—During the recent sittings of the Examiners the following candidates passed their First Professional Examination :—

Francis H. Douglas, Donaghadee; Richard Drinkwater, Llangollen; Joseph J. Moylan, Cork; and David H. Tweedie, Newry.

The following passed their *Final Examination*, and were admitted L.B.C.P. Edin. and L.R.C.S. Edin. :—

John G. Brown, Cork; Alfred Valentine Brown, Belfast; Thaddeus C. Avstoom, Calcutta; John Cronin, co. Down; John Hepburn Dundee, London; Robert M. Forde, Cloyne; Edward J. Hawke, Brighton; Richard Kelly, co. Longford; Joseph C. Hasler, Blackburn; Thomas Patterson, co. Donegal; Richard P. Hankin, Australia; Ed. J. Nuttall, Rochdale; John J. Mason, Bollington; G. Oliver Stanwell, Rochdale; Joseph E. Smith, Sierra Leone; Douglas L. Thomson, Hampshire; William Valentine, Lancashire; Herbert H. Wilde, Weston-super-Mare; and John T. Woodside, Belfast.

**Royal College of Surgeons, Edinburgh.**—During the recent sittings of the Examiners the following candidates passed the Final Examination, and were admitted Licentiates of the College :—

Charles E. Glascott, Constantinople; and Frank C. Osborne, Bognor.

**Royal Colleges of Physicians and Surgeons, Edinburgh, and Faculty of Physicians and Surgeons, Glasgow.**—The Examinations for the Triple Qualifications of these Bodies in Edinburgh were held in October, with the following results :—

*Passed First Examination.*—Alexander Bronté, co. Down; John S. Bryars, co. Armagh; James W. Brooks, Bombay; William J. Bell, Bournemouth; Edward Armitage, Cape of Good Hope; Alexander B. Cochran, Dudley; Thomas J. Barr, Dublin; Francis W. Kane, Mallow; Patrick O'Callaghan, co. Donegal; Percy W. Griffiths, Methyry Tydvil; Daniel Horan, Kerry; William M. Gabriel, Kendaal; Francis S. Fairbringe, South Africa; John Dunne, co. Cork; Thomas Kennedy, co. Kerry; John T. Kennedy, co. Kerry; Lawrence Kay, Belfast; John S. Ledgerwood, co. Down; James R. Lownds, Walkers-Tyne; Harding C. C. McNeill, Fokaxtone; John W. Parry, Fwellheli; Frank H. Noot, Dudley; T. Campbell Patterson, co. Donegal; Thomas J. Prendiville, co. Kerry; W. Bur-lem Rotherae, co. Cork; C. Disney Roe, co. Mayo; Adam W. Palmer, Bilsar, William Smith, Jamaica; Charles E. Salmon, Edinburgh; Andrew Wilson, Glenarm; Robert Steele, Stawerton; W. Kerr Walker, Pollockshaws; and Edgar W. Kejam, Willenhall.

*Passed Second Examination.*—Francis L. Kelsler, Mauritius; Edgar Wakelam, Willenhall; William E. Bennett, Otley; William Foreman, Wigan; Samuel B. Fenn, Yatton; Blennan B. Graycock, Barbados; John Lyon, Glasgow; Michael J. Pety, Buenos Ayres; Ed. Armitage, Cape of Good Hope; Arthur J. Rollison, Kirtou-la-Lindsay; Alfred H. Whittell, Plymouth; James C. Figg, Bessess; Thomas C. Jones, Liverpool; Henry Brevton, Liverpool; John S. Bryars, co. Armagh; Thomas A. Davidson, co. Down; Walter D. Eddowes, Salford; James Hoyle, Dundee; H. Owen Hughes, Merionethshire; Charles Hicks, Bedford; Thomas J. Henry, Sydney; James B. Macpherson, Sutherland; Patrick W. O'Gorman, Delhi; Arthur W. Marwood, Malabar; John C. Reid, Edinburgh; J. Conrad, Scotchburn, Driffield; John C. Stedman, Stirling; and Richard C. Richards, Wales.

*Passed Third Examination, and admitted L.R.C.P. Edin., L.R.C.S. Edin., and L.F.P. and S. Glas.*—William Macanah, N. S. Wales; Samuel J. Anthony, Ceylon; William Beecham, Wigan; Salvatore da Candia, Waterford; Thomas S. Davies, Monmouth; John B. Drieberg, Ceylon; Blennan B. Graycock, Barbados; James C. Figg, Bessess; William Foreman, Wigan; Hermann G. Hilbers, Brighton; François L. Kelsler, Mauritius; Michael O'Hanrahan, Limerick; William H. Klock, Quebec; Morris G. Davies, Carnarvon; Heslett H. Marshall, N. S. Wales; James Macgregor, Tralee; James Mackey, Londonderry; Frank C. Pereira, Melbourne; Michael J. Pety, Buenos Ayres; Thomas E. Robinson, Melbourne; William J. H. Macphail, Glasgow; Robert D. Shiels, Dunbar; Percy B. T. Stubbs, South Africa; John Sutherland, Glasgow; John B. Talbot, Ballina; and George T. Woods, Birmingham.

**Glasgow Faculty of Physicians and Surgeons.**—At the October meeting of the Examiners the following gentle-

men were admitted licentiates of this corporation, viz. :—C. E. S. Brettingham, Southport; James J. Foulds, Bolton; Handie Greenhalgh, Manchester; Geo. J. Wontnaz, Ceylon; and Joseph T. Weston, Glasgow.

**Vital Statistics.**—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 18.5 per 1,000 of their population, and were—Birkenhead 20, Birmingham 15, Blackburn 22, Bolton 23, Bradford 13, Brighton 20, Bristol 17, Cardiff 21, Derby 15, Dublin 23, Edinburgh 17, Glasgow 20, Halifax 18, Huddersfield 13, Hull 14, Leeds 17, Leicester 14, Liverpool 22, London 18, Manchester 22, Newcastle-on-Tyne 22, Norwich 11, Nottingham 14, Oldham 18, Plymouth 21, Portsmouth 15, Preston 19, Salford 19, Sheffield 18, Sunderland 17, Wolverhampton 18. The highest annual death-rates in these towns last week from diseases of the zymotic class were—From measles, 1.5 in Salford, 2.0 in Newcastle-upon-Tyne, and 2.3 in Brighton; from scarlet fever, 1.6 in Cardiff and in Preston, and 1.9 in Leicester; from whooping-cough, 2.2 in Cardiff; and from "fever," 1.1 in Norwich, 1.2 in Derby, 1.5 in Portsmouth, and 1.6 in Preston. Of the 31 deaths from diphtheria, 18 occurred in London, 4 in Glasgow, 3 in Birmingham, and 2 in Liverpool. Small-pox caused 4 deaths, of which 3 occurred in Liverpool and 1 in Sunderland. No death occurred in London nor in any other part of the Kingdom from this disease.

### Notices to Correspondents.

**ERRATUM.—THOMAS ON HYDATID DISEASE.**—In our review of this book, published in last number, the name of the author was by some error given as "John David Morris, M.D.," instead of John Davies Thomas, M.D.

#### THE APOTHECARIES' LICENCE.

**INQUIRER** writes: A doubly-qualified practitioner of some years' standing wishes to obtain the licence of the Apothecaries' Hall of Ireland. Please state—(1) subjects of examination; also (2) date of next examination; (3) Can holder of physician's diploma of Edinburgh keep open shop for sale of medicines, &c.?

[1. The examination for the licence to practise is divided into two parts. The first comprehends chemistry, botany, anatomy, physiology, and pharmacy. The second—medicine, surgery, pathology, therapeutics, midwifery, forensic medicine, and hygiene. The first part may be undergone at the close of the second winter session, and after the candidate has attended the courses upon the several subjects named for this examination, and the second after the completion of his studies at the termination of the fourth winter session. 2. The professional examinations are held quarterly, and commence on the first and second Mondays in the months of January, April, July, and October. 3 Yes. —Ed.]

**MR. FERRERS (Cambridge).**—We would suggest that you should in future make your announcements through the ordinary advertisement columns of the medical journals.

**DR. DAWSON BURNS.**—Sorry we are unable to accept the article in its present form, as it would give rise to endless discussion on a subject which has already been thoroughly thrashed out.

**STUDENT.**—A new edition of the work is announced. Wait for this in preference to the alternative you mention.

#### THE CHEMICAL COMPOSITION OF MINERAL WATERS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

**SIR,**—Great professional interest attaches to the accurate knowledge and correct statement of the chemical composition of the various natural mineral waters which are used for medicinal purposes. To this matter you have from time to time given your careful attention, aided by your eminent colleagues, Dr. Prosser James and Professor Tichborne. I have recently had occasion to make a number of such analyses for my own information, and I am particularly struck with the results of the actual composition of one of these waters, *Æsculap*, as compared with the analyses stated on the label, and attributed respectively to Professor Molnar and Professor Tichborne. The latter is credited with giving 3746 grains per gallon as the saline contents of the water (corresponding to 5252.28 parts per 10,000), whilst the former finds but 372.824 parts per 10,000. One or other of these statements must be highly inaccurate. I have made three analyses of this water, and have found 327,720, 337,980, and 340,900 in 10,000 parts as the respective results. I therefore conclude that Professor Molnar's analysis most nearly represents the actual fact.

Feeling satisfied that you will afford publicity to these observations, and thus open the way for clearing up this discrepancy, which appears to me to be of much importance to the medical profession,

I am, Sir, yours, &c.,  
OTTO HEHNER,  
Hon. Secretary, Society of Public Analysts.

London, October 27th.

[In Mr. Otto Hehner's remarks upon the *Æsculap* water he states that "the latter" (Prof. Tichborne) "is credited with giving 3746 grains per gallon as the saline contents of the water, corresponding to 5252.28 parts per 10,000, whilst the former" (Prof. Molnar) "finds but

372,824 parts per 10,000" (sic). Surely Mr. Hehner makes some mistake here. If according to Prof. Tichborne's analysis there were about 3746 grains per gallon of 70,000 grains, how could the lesser quantity of 10,000 contain 5252? We presume this is a miscalculation, and intended for 525 grains. Prof. Molnar's analysis has now been made many years, and Prof. Tichborne's is some five to six years old. It is impossible after such a lapse of time to enter into the merits of comparative analyses of mineral waters. Mr. Hehner evidently thinks that the *Æsculap* water is of a changeable nature, for in his own analyses—all of which were made about the same period—he finds a difference of nearly 100 grains per gallon in the anhydrous salts. Mr. Hehner may be right or he may be wrong, but we think this is a matter between himself and the *Æsculap* Company. When the time has arrived for a re-issue of our "Reports on the Mineral Waters of Europe," we shall revise the analysis of the most important mineral waters to determine any changes that may have occurred, but we do not consider that we are bound to enter into the arena where trade contentions are being fought out. If Mr. Hehner does not consider the analysis published in the "Mineral Waters of Europe" represents the present composition of the *Æsculap* or any other water, it is quite open to him to publish his own analyses; and we think he should do so before calling in question those already published, for we observe that there is also a difference of about 300 grains per gallon between Prof. Molnar and himself.—*Ed.*)

#### LICENSED MIDWIVES AND THE ZENANA MEDICAL SCHOOL FOR WOMEN.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—In your number of October 28th last there is a most valuable article on licensed midwives, with which every medical man who has experienced the disagreeables of night-work must agree. Bearing on this subject, I might be permitted to say that in connection with our medical school for training ladies to be medical missionaries we have an admirable maternity department amongst the poor of the districts surrounding our School and Home (58 St. George's Road, Pimlico). So numerous are the patients that every one of our students is enabled to take cases, and all regarding the prescribed term have at least the numbers required by the Obstetrical Society, and all take the midwifery diploma and also that of our Board of Examiners. In addition to their practical studies, the school has its lecturer on midwifery—one of the best that any school can have. The practical work is under the care of the physician placed in charge by the Committee, and to him difficulties and instrumental cases are referred. When any of the senior students have obtained their *accoucheuse* diploma the difficult cases are referred first to them, and, if they are unable or unwilling to conduct the case, the physician in charge is sent for. We have, in fact, an excellent medical school for women, and only want a large general hospital to make it complete.

I am, Sir, yours, &c.,  
G. DE G. GRIFFITH.

#### ANDERSON'S COLLEGE, GLASGOW.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR.—Referring to a paragraph which appeared in the Students' Number of the *Medical Press* respecting Anderson's College, Glasgow, will you kindly allow me as a student of that College to take exception to the following statement:—"Complaint is made by students that there is no regular demonstrator of anatomy to supervise the dissecting of the junior students." Now as I have used the dissecting-rooms both last winter and the previous one, I think you must have been misinformed on this subject, as during that time at least there has been a regular demonstrator, besides the demonstrations given by Prof. Buchanan himself. In fact, I know of no other dissecting-room where greater facilities are afforded the student for the prosecution of his work. I hope you will see your way to rectify the above, either by a contradiction or by the publication of this letter.

Apologising for troubling you,

I am, Sir, yours, &c.,  
STUDENT.

[We received the information from an advanced student whose bond *Ades* we had no reason to doubt, and had no desire to reflect unjustly on this department of Anderson's College.—*Ed.*]

A STRUGGLING PRACTITIONER AND DEPENDENT.—Letters received will appear in our next.

#### THE BRADLEY FUND—(ELEVENTH LIST).

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I feel I should be very remiss in forwarding what I believe will be the last list of subscriptions without at the same time thanking you for your kindness in having assisted in so good and popular a movement, not only by throwing open your columns, but also by your able advocacy. Several friends who have taken a keen interest in the matter think there should be a public presentation, and as Sheffield is the nearest large town to the village of Brimington, where Dr. Bradley practised his profession, that it should take place there. Consequently, it has been decided that the money subscribed, together with an address, shall be given publicly. Every subscriber will receive intimation of the date and place of presentation. Also if you would kindly allow me to publish it in the pages of the *Medical Press*, you would add very materially to the aid you have already given.

I remain, Sir, yours faithfully  
RICHARD JEFFREYS.

Eastwood House, Chesterfield, October 28, 1885.  
Dr. Ewing Whittle .. 23 3 0 | Dr. C. E. Hingworth .. 20 10 6  
Medicus .. .. 1 0 0 | Dr. John Ringwood .. 0 10 6

## Meetings of the Societies.

WEDNESDAY, NOVEMBER 4TH.

OBSTETRICAL SOCIETY OF LONDON.—At 8 p.m., Specimens will be shown.—Dr. Herman, On the Suppuration of Pelvic Dermoid Cyst.—Mr. S. D. Hine, Case of Obstructed Labour in which Spontaneous Version followed an Unsuccessful Attempt to Deliver with the Crotchet after Craniotomy.

THURSDAY, NOVEMBER 5TH.

HARVEIAN SOCIETY OF LONDON.—At 8.30 p.m., Clinica Evening.  
WILLAN SOCIETY OF LONDON.—At 8 p.m., President's Address.—Dr. Hattie, Cases of Lupus under Treatment of Parasiticide.—Mr. Startin, A Case of Diffuse Scleroderma.

FRIDAY, NOVEMBER 6TH.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—At 8 p.m., Mr. H. Percy Dunn, A Collection of Specimens of Sarcoma and Carcinoma from patients who have died in the West London Hospital during the last fifteen months.—Dr. C. Wells, Cancer of the Colon.—Dr. Savill, Microscopic Specimens of Cancer.—Mr. C. B. Kestley, A Case of Gritti's Amputation.—Dr. Alderson, On the Etiology of Cancer, chiefly as to Local and Mental Causes.—Mr. H. Percy Dunn, On the Theory of Cancerous Inheritance.

## Vacancies.

Alnwick Infirmary.—House Surgeon (unmarried).—Salary, £120 per annum, with furnished apartments, &c. Applications, with testimonials, to the Hon. Sec. by November 17.  
Hospital for Diseases of the Throat, Golden Square, W.—Resident Medical Officer. Salary, £100 a year, with board, &c. Applications, with testimonials, to the Secretary on or before Nov. 17.  
Hospital for Women, Soho Square, London, W.—Pathologist and Registrar. Salary, £75 10s. per annum. Applications, with testimonials, to the Secretary, by November 7.  
Paddington Workhouse Infirmary.—Resident Medical Superintendent. Salary, £250 per annum, with unfurnished house, &c. Applications, with testimonials, on or before November 6.  
Royal London Ophthalmic Hospital, Moorfields, E.C.—Junior House Surgeon. Salary, £50 per annum, with board and residence. Applications, with testimonials, to the Secretary on or before November 9.  
University of Otago, N.Z.—Lectureships—1. Public Health and Medical Jurisprudence; 2. Pathology and Morbid Anatomy. Salary, £200 per annum each, with Class Fees; £70 allowed for passage money. Applications on or before December 1. Further information and forms of W. Kennaway, Secretary, New Zealand Government Offices, London, S.W.

## Appointments.

CROFT, E. O., M.R.C.S., L.R.C.P., Resident Obstetric Officer to the General Infirmary at Leeds.  
CROSS, F. R., M.B. Lond., F.R.C.S. Eng., Ophthalmic Surgeon to the Bristol Royal Infirmary.  
FETTERSTONHAUGH, R. T., L.R.C.P. Lond., M.R.C.S., House Physician to the Hospital for Women, Soho Square.  
HAIRSON, H., L.K.Q.C.P.I., Medical Officer and Public Vaccinator for the North-East District of the Paddington Union.  
HEUSTON, F. T., M.D. M.Ch., F.R.C.S.I., Visiting Surgeon to the Adelaide Hospital, Dublin.  
HINDS, E., M.R.C.S., House Physician to University College Hospital.  
JOHNSTONE, J. C., M.B. Glas., Acting Medical Superintendent of the Roxburgh, Berwick, and Selkirk District Asylum at Melrose.  
JONES, M. H., M.D. Lond., M.R.C.P., Physician-Accoucheur in charge of Out-patients to St. Mary's Hospital.  
LAW, J. E., M.D. Q.U.I., Medical Officer for the Thames Ditton District of the Kingston Union.

## Births.

SCOTT.—October 23, at 18 Bladud Buildings, Bath, the wife of Richard J. H. Scott, M.R.C.S. Eng., of a daughter.  
WALKER.—October 27, at Cliff End Villa, Shanklin, I.W., the wife of George E. Walker, L.R.C.P., of a son.

## Marriages.

ADENY—HOBBS.—October 23, at Reigate Congregational Church, Edward Lennard Adeny, M.D. Lond., of Tunbridge Wells, to Florence Mary, eldest daughter of S. B. Hobbs, Esq., of Antwerp Lodge, Reigate.  
ROWELL—MEACOCK.—October 29, at St. Mark's Church, Lewisham, Herbert E. Rowell, L.R.C.P., M.R.C.S., to Alice Kate, only daughter of George Meacock, of Ealing.

## Deaths.

BILLING.—October 23, at 31 Oxford Gardens, London, W., Henry J. Billing, M.D., aged 43.  
FRY.—October 23, at his residence, Ferbane, King's County, Charles Dillon Fry, M.D., aged 84.  
GARLAND.—October 14, at Herne Bay, Henry Garland, L.R.C.P., L.S.A. Lond., formerly of Walworth, aged 63.  
MASON.—October 20, at Burgoyne Villa, Southsea, after a few days' illness, Dr. George Mason, Inspector-General R.N., aged 58.  
RICHARDSON.—October 25, at his residence, Berwick-on-Tweed, Henry Richardson, Fleet-Surgeon R.N., aged 63.  
SCOTT.—November 1, at 16 Stonebridge Park, Willesden, W. B. A. Scott, M.D., L.R.C.P. Ed., aged 43.  
SMYTH.—October 13, at Bexley Heath, Kent, Arthur Vereker Smyth, Staff-Surgeon R.N., aged 37.  
WHARTON.—October 31, at Gosport, Hants, Henry S. Wharton, M.R.C.S., aged 63.

# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 11, 1885.

CONTENTS.		PAGE	PAGE
<b>ORIGINAL COMMUNICATIONS.</b>			
The Nature and Treatment of Gout. By Dr. W. Ebstein, Professor of Medicine and Director of the Medical Clinic at the University of Göttingen.....	339	Excision of Right Half of Upper Jaw... Pathology and Treatment of Chorea....	446 446
Cholera and Epidemics Hypothetically viewed in Relation to Pangenesis, Evolution, and Continuity. By William H. Pearse, M.D. Edin. Senior Physician Plymouth Public Dispensary; late of the Government Emigration Service ..	441	<b>SHEFFIELD MEDICO-CHIRURGICAL SOCIETY—</b>	
Clinical Notes on the Treatment of Habitual Constipation. By Alfred S. Gubb, L.R.C.P., M.R.C.S., Resident Medical Officer, French Hospital, London	444	Embolus Cast of the Ureter .....	446
		Kpulla .....	446
		Sacculated Aneurism of the Ascending Aorta .....	446
		Case of Fatal Injury with Machinery ..	447
		Stricture in the Sigmoid Flexure .....	447
		Urinary Calculus .....	447
		Fragment of Steel in the Sclerotic.....	447
<b>CLINICAL RECORDS.</b>		<b>SPECIAL ARTICLES ON DRUGS .....</b>	<b>447</b>
North-Eastern Hospital for Children, Hackney. — Cases of Diphtheria and Laryngitis. Under the care of Dr. Armand Semple.....	445		
		<b>LEADING ARTICLES.</b>	
<b>TRANSACTIONS OF SOCIETIES.</b>		<b>THE DISINFECTING OF RAGS .....</b>	<b>449</b>
<b>LIVERPOOL MEDICAL INSTITUTION —</b>		<b>THE CATHOLIC UNIVERSITY OF IRELAND AND ITS MEDICAL SCHOOL .....</b>	<b>450</b>
Renal and Biliary Calculi.....	445		
Case of Spina Bifida .....	445	<b>NOTES ON CURRENT TOPICS.</b>	
Case of Fibrous Rheumatism .....	445	Professor Huxley.....	450
Excision of portion of Rib for Fracture and Empyema .....	445	London University .....	450
		A Dispensary Doctor Fined for Assault ..	451
		The Registrar-General's Quarterly Returns	451
		Royal University of Ireland.....	451
		The Vice-Presidency of the Royal College of Surgeons of Ireland .....	451
		Lunatic Asylums .....	451
		The Health of Dublin.....	452
		Dr. Lyons, M.P.....	452
		"The Eastern Hospitals Scandals".....	452
		The Antwerp Competition.....	452
		The Genetic Affinity of Bacteria.....	452
		Mr. Erichsen's Candidature.....	452
		Pulmonary Tuberculosis.....	453
		Influence of Oxygen on Fermentation.....	453
		Cholera Inoculation.....	453
		Mr. Hutchinson's Lecture.....	453
		<b>FRANCE .....</b>	<b>453</b>
		<b>SCOTLAND.</b>	
		<b>EDINBURGH.....</b>	<b>454</b>
		<b>GLASGOW .....</b>	<b>454</b>
		<b>LITERATURE.</b>	
		Chapman on Cholera .....	455
		Wardell's Contributions to Pathology .....	455
		Fothergill on Sedentary and Advanced Life	456
		Suicide.....	456
		Medical Reports, Chinese Imperial Customs	457
		Lectures on the Diagnosis of Diseases of the Brain.....	457
		Index-Catalogue of the Library of the Surgeon-General's Office.....	457
		Correspondence.....	458
		Medical News .....	459
		<b>NOTICES TO CORRESPONDENTS.....</b>	<b>460</b>

## Original Communications.

THE

### NATURE AND TREATMENT OF GOUT.

By Dr. W. EBSTEIN,

Professor of Medicine and Director of the Medical Clinic at the University of Göttingen.

Non fingendum, aut excogitandum, sed inveniendum quid Natura faciat aut ferat.—Bacon

(Continued from page 395.)

#### CHAPTER V.—(Continued.)

THAT certain affinities exist between the individual anomalies of tissue change is clear from medical practice. That there are certain connecting links between gout and *diabetes mellitus* is also known. Do these consist in both cases in disturbance of tissue change in the muscles? Pavy quotes an observation of Prout according to which there is a kind of diabetes that occurs in connection with gout and rheumatism, and from the statement of Charcot, Rayer has repeatedly drawn the attention of his pupils to the connection between uric acid sand, gout and diabetes. Moreover, Cl. Bernard considers the modification a principal form of the so-called *diabetes alterans*, in which the diabetes is associated with attacks of gout or rheumatism. "One sees occasionally (says Bernard) diabetic symptoms suddenly supervene, in gouty people whose urine contains much uric acid." The frequency of this complication between gout and diabetes is at any rate one that has been observed with various degrees of frequency in the various circles of observation. Cantani, of Naples, expressly remarks that he has scarcely ever seen diabetes complicated with gout. I observed it in one case.

Griesinger mentions that of 225 cases collected by him, two had declared gout before the diabetes, once the diabetes commenced in an attack of gout. It appears to me that as gout attacks principally the better-situated minority, this complication of diabetes with gout principally affects the classes better off, and therefore it may

well be that the anatomical changes in such are less studied on account of the difficulty in obtaining autopsies. Cornillon, a consulting physician of Vichy, saw in a total of diabetics only one-fifth of the number collected by Griesinger, four gouty individuals.

In the complication of gout and diabetes both do not usually come on together, but as Rayer and Garrod have already noted, the symptoms of gout cease when the diabetes appears. Charcot has, moreover, already pointed out, and has illustrated the point by very instructive examples, that in the various members and generations of a family an alternating relationship may be seen, and I have observed a case of diabetes with hypertrophic cirrhosis of the liver and guanin deposits in it which in this respect presented most interesting features. A brother of the diabetic patient was epileptic and died at the age of 54 during an attack of epilepsy, and of the three sons of the patient the eldest when not yet 30 years of age had already had a considerable number of attacks of *arthritis urtica*.

The gouty disposition first becomes active usually in the later years of life as a rule between the 30th and 40th years. But cases do occur in which true gout manifests itself in the tenderest childhood by distinct typical attacks. I do not allude to the observations of the older observers, as they permit the objection that they may have been cases in which gout had been confounded with rheumatism. Gairdner, however, mentions an attack of gout in a girl, *æt.* 11, and Trousseau one in a boy, *æt.* 6. It is a matter in which mistakes may frequently be made in children. A colleague the subject of gout whose history in regard to another point was very interesting (p. 324), and who had the goodness to write it out for me, expressly states that in his 9th year he had what was then supposed to be rheumatism in the "ball of the left great toe." It soon left him, to return, however, every two or three years, sometimes in the right and sometimes in the left great toe.

Independent of this inheritance of the gouty predisposition, which is, perhaps, along with the psychopathic predisposition the most frequent, there can be no doubt that it is favoured in the strongest manner, not only in



the case of the individual, but also in whole peoples by excesses in eating and drinking, by an effeminate mode of life, a labourless, agreeable existence. Very many gouty diseases come into existence under the influence of those agencies that injure tissue change, which but for this possibly, in spite of the predisposition, would not have become developed. It must be principally ascribed to this circumstance that the male sex, which is more disposed to dietetic excesses than the female, is far more frequently attacked with gout than the latter. Seneca in his time drew attention to the fact that in the degenerate times of the Roman Empire when the women gave themselves up to every kind of licentiousness they were as much subject to gout as men, whilst gout during the time of the Republic in older Rome was, generally speaking, but little known. As regards the style and manner of the *ratio et modus vivendi*, the principal part bears reference to what has been said in regard to the relations of certain localities and climates to the frequency of occurrence of gout. At the time of the Roman Empire, as compared with the time of the Republic, less change had certainly taken place in these than in the mode of life of the steadily degenerating population. In more recent times less importance has rightly been attached to the influence of climate in regard to the frequency of gout than was formerly the case. G. B. Wood notes that in a part of the United States of North America in later years gout has diminished. He is of opinion that this fact may be simply placed to the account of greater temperance. Charcot also attributes the general decrease in gout which has become very noticeable in recent times to similar causes. The distribution of gout over the earth is extremely variable. The causes therefor are nothing less than transparent and clear. As regards North Germany in particular, the statement that it is in general very widespread would not be in correspondence to the actual conditions. For Bartels, who had for many years a sphere of great activity in Kiel, states that he had only very rare opportunities of observing true gout.

In the careful reports of the Medical Department of the Krankenhaus in Hamburg from the year 1858 to 1863, which were published by Tüngel, I have not found a single case of gout noted. On the other hand, in my circle I have found gout, especially amongst the better classes, a relatively not rare disease. My colleague König informs me that he has observed a comparatively large amount of gout in the country districts of Mecklenburg. In the Harz also it appears to be not rare. Dr. Jacob, of Sautenthal, told me that he observed eight cases of true gout within four years, and in people who had not by any means lived luxuriously.

Unfortunately our knowledge of the geographical distribution of gout is defective. The little that is reliable on the subject has been collected by A. Hirsch, to whom I refer my readers.

#### COURSE, PROGNOSIS, AND DIAGNOSIS OF PRIMARY ARTICULAR GOUT.

As regards the course of primary articular gout, an acute and a chronic, a typical or regular and an atypical or irregular form are distinguished.

Gout as a whole is in any case an "exquisite" chronic disease. The disposition thereto—whether congenital or acquired—is present in a greater or lesser degree the whole life through. Any opportune cause may again determine an outburst of gouty symptoms often after a long interval. It is the typical gout only that usually appears in an acute form, which coming on usually in the night with the well-known symptoms, very often indeed at the selfsame period of the year, in the spring or autumn, sometimes twice in the year, frequently returning after a longer interval, makes its appearance in robust men, in the character of a so-called sthenic disease. Under the influence of the above-named causes the attacks are repeated decidedly more frequently, *cæteris paribus*, than without them. The more frequently

the attacks now recur, the more new joints are attacked, the more does the general health suffer, and the shorter is the period between them free from intervallary symptoms. These intervallary symptoms consist in the onset of gouty inflammations, or localisations in the various tissues and organs which I have shortly glanced over above. The course of gout then loses more and more the character of an acute attack with free intervals, and gains more the character of a chronic disease in which the character of the separate attacks, becoming more and more asthenic, induces no special change. Still more joints are attacked, the attacks are more prolonged, last for weeks and even months, attack in irregular order one joint after the other, and later, take on a vague and atonic character. The less resisting and more decrepit the organism becomes, or is from the first so much the more does this character display itself. In this case the order in which the gouty symptoms appear is neither the same in all individuals nor do they all appear in the same individual. The organs especially which from any individual cause are usually the *locus minoris resistentia* for the disease are not seriously endangered. This explains why individual observers differ so much as to the frequency of diseases of individual organs in gout. Whilst some declare gouty diseases of the stomach to be exceedingly frequent, Brinton, for example, almost absolutely denies the existence of gout of the stomach, and maintains only a certain irritability of the stomach in gouty subjects, everything beyond this he holds to be an accidental coincidence. Graves is certainly right when he says that not unfrequently in hereditary arthritis the paroxysms come on suddenly before the slightest perturbation of the digestive organs has been noticed.

In the individual case the *prognosis* in view of the manifold course of primary articular gout is various and difficult. Whilst it has its termination in many patients with some typical attacks, or the gouty manifestations are limited to the joints, whereby the patient may reach old age, others die comparatively early with localisations of the gouty process in vital organs. The importance of the organs attacked plays naturally in the prognosis of gout a preponderating rôle. The earlier the kidneys and heart are affected *the graver cæteris paribus is the prognosis*. Therapeutic or dietetic means never succeed in setting aside the gouty predisposition; whether this may disappear spontaneously has not been proved. It may become latent, or remain restricted in a great number of cases.

This is the only favourable prognostic that can be offered to anyone disposed to gout.

As regards the *diagnosis of primary articular gout*, we can only indicate with certainty those individuals as gouty who have either had typical attacks of gout—which many gouty people are in the habit of concealing—or in whom we can demonstrate gouty deposits, *i.e.*, crystalline urates in the tissues—thus in gouty ulcers of the skin (p. 395) or in the cartilage of the ear. The latter has often done me good service; the former is possible much more rarely. All other diagnostic means of assistance are more or less uncertain. The same is true of the proof of uric acid in the body fluids, in regard to which the so-called thread experiment of Garrod is most conveniently employed. We should not forget that according to Garrod's own statement 0.025 grm. per m. of uric acid must be present in the blood in order to give 2-3 crystals of uric acid on the thread. This thread demonstration essentially consists simply in this, that about 4 to 8 grm. of serum, taken from the blood direct or from a blister, are poured into a flat watch-glass, to which 6 to 12 drops of acetic acid, such as is in use among us (30 p.c.) are added. After a thread 2 to 3 cm. in length has now been placed in the fluid, and the glass with its contents has been exposed for 18 to 24 hours to a temperature at most of 16° to 20° C., so far as a sufficient quantity of uric acid was present in the fluid, it is found crystallised out on the thread and ready for examination.

That this method, neatly as it has been conceived, is only of limited practicability in practice Garrod has been one of the first to confess when he says: It is occasionally a little difficult to demonstrate the presence of uric acid in the blood, as venesection is rarely necessary in gout, and one scruple to perform it when only a single ounce of blood is required. In such cases I have recourse to a blister plaster, which independently of this is often advisable as a therapeutical agent, and can never act disadvantageously. I must confess, however, that blister serum does not answer the purpose so completely as blood serum, although in cases where it does afford evident proof of the presence of uric acid the result is as reliable as that obtained in the experiment with blood.

As regards the practical value of examination of the serum of blood in gout for uric acid the following points are to be borne in mind in determining the question:—

1. Garrod discovered uric acid as well as urea in traces in healthy blood also by careful examination. The blood only contains uric acid in abnormal quantity in gout. In this respect Garrod considers both gouty and albuminuric subjects as equal.

2. The investigations of Salomon, at which a passing glance was given (p. 300) the only investigator who, like Garrod, and making use of a method of examination improved in the interval, has tested blood for uric acid in gout and also with special reference to the presence of uric acid in the blood in other conditions, have shown that uric acid in the blood is not specific, only a product peculiar to gout. He found it on and off in the blood in other diseases also, but he denies that it is a normal or ordinary constituent of blood.

"Last not least" heredity and family predisposition play an important rôle in determining the question whether a symptom or group of symptoms is to be regarded as "masked gout."

If these do not permit any exact diagnosis, they are still of inestimable value as regards treatment, and that for us practitioners is a fact not to be valued lightly. I would, moreover, once more say emphatically that in determining whether any gouty affections of the joint have made their appearance before we cannot be sufficiently scrupulous where the diagnosis of masked gout is in question, for, as I have already remarked—(1) a number of gouty people intentionally conceal their attacks; (2) or they are overlooked or wrongly interpreted, from their being slight or vague in character (for instance, looked upon as articular rheumatism, or inflammations of sheaths of tendons), in short, they are not appraised at their true value.

I shall speak on the differential diagnosis between primary articular and primary renal gout when I come to the discussion of the latter.

## CHOLERA AND EPIDEMICS HYPOTHETICALLY VIEWED IN RELATION TO PANGENESIS, EVOLUTION, AND CONTINUITY.

By WILLIAM H. PEARSE, M.D. EDIN.,

Senior-Physician Plymouth Public Dispensary; late of the Government Emigration Service.

(Continued from page 420.)

**The Specific:**—From what I have said, under the heads of Variation and Continuity, it follows, that the doctrine of the *specific* must be abandoned; that is, if we are, at all, to rise to a philosophical view of medicine, as a part of cosmic biology. The European mind has felt that such phenomena as Fecundity, from pollen or spermatozoon with ovum, or from buds, or fission, that growth and repair, are all of one great form of vital energy, and but in evolution with and of motion: it has also felt the induction which flows from the palæontological series, as well as from the study of embryology, and it has there-

fore abandoned the doctrine of the specific in biology. The specific must also be abandoned in pathology. It is to ignore all Philosophy whatever, if we do not make the hypothesis of Evolution, an Universal Form. Hypotheses, as in the phenomena of gravitation, or in the phenomena of the correlations of motion, must be made deductive. We shall thus cease to view cholera as a "specific" disease, having one main "cause" or germ; but rather as a very varied, periodic, unstable deviation, of the system, allied to other fevers, and having very varied precipitating causes. When we remember the great generic characters of cholera epidemics, their periods of duration or life-history, their cyclical recurrence, the impossibility of the system deviating into cholera rates, except at certain recurrent times, the varied causes which may determine cholera, such as chill, fear, &c., &c., when we remember that cholera liberation is in continuity with the lesser change, of epidemics of preceding diarrhoea, of even years' continuance; when we remember that these lesser molecular changes of the system, can be arrested by opium, &c., &c., and when we compare these facts and phenomena, with the hypothesis of cosmic evolution, we can only feel wonder-stricken that the medical mind, can be content with Dr. Kock's hypothesis. Dr. Kock says (*Brit. Med. Jour.*, 12, 3, '84, p. 568), "their presence (comma-bacilli) is limited to the organ which is the seat of the disease, the Intestine." To the operating surgeon the lens "is the seat of the disease" in cataract: but the physician, seeking its Form, or co-relations, or causes, does not view cataract simply as a disease of the eye: the tyro in medicine, has greater generalisation of method than that; and I hold, that it is as unwise to state, that the intestine "is the seat of the disease" in cholera. It is of great consequence to state this, because if we do not rise, to view cholera, as part of the great Form of cosmic process, and as an orderly evolution, and as having very varied co-relations with existences, if we do not, in fact, abandon the scholastic and final assertion of the "specific," we shall never put ourselves in the right method of prophylaxis or coördination.

**Gradations:**—The hypotheses of variation, continuity, and the non-existence of the specific, embrace the general truths and phenomena of the *gradations* of the great febrile group of diseases, and including cholera. We have seen the gradation of cholera with preceding diarrhoea, of months' and even of years' continuance; and that this gradation of changes, shows over large populations, which are in somewhat allied environment of latitude, and country, and time; (Baly's "Report," pp. 57, 59). We can never doubt, but that a gradation or series, or orderly process, occurs in the body, in a large proportion of those cholera cases whose early stages can be arrested: no doubt, those changes are of a vito-chemical or vito-molecular kind; a devolution or deviation from normal co-relation of energy: and that such changes, are apt to occur, naturally, or to evolve at certain recurrent periods, from slight disturbances of habituated vito-physical environment, &c. We believe, that shock, fear, chill, change, &c., &c., will be followed by cholera, at certain periods of the system. But the life-history of epidemics of cholera shows gradation, not only in the gradually culminating and altered type of different stages of epidemics, but the same gradation of series, is seen in individuals. Dr. Cornish (*B. M. J.*, 3, 5, '84, p. 847) says, that the life-period of cholera epidemics in the Madras Presidency, is about three years. I cannot but take a generic view of such a phenomenon, implying a natural recurrent liberation: but that which arrests our attention chiefly, is that the gradation from normal rates and energy, into those whose natural consequences are what we call cholera, can be modified, by altering the modes of energy of the system, as by giving opium and brandy; or by giving opium, black pepper, and assa-fœtida. Such facts, of arrest of the pre-cholera process, are in the language of Bacon, "instances of pre-eminence," or "travelling-instances," and help us toward the method of prophylaxis. If bacilli, or the

vito-chemical changes, inseparable from their evolution, be an essential part of the cholera processes, this arrest of cholera, by certain substances, carries us fairly to other prophylactic trials, such as by quinine, (a) salt, (b) &c., &c.

The idea of gradation in epidemics, has its parallels in other sides of biology: Darwin says (*op. cit.*, p. 363) that a certain amount of spermatozoa is essential to full impregnation: if a smaller number of spermatozoa only are applied to the ovum, the embryo is never fully developed. He says further (p. 383), "All the forms of reproduction graduate into each other, and agree in their product; for it is impossible to distinguish between organisms produced from buds, from self-division, or from fertilised germs;" I cannot help feeling, that the same great truth of gradation must be held, and used deductively in our view of the febrile groups of diseases.

Gradation, or the gradual process toward diseases, is markedly seen. "The choleraic pestilence varies in the severity of its individual attacks, from the degree of a trifling indisposition, to that of a most deadly and intractable disease. We have seen that in one form it is fatal to 6, in another to 669 in every 1,000;" ("Rep. Scien. Enq., 1855, p. 20). The same great law of the gradual process, of those changes in the system, which end in what are almost created into entities—the so-called diseases—is seen in Pasteur's Report on Rabies, where different amounts of poison have different results.

The mind is irresistibly led to feel the force of the words of the authors of the Report ("Scien. Enq.," p. 66): "It seems certain that in the chemistry of organic decomposition there is concealed a large share of the mystery we would solve;" and we look for a nearer expression, of a great general law or form, which shall bring the gradations of diseased changes, into series of continuity, with the rates of normal evolution of life; whilst we yet further look for another general form, or law, which shall embrace in continuity, the vito-chemistry of healthy and diseased changes.

*Evolution*:—By Evolution is meant that all process and change in the organic, occurs in an orderly determinate manner, as determinate as are the relations of number or of geometry. Evolution implies as a "necessary truth" that an absolute "continuity" obtains between the so-called inorganic and the organic, and that the most involved processes of organic life, both in health and disease, occur in an orderly reciprocal and co-related series—

"Oh, for a glance into the earth,  
To see below her dark foundations  
Life's embryo seeds before their birth,  
And Nature's silent operations:  
See all things with each other blending,  
All on each in turn depending,  
On from forms to new forms ranging,  
Still obeying Laws unchanging."

—GOETHE: Faust.

There can be no Philosophy, in full harmony with Truth, and the phenomena of Nature, which does not embrace the dual facts, of Germinal procreation, and of new evolutions, the both being in absolute Continuity of a larger Form of Cosmic Energy or Motion, becoming Life; and this is equally true, as applicable to living beings, and to those variations of living rate, known as fevers, diseased structure, &c., &c.:—"New varieties arising from buds cannot be distinguished from those arising from seeds."—(Darwin, *op. cit.*, p. 360.)

Of eggs "laid by unimpregnated silk moths, many passed through their early embryonic stages, showing

that they were capable of self-development."—(Darwin, *op. cit.*, p. 364.)

A Continuity of "energy" seems to exist throughout all nature, *partially* located in the sexual organs. With these views, the mind is prepared to expect "varieties," "species," both in individual living beings, and in those deviations or "varieties," known as diseases, to arise or evolve from varied changes of environment: and the "specific" subsides, but remains as a *part* of a wider general Form.

Applying these views to Cholera, it is fair for us to consider, under what conditions, Cholera has shown, and whether sometimes mere *change* of habituated environment, has not determined the evolution of the phenomena. In this connection it is just to remember how immeasurably minute, are those differences in degree in physical environment, on which the existence of varieties, species, and beings, depend. The word *change*, when used as determining the onset of Cholera, but approximately expresses, a large and unknown series of processes, both in external environment, and in the correlations of the living body, with that environment. It implies the hypothesis of an absolute and never-ceasing activity of co-relation between the living body and external environment; and assumes that the co-relations are at present beyond our methods of physical determination, and are known to us by function only.

The vito-molecular processes deviate into those states or rates, which end in the evolution of the Cholera "poison" (a hypothetical term) or conditions, in the main, twice a year in Calcutta. The mortality from Cholera, mounts with the *change* to the hot weather in March, April, and May; it then falls, but mounts again, with the *change* at the cold season of October, November, and December. (Ronald Martin on "Influence of Tropical Climates," p. 558.) In Ceylon the change from the S.W. to the N.E. monsoons, is followed by Cholera:—"The land wind (N.E.) is a dry, chilling wind, and you instinctively feel that it is dangerous. . . . It brings with it colds of all sorts, fevers, agues, and dysentery. Cholera, too, comes with the N.E. monsoon, during which it is more frequent than with the S.W. (monsoon)." (Rev. Dr. Houghton's "Lectures on Physical Geography.") Dr. W. Wakefield (*Lancet*, 9, 8, '84, p. 257) reports, that Cholera "followed the occurrence of a dust storm in India, which broke on the Rock of Gwalior one afternoon in June, 1867. . . . Directly after its passage Cholera broke out. . . ." The generic nature of pre-cholera stages, in relation to *change*, which precipitates or determines the actual outbreak, is seen in the Karachi Epidemic of 1846. "On a Sunday morning of the above year, on the approach of the hot season at that station, all were well and healthy. A small lurid cloud was observed over the Blüch Hills, the surgeon was called out from church, and by twelve that night a hundred cholera patients were in hospital; it lasted a week and entombed 700 Europeans." (Colonel Frazer, "Sport and Military Life in India." London, 1881, p. 235.) Grant, for a moment, in the Rock of Gwalior and Karachi instances, that germs, bacilli, or their spores, reached these places coincident with the outbreaks of cholera; surely, even then, we must see that the greater part of the Form or phenomena, was in the *contained capacity* for variability which the living units had reached. The ovum and the pangenetic gemmules, or molecular energy tending to Life, have a greater place, than has the Spermatozoon!

Dr. Baly's Report contains examples of the great influence which *changes* of wind have in determining cholera. In two ships, bound from Havre to America, one first showed cholera when sixteen days, the other when twenty-six days, out. Of course, some of the emigrants may have reached Havre from infected places. ". . . immediately before the disease appeared in the ship *Swanton*, and on the very day of the occurrence of the first cases in the ship *New York*, though the two ships were 1,000 miles apart, they experienced the same change in the weather from coolness to unusual warmth, a south wind:

(a) Dr. Julius Dreschfeld (*British Medical Journal*, 1, 12, '83, p. 1057), says that the development of spores ceased on adding quinine to the cultivating fluid of malaria.

(b) Mr. Dowdeswell (*British Medical Journal*, 19, 7, '84, p. 105), says: "Normal salt solution, when injected into the peritoneum, was not followed in the exuded fluid by bacilli," but that the aseptic chemical irritant itself germ-free, "when injected, was followed by bacilli" (p. 108). It is continually forced on my attention how great is the craving of pre-phthisis patients for salt, onions, pickles, &c. It may be that these foods supply energy and arrest devolution into bacilli.

setting in." (*Op. cit.*, p. 150.) The captain of the ship *New York* states, that immediately before the outbreak in that vessel, "the weather had suddenly become colder, and there was a general overhauling of chests for warmer clothing, and this was succeeded by the prevalence of warmth already noticed." (*Op. cit.*, p. 153).

Dr. Baly states of ships at anchor off Madras, in the S.W. monsoon, that "The men who worked upon deck and those who slept on the landward side (windward in the S.W. monsoon) of the ship were found to be decidedly the most obnoxious to the attacks of cholera." Again, "... one solitary case only had as yet appeared on board the latter ship (*Coutts*); this case was in a sailor who slept on deck in a state of intoxication during the night." (*Op. cit.*, p. 191.)

Baly quotes (p. 133) Mr. Jameson as explaining the frequency of cholera with the course of rivers in India. "The vicinage of rivers, from the action of the sun upon the great body of water contained in their beds during the day, and from the influence of the water on the circumambient air during the night, must always be peculiarly subject to those vicissitudes of temperature which are known so powerfully to influence the state of the epidemic."

In 1867 I was in charge of about a thousand natives in the Trinidad Depot in Calcutta. Every day during ten days, I spent many hours amongst the people; there was no cholera. At 9 a.m. on September 3, I found a man, *æt.* 30, in cholera, and who died in the afternoon. I found him lying where he had slept, in the passage-way of one of the sheds, where he had been exposed during the night to the draught and cold. No other case followed, either in depot or amongst the 532 people I embarked on September 7, four days after. The "weather had been very hot and calm for some days," with "several nights of great heat and calm," followed on September 2 by "cool N.E. wind and rain." The night of September 2 was calm and hot, but in the early morning of the 3rd came N.E. wind and fall of temperature. It must be remembered that it is often "cold" to our feelings in the tropics, far beyond what the thermometer may show.

This isolated case in a large community of natives, coincident with a sudden change towards cooler weather and depressions, and having shown in a man who, beyond the rest of the community, was exposed to cold night influences, though not a "crucial instance," yet points towards the proposition that cholera may occur or evolve in the native from "depressing influences" or "shock" (these are temporary hypothetical terms), wholly independent of "specific" poison.

I may illustrate the potent influence of *change* of water in producing diarrhoea. The coolie emigrant ship *Arabia*, with 404 souls, from Calcutta to Demerara, put into St. Helena on February 28, 1863. The daily cases of diarrhoea for a week prior to, and for a week after, the use of the new and changed water were as follow:—

PRIOR TO ST. HELENA.			AFTER ST. HELENA.		
Date.	Lowest night temperature.	Number of new cases of diarrhoea.	Date.	Lowest night temperature.	Number of new cases of diarrhoea.
Feb. 21	69°	2	Feb. 28	76°	11
" 22	71	7	Mar. 1	75.5	10
" 23	71	2	" 2	75	7
" 24	71	1	" 3	76	5
" 25	72	1	" 4	76	4
" 26	74	2	" 5	..	4
" 27	74	1	" 6	77	6

No one will suppose that the clean mountain spring water of St. Helena contained any poison, or special purgative quality, it was the *change* from the habituated circumstances of the people, in relation with physical conditions of water—however slight the change—which disturbed the co-relations of the system. In what exact

way a *change* to a pure spring water from an habituated river or distilled water produced diarrhoea, the present state of our knowledge does not show us; such examples tend to point to wider generalisations than any single "cause" or "poison," but rather to a view which sees certain groups of those phenomena, known as diseases, as the developed or evolved "contained variabilities" of the system, and apt to appear on "shock" or after certain changes in habitual physical conditions, including food.

Again, "cholera often prevailed in India with an east and north-east wind. At Arcot it appeared on the day on which the wind *changed* from S.W. to the N.E. . . ." "Cholera broke out in its most aggravated form in the 2nd Madras European Light Infantry, at Arnes, on May 23rd, 1840. The weather had previously been intensely hot, the thermometer during the month having varied from 80° to 93°. At 2 p.m. on May 22nd, the day preceding the outbreak, a heavy squall of wind, with rain, occurred, reducing the temperature from 91° to 87° in the house, and to 81° outside. Twenty patients were admitted into hospital between the evening of the 23rd and the following morning. . . ." (*Med. Ch. Rev.*, April, 1856, p. 302). Such phenomena force my mind to seek deep molecular and vito-chemical *changes of mode* (hypothetically called "poisons") as having evolved in the system, rather than to put my faith in bacilli. Dr. Norman Chevers has illustrated from his Indian experience, the power of *Change* in inducing cholera. "In cholera outbreaks he who enters the epidemic or endemic area encounters special danger" (*Medical Times and Gazette*, Sept. 8, 1883, p. 260). "It is dangerous to travel in the cholera area" (*op. cit.*, p. 261). "Nearly all authorities are agreed that these outbreaks of cholera among Hindu troops (when being moved in native boats) were dependant mainly upon the use by the men of ill-cooked nutriment. . . . I feel confident, however, that these parties merely fell under a law in cholera to which men of all habits and races are alike subject" (*op. cit.*, p. 261). Over twenty years ago, when I took charge of East Indian emigrants from Calcutta to the West Indies, the current advocacy on preserving their health, was to keep the people much on deck; there was a fear of "foul air," "germs," &c., and an excessively tonic regimen was enforced. I ventured to differ from this. I wrote, that it was "the first launching the coolie from his soil (miasmatic, warm, enfeebling, but to him natural) to the sea, which kills. In somewhat medical language, the system of the coolie receives a *shock*, a depression of those vital powers (in him at the best awfully weak) which resist disease. The extreme susceptibility to disease is in him—cholera, dysentery," &c. "The early mortality in the ships is due to the *change*. He is taken from his poisonous clime (to him natural and healthy) at once to what is called a healthy one, the sea, but which to him is really a deadly one" (Report, Public, No. 47, India Office, London, May 31, 1862; also Report, Ship *Almwick Castle*, Port of Spain, Jan. 15, 1862). ". . . but to certain classes of the poor from the countries under consideration, Ireland, Bengal, &c., the first *change* to the sea kills. Each race or people, under such and the *same change*, shows its own natural tendencies or deviations."

It must be remembered that that little outbreak of diarrhoea, after, and with, the *change* to St. Helena water, is as complex a phenomena as is cholera: the non-danger of a slight diarrhoea, must not permit us to forget that the fullest physiological functions occur in a diarrhoea following a changed water, as in a cholera case; absorption, traversing the entire vascular system, induced altered nerve polarities, and molecular changes. We know that diarrhoea for one year, or even three years, has preceded, and has been in Continuity with, the succeeding cholera; that the little diarrhoea epidemic, which followed a changed water, was a phenomena generic with cholera outbreaks, happening on certain *changes*, at recurring seasons. I once saw a Bengalee woman, on a

voyage from Calcutta, nothing like cholera having before happened in the ship, seized with vomiting, purging, cramp, and the typically cold and collapsed look of cholera, after drinking the St. Helena water; that is, potentially, after having changed her accustomed mode of environment, as far as taking fluids into the system is concerned.

(To be continued.)

## Clinical Notes

### ON THE TREATMENT OF HABITUAL CONSTIPATION.

By ALFRED S. GUBB, L.R.C.P., M.R.C.S.,  
Resident Medical Officer, French Hospital, London.

THE treatment of habitual constipation is one of the most ordinary and, at the same time, one of the most important and puzzling problems in ordinary clinical practice. It is the common fault of the greater proportion of the very numerous remedies in the therapeutic arsenal, employed with this object, that they either produce too rapid, too violent, or too drastic an effect, that they are weakening in their after result, and that they will not produce their characteristic effects over any lengthened period of time. One of the first and commonest impediments to the use of drugs in the treatment of habitual constipation, is that the use of aperients in such cases, even when effectively employed in the first instance is apt to produce a reactive effect in the opposite direction, and it is the commonest difficulty in the treatment of cases of the kind, that either medicines so potent need to be used as to cause injury by weakening the patient or by depressing him so that, however successful the treatment may be in the beginning, it ceases to be effectual after a short time has elapsed, and often ends in producing results which are to be deprecated as more injurious than the conditions which the treatment was intended to remove. To overcome this difficulty many artful and ingenious combinations have been made. The number of aperient pills, the complicated products of the ingenuity of experienced practitioners is endless, and there are very few physicians far advanced in life who have not at their fingers ends a series of complicated formulæ in which remedies of the most diverse and often of the most opposite character, are harnessed to the pharmacological ear, and made to pull in so many different directions that it is difficult to say to which element in the mixture the good or bad effect is to be attributed. The very number and complication of these specifics, and the varying and excessive popularity of the more heterogeneous compounds of empirical remedies indicates at once the complexity of the problem, the vast amount of ingenuity applied to its solution, and the unsatisfactoriness of its conclusions. It is not surprising under these circumstances that of late years British practitioners have looked more and more to those medicinal waters which nature has supplied from her own laboratory, and in which simple purgative elements are found, of which the physiological working can easily be investigated, and to which clinical experience can resort without fear of being blinded by the complexity of the elements. Polypharmacy is one of the relics of a bygone period of pharmaceutical mystery. The "mystery men" have had their day in medicine, and the hour has struck for a simpler and more comprehensible system of clinical treatment, in which experience goes hand in hand with science and therapeutic investigation, takes its stand on physiological knowledge. Of the mineral waters, many have recently been introduced, and have rapidly acquired a wide-spread popularity. Those which have attained the greatest vogue are the waters which are especially characterized by a very large percentage of sulphate of magnesia

and sulphate of soda, waters which are familiarly known throughout Germany as "bitter waters;" the best known being Pullna water, Hunyadi Janos, and Friedrichshall. There are also some Hungarian waters, more or less extensively used, most of which belong to the same type: such as the *Æsculap* and the *Victoria* (Offner). All these waters owe their undoubted efficacy more especially to their richness in the aperient sulphates, and it appears from the results of clinical experience, to be in excess of that which can be obtained by artificial compounds, presumably of similar composition, to all of which indeed the objection stated above applies, viz., that their physiological and therapeutical activity becomes impaired by continuing use.

Recent researches, and especially those of Professor Matthew Haye, of Professor von Mering, of Strasbourg, and others, have shown that this defect in the natural solutions of the aperient sulphates is largely corrected when they are combined with the chlorides. The chlorides have been shown to be extremely effectual not only in aiding diffusion changes but also in stimulating intestinal action. These observations have caused renewed attention to be given to the clinical observations of the earlier physicians of this country and on the continent in the use of that which is perhaps the oldest and best known of the aperient natural waters, viz., Friedrichshall water. Von Mosler ascertained by careful clinical observation and physiological experiment with Friedrichshall water, that it not only has valuable and considerable laxative powers, but that it does not affect or disturb the general health and that it increases the appetite. He found also that small doses do not diminish the weight of the body even when continually used, and that it has a remarkable effect in causing an increased secretion of urea. To the ordinary aperient effects of the sulphates it adds a considerable power of promoting tissue change, and Sir Henry Thompson has confirmed the conclusions of other clinical observers that this water, which has been too little regarded in this country, has the especially valuable characteristic that, instead of its being necessary to administer it in increasing doses as the patient becomes accustomed to its exhibition, the dose may, within certain limits, be progressively diminished, and when left off it does not leave behind it any tendency to constipation. With these facts before me I have lately employed Friedrichshall water in practice, and have used it somewhat extensively at the French Hospital with results which seem to me so encouraging that I desire briefly to place upon record some of the observations which I have made. In one series of cases I employed it simply as a corrective of habitual constipation. I administered it in doses of from half a tumbler upwards, taken early in the morning and combined with an equal proportion of hot water, this being the most effectual method of administering Friedrichshall water for this purpose. I used it largely for persons of both sexes, and it seemed to be especially advantageous as a mild laxative, exceedingly well fitted for all ordinary cases, and this more particularly for persons of delicate constitution, for women, and for all other persons in whom the object is to produce an aperient effect which should not be drastic or productive of constitutional disturbance. It is often a great object to be able to produce a distinct laxative impression without disturbing the digestion or interfering with the ordinary daily occupation of patients engaged in business pursuits. Here then I have found that Friedrichshall water produces its effect by rendering more fluid the intestinal evacuations, and by freeing the intestine of its contents without interfering with the process of digestion or impoverishing the blood. These qualities render it peculiarly suitable for administration to weak or anæmic persons in whom it is important that the laxative employed should not be too concentrated or its influence on the mucous membrane of the intestine too strong.

The mildness of the effect of Friedrichshall water in

these cases is, according to my own observations, well-marked. In no case, even after prolonged use, did it prove in any way excessive, and when its use is abandoned for a time, the constipation only recurs gradually when its regulating action on the intestines has given place to the habit of the body or errors in diet which produced the tendency to constipation in the first instance. The non-occurrence of the reactionary constipation which so generally follows the habitual use of aperients, is doubtless to be attributed to the large quantity of chlorides present in Friedrichshall water, and to their favourable influence on the progress of digestion and diffusion. In short the class of cases in which I have found this water of especial service comprises hæmorrhoids accompanied by habitual constipation, hepatic congestion and in the constipation of pregnancy, which is so often complicated by derangements of the digestion, headache, and dyspnoea. There are many cases of cardiac disease and of cardiac irritability in young people in which it is very serviceable in continuous and diminishing doses. It has long had a high reputation in the treatment of gravel and for the prophylactic treatment of renal calculi, but of this I am unable to speak from experience. It has appeared to produce a favourable impression in the numerous cases of strumous and glandular swellings, where we have to contend with a sluggishness of the bowels and of tissue change generally. Here Friedrichshall water acts as a stimulant as well as an aperient. A certain diuretic effect which is manifested, is not uncommonly of service in cases where it is desired to increase the proportion of watery constituents of the urine. It is less adapted to cases of renal disease where our object is to produce copious watery evacuations of a drastic nature, but to lessen venous congestion by gentle and continuous means, Friedrichshall water is peculiarly indicated, and is perhaps without a rival.

### Clinical Records

NORTH-EASTERN HOSPITAL FOR CHILDREN,  
HACKNEY.

*Cases of Diphtheria and Laryngitis.*

Under the care of Dr. ARMAND SEMPLE.

*Laryngitis—Tracheotomy—Recovery.*

G. S., a boy, æt. 2, was admitted on May 26, 1885. The following notes were taken:—The child, though always delicate, had evinced no signs of any sore-throat until last night, when it began to breathe with difficulty. This condition becoming worse, the child was sent to the hospital, and was admitted at noon. There was then rapid breathing, and accompanying the inspiration was a loud rough (stridulous) sound. There was little or no noise with the expiration, and the neck and chest did not retract much with the inspiration. The complexion was rather dusky, and there was slight lividity of the mucous membranes. The throat was not examined now, the dyspnoea and lividity evidently increasing. Tracheotomy was performed about 1 o'clock. No membrane was coughed up, and the breathing soon became regular and easy, and the lividity disappeared. During the afternoon and evening the child had several hours' sleep, and took plenty of milk, and was slightly sick twice.

May 27.—No membrane to be seen in the throat. During the night the child slept well for some hours, and took about 1½ pints of milk. The bowels were opened three times, the motions being rather green and loose. The tube was not removed at all during the night, as there was no obstruction. Urine normal, free from albumen. Ordered—Hyd. c. cretâ gr. ij. bis die.

28th.—Temp. 99.2. The silver tube replaced by an india-rubber one. The child sleeps well, and takes plenty of food.

30th.—There is a good deal of œdema in the neck, round about the trachea. The wound looks rather red and œdema-

tous. The child is wearing a soft india-rubber tube. Temp. 99.2 this morning. Sleeps well, and takes milk well.

June 1st.—Two leeches were applied to the neck last night, one below the wound and another to the right of the wound. The wound does not look well; there is a little ulceration about it, and a copious deposit of thick cheesy pus on the surface. It is washed with boracic lotion.

2nd.—The tube was left out yesterday for about a couple of hours, and this morning it has been taken out at 10.30. The boy is breathing well without it. The œdema of the neck is a good deal less. He takes food well and sleeps well.

July 30th.—The larynx and trachea were touched up with solution of nitrate of silver by means of a sponge tied on to a stylet, and the passage was dilated by catheters, the boy being under chloroform.

31st.—Upon blocking the tube with the finger he takes several respirations through the larynx.

Sept. 2nd.—Various attempts have been made to remove the tube, but all have been unsuccessful. The larynx was touched up again yesterday (under chloroform) with nitrate of silver on a probe. The boy is perfectly well in all other respects.

9th.—The boy has a well-marked rash of measles to-day. Temp. 102.4. Is placed in the fever ward.

Oct. 6th.—Has been wearing a short straight tube frequently for short periods. To-day it was plugged for one hour and a-half. The boy appears well, talks, and is cheerful.

11th.—The tube was plugged from 2 p.m. until 9 p.m. The child then woke up and became somewhat cyanosed. He speaks well, and wears a short india-rubber tube. He is still going on very satisfactorily, and for 6—7 hours in each day wears a plugged short tube.

### Transactions of Societies.

LIVERPOOL MEDICAL INSTITUTION.

THE third ordinary meeting was held on Thursday, November 5th,

The President, Dr. GEE, in the chair.

Dr. HOPE showed

RENAL AND BILIARY CALCULI

taken from a woman, æt. 52. She was admitted into hospital with symptoms of uræmia, and died shortly afterwards. Both kidneys were found to be extensively diseased. One was the seat of a large branched calculus, and the other of a smaller one. The gall bladder also contained a small ovoid biliary calculus.

Mr. G. HAMILTON showed casts of a

CASE OF SPINA BIFIDA

taken from a child that only lived four days, and also a cast of a meningocele. He remarked that considerable success had been attained at the Children's Infirmary with injections of Morton's solution.

Dr. ALEXANDER showed photographs of

A CASE OF FIBROUS RHEUMATISM

taken during life, and also the greater part of the bones from the same individual. The patient was ill nine years ago; he had before this had gonorrhœa and scurvy. The latter were cured, but the rheumatism was not. Four years afterwards (1880) he was admitted into the Workhouse Hospital. All the joints in the body were affected by fibrous rheumatism. They were stiff, but they could be flexed under chloroform, but at once became bad again. He stretched the sciatic nerve, and the knee-joint he opened. The patient finally died of gangrene of the right lung. There was no rheumatic arthritic change in any joint except the knee. The bones were perfectly soft, and could easily be cut with a knife. The spine was quite healthy.

Dr. MACFIE CAMPBELL read the notes of a case of EXCISION OF PORTION OF RIB FOR FRACTURE AND EMPYEMA (Patient shown).

The patient, a joiner, æt. 40, fractured some of his ribs by a fall. On admission into the Northern Hospital, there was



marked emphysema. He slept badly. An abscess formed near the site of fracture, and pleurisy led to dulness of right lung as high as the spine of the scapula. The abscess was opened, but it was plain that a large collection of fluid present was not reached, as the bulging did not diminish. A portion of bone (about half the width) was then removed from the upper margin of the 8th rib, and a large tracheotomy tube inserted. This was kept in from Dec. 7 to May 14, when the man was discharged cured.

Mr. PAUL pointed out that Dr. Campbell's case was simply one of excision of a portion of rib for purposes of drainage, and not section through a rib for the purpose of allowing the bony part to fall in on a contracting cavity. The latter operation he held to be unjustifiable, as cases that could get well would do so without it, and those that could not would not with it.

Dr. BARR defended the operation condemned by Mr. Paul, and thought it better that a piece of rib should be removed to allow falling-in over a small cavity rather than the child should be permitted to die of amyloid disease.

Mr. RUSHTON PARKER had excised portions of rib twice. It was beneficial for drainage, but had no effect on collapse of chest wall.

Dr. CAMPBELL said he had removed portions of two ribs in one case, and the result had not been perfectly satisfactory.

Mr. RUSHTON PARKER then communicated particulars of a case of

#### EXCISION OF RIGHT HALF OF UPPER JAW.

The patient, a man, *set.* 60, had had the left half of the upper jaw removed in February last by a surgeon in Wigan. Recurrence of the disease took place, and in order to remove it he adopted the plan of excising the disease without reference to the bone, so as to leave as little disfiguration as possible. By doing this he was able to leave the alveolar process on the right, and this gave indirect support to the nasal bones, so that the profile preserved its contour, and the resulting disfiguration was practically *nil*.

Dr. CATON then read a paper on the

#### PATHOLOGY AND TREATMENT OF CHOREA.

From an analysis of 995 cases he had collected, he first showed that chorea was principally a disease of later childhood and adolescence. He then discussed the various theories advanced regarding its pathology, and disposed of that advocated by Kirkes, *viz.*, that it was due to embolism of the arterioles from detached particles from the valves of the heart in cardiac disease, by showing that chorea frequently developed when the heart was perfectly healthy, and further that when it was diseased the fibrinous fringes on the valves were of such a compact character that they were not likely to become detached. He himself believed the balance of evidence showed that the disease was due to some anatomical change in the nervous system, either of the brain, spinal cord or peripheral nerves. That this change was characterised, amongst other things, by hyperæmia, numerous small extravasations of blood and leucocytes. The treatment he advocated was rest, compulsory rest by bandages and splints if need be, sedatives as the movements ceased during sleep, and this appeared to point to their rational employment, and arsenic in gradually increasing doses. This he looked upon as a specific. Since using it, the average duration of treatment of his cases in hospital was in round numbers 28 days, and excluding one tedious case in which complications arose, 21 days.

The PRESIDENT thought Dr. Caton had thrown light on the pathology of this obscure disease. He had however, omitted reference to one cause—scarlatina. Scarlatina, rheumatism, heart disease, and chorea were frequently associated in the same subject. He agreed with the reader of the paper in thinking that rest, change, moral discipline, general tonics with arsenic, baths, &c., formed the essentials of treatment.

Dr. GLYNN alluded to the association of paralysis and chorea. A paralytic boy was carried into the infirmary, when after a few days the paralysis disappeared and chorea developed. As regarded treatment there should be absolute rest, the ears and eyes should be closed if possible. He had obtained the best results with sulphate of zinc given in increasing doses up to twenty-five grains. The milder cases would recover rapidly under the treatment. He gave eserine subcutaneously with good results in one bad case. For pro-

ducing rest he would rather give chloral than use chloroform.

Dr. WATERS was not satisfied with the views expressed as to pathology, he would rather look upon the disease as due to some functional change in the nervous system. He had then four cases under treatment in the infirmary. The treatment he found most useful was rest, regulation of diet, treatment of symptoms, and moral supervision. A good many cases got well in a month. The results were not so good in private practice. He used sulphate of zinc. He was not satisfied with arsenic, as the dose could not be so well increased. He began with three grains of sulphate of zinc and increased the dose by two grains daily.

Dr. DICKINSON thought arsenic was the most useful drug. The great thing was to increase the dose carefully and steadily by one drop of Fowler's solution twice a week. The patients were generally well in about three weeks.

Dr. RAWDON had noticed that some of those that recovered still retained a certain amount of mental weakness.

Dr. BARR had used both sulphate of zinc and arsenic. He liked the latter better than the former; he had more recently tried strychnia in increasing doses, and was well pleased with it.

Dr. ARCHER thought the disease was rather due to anæmia or malnutrition than to hyperæmia.

Dr. CATON then replied, and the Society adjourned.

#### SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

THURSDAY, OCTOBER 22ND.

RUTHERFORD J. PYE-SMITH, F.R.C.S., President,  
in the Chair.

#### EMBOLIC CAST OF THE URETER.

Dr. MARTIN showed a blood-clot, which when first passed, measured ten inches in length, and was about the thickness of a drawing pencil. It was very tough, and difficult to break; when broken it presented internally the appearance of an old blood clot. The notes of the case showed that this clot must have been passed from the ureter, and that it was not formed in the urethra.

#### EPULIS.

Dr. KEELING showed a very large specimen of the above which he had removed from the upper jaw of a man. It was about the size of two large walnuts joined together. Several teeth were involved in the growth. During the operation for its removal, bleeding was profuse and difficult to control. Dr. Keeling remarked that it was the largest specimen of the kind he had ever seen.

#### SACCUATED ANEURISM OF THE ASCENDING AORTA.

Dr. PORTER showed two morbid specimens. One a sacculated aneurism of the ascending aorta rupturing into the pulmonary artery. The patient from whom the aneurism was taken had been shown to the Society in February last, and the notes of the case published in the *Medical Press and Circular* for February 25. The tumour formed a pulsating swelling to the left of the sternum, behind the 3rd and 4th costal cartilages and the intervening space. The chief symptoms were those of pressure on the root of the left lung, some cough and dyspnoea with deficient respiratory murmur, rather stridulous breathing, and dulness and *râles* towards the base of the left lung. Dr. Porter had not seen the patient for two or three months before his death, which took place very suddenly, apparently from asphyxia. The other specimen was one showing the condition of the præcordial sac in acute pericarditis. The patient had been attending under Dr. Porter with symptoms of incipient consolidation of both apices. Getting worse he was admitted into the hospital, where, in the course of a day or two, he suddenly developed the symptoms of acute double pleurisy and pericarditis, the quantity of fluid poured out into the pericardium was very large. He was strictly enjoined to, on no account, attempt to move out of bed, but in the absence of the nurse he succeeded in getting up, and died at once of syncope. He had only been in the hospital eight days. The urine had been normal but very scanty. His temperature was very little above normal; the chest was shown with the specimen. Tubercle was found, post-mortem, at both apices, but no tubercles could be detected in the pleura or pericardium.

In reply to Dr. Gwynn, who asked if there had been any albuminuria, or kidney disease, Dr. PORTER said that the urine was normal, but very scanty.

Mr. LOOKWOOD read the following notes, and showed specimens taken from a

#### CASE OF FATAL INJURY WITH MACHINERY.

Geo. G. was caught in some bands and twisted round on October 16th. Was admitted at noon and found to be much collapsed, with only a few slight bruises on the chest and abdomen. He complained of great pain in the lower part of his sternum, stomach, and right side. He was very pale and cold, his pulse feeble and quick, 140; respiration quick and sighing. Half a grain of morphia and brandy at intervals. In the evening he seemed somewhat better, but his temperature was 96 and he was sick three or four times. Oct. 17.—Patient is very much worse; pulse feeble and quick (140); respirations hurried and feeble, and with an anxious expression on his countenance; was sick occasionally, and in great pain; temperature 97. Morphia given hypodermically. He passed hardly any urine. In the evening was about the same, temperature 98. Oct. 18.—Patient very much worse, has not passed any urine for 24 hours, and about 5 oz. of ammoniacal urine was drawn off. There is a blue discolouration of the penis and scrotum. Pulse hardly perceptible at the wrist, 156. Respirations 86, and temperature 102. He then gradually sank and died at 2 p.m. Post-mortem examination was made 26 hours after death. Rigor mortis was not present, and there were a number of echymoses on the chest and abdomen. On opening the abdomen, there was considerable effusion of blood on both sides, but more especially on the left in the neighbourhood of the spleen, which was surrounded. The spleen was found to be almost reduced to a pulp on its under surface. The other organs were apparently sound, the ventricles being empty. The sternum was found to be fractured in the middle.

Dr. M. M. DE BARTOLOME brought forward a case of

#### STRICTURE IN THE SIGMOID FLEXURE.

Miss —, æt. 57, was first visited on September 29th, 1885. She complained of slight abdominal pains, and said the bowels had not acted since September 23rd, but that she was not alarmed, because that had frequently occurred, even for a longer period, and had always become "all right" spontaneously. Pulse 90; temperature 98; respiration 18, tranquil, which state continued throughout the case with the exception of a few hours. Abdomen distended and tympanitic. She continued almost without change, excepting occasional vomiting, which relieved her by emptying the stomach until October 8th, when there was one stercoraceous vomiting, which never returned. She then told me that she had had irreducible prolapsis ani for many years, which, on examination, I found covered with skin. All proposal for surgical interference most resolutely opposed, though persistently urged frequently in the course of treatment. Death October 11th, nineteen days after the last natural action of the bowels. Post-mortem.—Found a solid unyielding band of lymph puckering the healthy rectum, and binding it to the promontory of the sacrum; this was probably produced by limited peritonitis in early life, the patient having been remarkably healthy ever since she could recollect. The lower portion of the sigmoid flexure, and the rectal portion of the bowel, with the stricture, were shown, and presented a most interesting pathological specimen.

The PRESIDENT asked in the course of some remarks upon Dr. Bartolomé's case, whether there were any glands enlarged, also whether peristalsis of the bowels was noticeable through the abdominal walls. He thought the case was one in which, had it been permitted, colotomy would have probably prolonged life and spared much suffering and misery.

Mr. A. JACKSON agreed with the President in thinking that colotomy would have been of service in this case. He thought, however, that it would be a very interesting subject for inquiry and discussion as to how and when they were to decide as to colotomy being essential to the saving of life. He gave particulars of a case of acute obstruction of the bowels occurring in an old lady which had come under his care, and in which the absence of surgical interference was a good thing. The bowels had been closed for 14 days. In consultation with Mr. Favell, colotomy was declared to be her only chance of life; it was proposed to the patient and rejected, in spite of the assurance that if not performed she must die. Shortly after the bowels gave way, stools were freely passed, and the patient is now living, and in the en-

joyment of as good health as a lady of her advanced years can expect.

Dr. MARTIN gave briefly the particulars of a case which had come under his notice, in which no motion was passed for 17 days. For 12 of these the vomiting was stercoraceous. For six days the body was covered with a profuse red rash indistinguishable from that of scarlet fever, and the throat was covered with thick diphtheritic-looking membranes. There was, at the same time, facial paralysis. For two days the patient lay quite unconscious, apparently moribund. On the 17th day the obstruction gave way, followed by an immense discharge of fæces, and the ultimate complete recovery of the patient. In her younger days—for when under Dr. Martin's care she was over 60 years of age—she had had an abscess in the abdomen, close to the junction of the transverse and descending colon, which discharged for a long time. The stoppage during the attack under notice seemed to be in the neighbourhood of where the old mischief was.

Dr. WRENCH (of Baslow) had a case of a similar nature in which the woman died. The abdomen was opened exactly as if operating for relief of the stricture. It was found that four feet of bowel had passed under a ligamentous band in the neighbourhood of the ovary, and that it would have been impossible, had they operated, to relieve the stricture.

#### URINARY CALCULUS.

Mr. PYE-SMITH (President) showed a large calculus recently removed by lateral lithotomy from the bladder of a man, æt. 61. It measured 2 inches by  $1\frac{1}{2}$ , and by 1 inch, and weighed, when dried, 1oz. 6dr. On section, the nucleus was seen to be a fragment of uric acid stone, which had been crushed two years previously; this was surrounded by concentric lamina of nearly white colour, which gave the chemical reaction of triple phosphates of ammonia and magnesia, together with a little carbonate of lime.

#### FRAGMENT OF STEEL IN THE SCLEROTIC.

Mr. PYE-SMITH also showed an eye with a small fragment of steel fixed in the sclerotic near the yellow spot. A chip from a chisel had flown in through the cornea. The electro-magnet had been used without finding the foreign body, and sight being lost, the eye had been excised.

## Special Articles on Drugs.

### CONIUM.

By GEORGE FOY, F.R.C.S.,  
Surgeon to the Whitworth Hospital.

A RECENT case of accidental poisoning by a mixture containing conium and bromide of potassium, has not only attracted much interest in this country, but is also reported in the American papers. Deaths from conium and the water hemlock are not so unusual: records of them may be found scattered through all the writers on materia medica during the last half of the last century, and the beginning of this. That more deaths have not occurred may be due in great part to the fact that the extract and dry leaf powder, the parts principally used, are inert, containing little, if any, conia. Christison and Orfila long since proved this, and more recently Harley Brande not only knew this, but pointed out the difficulty that attends all attempts to produce a good extract, and he went further, and told how to prepare a reliable preparation, and to him first, and latterly, also to Squire we are indebted for our present succus conii, though it took close on fifty years to get it into the British Pharmacopœia.

One of the principal risks attending the prescribing of conium is due to a fresh supply coming to the druggist whilst the prescription is still continuing to be compounded. The prescriber has, probably, increased his dose, failing to notice any effect from the first ordered, and now the patient

begins with a large dose on a fresh preparation which may contain some conia.

Again, there is the risk that some other leaf may have been, either accidentally or fraudulently substituted for the conium leaf. M. Mader (*Pharm. Zeitung*, 1883) tells that a parcel of this herb examined by him proved to consist entirely of two other very common umbelliferous plants, *Anthriscus sylvestris*, and *Chærophyllum temulum*. Again, the time when the plant is collected is of the utmost importance. Pearson, Pariera, and Fluckiger, and Hanbury, consider the plant should be taken when in full bloom, and the last named authors assert that the London herbalists often collect it while much of the inflorescence is still in bud. The *habitat* of the plant is also to be considered. Thompson, Brande, Lewis, and Duncan, believe that plants grown in sunny climates are richer in conia. Dr. W. Manlius Smith, of Albany, U.S.A., in 1867 declared in favour of the green fruit, as the part of the plant most suitable for medicinal purposes, in which decision Dr. Harley concurs. The amount of pressure is also said to affect the result. Brande declares that any pressure, except the least that produces the juice, is injurious. Even the length of time occupied in evaporating an extract is to be counted amongst the factors that influence the result, the older pharmacists believed that the process, if delayed, injured the extract. All authorities agree that excessive heat expels the conia.

Hunter gave very large doses. I copy the following from his "Treatise on Venereal Disease." "An ounce of the extract was swallowed in the course of the day for some time, which was afterward increased to an ounce and a half, two ounces, and even two ounces and a half. It produced indistinct vision and blindness, loss of the voice, falling of the lower jaw, a temporary palsy of the extremities, and once or twice a loss of sensation; and, notwithstanding he was almost every night in a state as it were, of complete intoxication from the hemlock, his general health did not suffer, but, on the contrary, kept pace in its improvement with the ulcers. They could not, however, be healed by the hemlock and many other things, Æthiopi's mineral, and Plummer's pills were liberally given, seemingly with advantage. Recourse was had to the hemlock from time to time . . . he returned to the extract of hemlock, which he had for some time laid aside, and of himself swallowed in the course of the morning ten drams. This quantity was only the half of what he had formerly taken in twenty-four hours, but his constitution had gradually been habituated to the medicine. The ten drams produced great restlessness and anxiety; he dropped insensible from his chair, fell into convulsions, and expired in two hours. May not the fatal effect produced by the last dose have been caused by a fresh and more carefully prepared extract?"

Cullen believed the leaves should be gathered at the beginning of inflorescence, and Fothergill thought the end of inflorescence was the most suitable time. Any pharmacist following Cullen's opinion would surely have a different extract from him who followed Fothergill's opinion.

Pariera, at one time, thought that a tincture prepared from the ripe fruit would be efficacious, and on a suitable opportunity answering, Mr. Curling, of the London Hospital, gave it to a man suffering from tetanus, commencing with a two drachm dose the amount was gradually increased until the man got two pints of the tincture in a short time, it produced no beneficial effect. And in a case of chorea the same gentleman gave three ounces of the tincture every twenty-four hours without effect. After these trials, Pariera unhesita-

tingly declared in favour of the "succus" preserved by spirit as recommended by Brande. Most writers consider the dried leaf powder as useless, its reputation still lives on Störk's pills of which it was one of the principal ingredients. In 1760 Störk also introduced his conium plaster in which ammoniacum was a large portion, conium ointment and his "marvellous" pills. This encomium resembles and reminds me of the now almost forgotten Chian turpentine and sulphur pills, for Störk's pills were also said to be fatal to cancers, especially uterine. Idiosyncrasy plays its part in the action of conium as it does in opium and other drugs. Boerhaave tells us that "by the effluvia of the herb bruised and strongly smelt to," he became vertiginous.

The literature of conium is comparatively recent; if we omit the Greek and Arabian authors, though I find *κωνία* recommended as a fermentation for ear-ache in the eighth volume of Conradus Amman's edition of the "De Morbus Acutis et Chronicis," of Cælius Aurelianus, published in 1522. Ray refers to it in his "Catalogus Plantarum Angliæ," 1760. Shakespere three times names hemlock. "Root of hemlock digged i' the dark" is one of the additions to the witches' cauldron. "With hurlocks, hemlocks, nettles, cuckoo-flowers," Cordelia and the physician found Lear crowned. That "the darnel, hemlock, and rank furnitory," doth root upon the fair face of France, was a subject of complaint by Burgundy in Henry V., probably reference to the herb occurs in some others of the Elizabethan dramatists, but I cannot recollect them. The very names hemlock, conium, and cicuta all tell that it was long credited with active properties, and the discovery of the alkaloid confirms the truth of the tradition. To Störk belongs the credit for its reintroduction into modern medicine, and to Brande, Christison, and Orfila, is due the credit of first scientifically examining its medicinal properties.

In 1826 Brande obtained *conia* (C<sub>8</sub> H<sub>11</sub> N), but its isolation as a pure alkaloid was effected by Gieger in 1831. Hugo Schiff synthetically produced *Paraconine* in Dec. 1872, the alkaloid is isomeric with conia, but, not identical as he at first thought. Recently, Frankland and Kolbe synthetically produced *Cyanethine* (C<sub>8</sub> H<sub>8</sub> N<sub>2</sub>) and from it obtained *Conine Cyanide* (C<sub>8</sub> H<sub>14</sub> (CN) N), whose physiological action is similar but stronger than that of conia. A concise summary of cases of poisoning by hemlock may be found in Orfila, Pariera, Christison, and Beck.

I happened to meet with one case of hemlock poisoning in which two drachms of the "succus" was dispensed in a two ounce mixture instead of two drachms of syrup of saffron. The patient, an infant of less than twelve months of age, died of coma, the dose of the mixture was one teaspoonful, and the first dose terminated the child's life. This is, probably, the smallest fatal dose on record, and is worth recording when conium is so much recommended for whooping-cough, and the "succus" is gradually displacing the older inert preparations.

**The Mortality of Foreign Cities.**—The annual death-rates per 1,000 in the principal foreign cities, according to the last weekly returns communicated to the Registrar-General, are as follow:—Bombay 26, Madras 32, Paris 21, Geneva 22, Brussels 15, Amsterdam 18, Rotterdam 23, The Hague 19, Copenhagen 13, Stockholm 17, Christiania 17, St. Petersburg 22, Berlin 20, Hamburg 23, Dresden 19, Breslau 25, Munich 25, Vienna 21, Prague 24, Buda-Pesth 23, Trieste 29, Venice 25, New York 20, Brooklyn 17, Philadelphia 18, and Baltimore 20.

REGISTERED FOR TRANSMISSION ABROAD.

**The Medical Press and Circular**

Is published every Wednesday morning Price 5d. Post free 5½d.

POST FREE TO ANNUAL SUBSCRIBERS . . . £1 2 0

" IF PAID IN ADVANCE . . . 1 1 0

Post-office Orders and Cheques to be drawn in favour of—

A. A. TINDALL, 20 King William Street, Strand, London, W.C.

A. H. JACOB, 3 Molesworth Street, Dublin.

Agents for Scotland:—

MACLAUGHLAN &amp; STEWART, South Bridge, Edinburgh.

A &amp; W. STENHOUSE, Hillhead, Glasgow.

Sole Agent for the Continent:—

JOHN F. JONES, 51 Bis, Rue du Faubourg Montmartre, Paris.

ADVERTISEMENT SCALE—Whole Page, 25 Os. 0d. Half Page, £2 10s. 0d.; Quarter Page, £1 15s. 0d.; One-eighth Page, 12s. 6d.

Small Announcements of Practices, Assistancies, Vacancies, Books, &amp;c. of Seven lines or under, 4s. per insertion; 6d. per line beyond.

Considerable reductions are made from the foregoing Scale when orders are; even for a series of insertions. Letters in this department should be addressed to the Publishers.

SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIÈRE, Rue Hautefeuille, Paris—post free in advance, £1 3s. 6d. per annum.

SUBSCRIPTIONS FOR RUSSIA are received by Messrs. RAJCHMAN and FRMDLER, 18 Senatoren Street, Warsaw—post free, £1 5s. 0d. per annum.

SUBSCRIPTIONS FOR THE UNITED STATES are received in New York by Messrs. WILLIAMS &amp; ROGERS; Philadelphia, by Dr. BRINTON: post free in advance, 54 dollars (£1 3s. 6d.) per annum or direct from the Offices in this country for the same amount, if remitted by International Post-Office Order.

**The Medical Press and Circular.**

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 11, 1885.

**THE DISINFECTION OF RAGS.**

THE importation of rags takes place to a very considerable extent in this country, the industrial purposes to which such materials are put necessitating a considerable annual supply from other sources than those immediately available at home. As a large quantity of the rags so employed is, however, procured from eastern countries subject to visitations of epidemic disease, there is always more or less danger attending its introduction here; and in periods like that recently passed, when cholera or other infectious disease is rife in those places from which rags are directly sent to English ports, it is not rarely essential to public safety to prohibit the landing of the suspicious material until every means has been taken to render it incapable of transmitting infection. To this end some process of purification is, of course, *a sine qua non*, and it has long been a moot question how best to treat the rags that they shall be deprived of all injurious qualities without, at the same time, undergoing destruction themselves. The process adopted, to be successful must also be inexpensive, and this, a prime necessity, at once does away with the possibility of using methods which, though well adapted to ensure complete protection, would involve so great an outlay as would raise the cost of the rags to a price prohibitive in a manufacturing sense. The question, however, has long

been under consideration, and it now appears to have been solved in America, a series of experiments having been carried out in New York to test the efficacy of a plan for rag disinfection by means of the sulphur vacuum process. In a report presented by Dr. Smith, Health Officer to the Quarantine Commissioners, details of the experiments conducted with a view to testing the process are recorded, and a very favourable estimate of its value is pronounced. Several tests have been resorted to, the dimensions of the bales of rags submitted to disinfection having varied up to the largest size. These are placed in a closed space from which the atmosphere has been so far removed that a vacuum of twenty-eight inches is produced, and sulphurous acid is then introduced until it exists in the closed space under a pressure of twenty-six pounds; that is, eleven pounds above the weight of the atmosphere. The rags having been previously infected with the germs of cholera and other diseases, are left exposed to the sulphur fumes for about half an hour, by which time it is found that, under the circumstances instanced, the influence of the disinfectant succeeds in penetrating to the centre of even the largest bale, and no subsequent culture experiments made with the infected material are successful.

The most striking evidence in this connection is that afforded by vaccine virus after its exposure in bales of rags under the conditions described. Dr. J. B. Taylor reports that he charged, from the same calf, and at the same time, a dozen points with vaccine lymph; and of these, six were submitted to the "sulphur vacuum" treatment, along with other disease germs, in a bale of rags. The second set of six points were preserved unaltered. He next vaccinated two children, in the same family, each on the left arm with the fumigated virus, and each on the right arms with the unaltered virus. In both instances the sterilised vaccine produced no result, whereas both arms vaccinated with the points which had not been fumigated "took" most successfully. Further, the four remaining sterilised points were employed to vaccinate four separate infants, and in none was the operation successful; whereas four other children on whom the corresponding unsterilised points were expended, were all satisfactorily vaccinated. A second test, in the nature of a control experiment was carried out in a similar manner, and on the day following the fumigation of the six points they were employed to vaccinate six children, all of whom failed to exhibit the signs of vaccination; but of other six infants vaccinated at the same time with the unaltered points, two went through the series of changes indicative of successful operation, the remaining four being failures.

As regards culture experiments conducted with other material than vaccine virus, the report prepared by those to whom the labour in this connection was entrusted, is clear and emphatic, and declares that "no development of any kind took place in any of the cultures made from the exposed germs." In the mind of Dr. Smith himself, the conviction left after consideration of all the results of the experimental investigations so carefully conducted is to the effect that disinfection of rags by the "sulphur vacuum" system can be very efficiently accomplished. He further concludes that a satisfactory arrangement for

ensuring complete disinfection of such rags, is one by which one or any number of bundles can be introduced into a suitable receptacle in which a vacuum of twenty-five inches or upwards is produced, and into which sulphurous acid under a pressure of twenty-five pounds or upwards is introduced, the rags being continuously exposed under these conditions for a period of about five and twenty minutes. The quarantine commissioners of New York have marked their sense of the value of the proposed method by passing a resolution, at the meeting at which the report referred to was presented, to the effect that such process was satisfactory to the members of the Board, as affording a ready and efficient means of rag disinfection.

This subject is one well worthy of receiving the attention of our own port-sanitary officers, for there can be no doubt of the risk that is not infrequently incurred, of introducing disease from other countries by incautious importation of rags, &c. So far nothing is said, in the report mentioned above, of the applicability of the sulphur process to other material than rags; but any adaptation of it to the purification of hides and wool, whereby immunity from such affections as malignant pustule would be secured to workers in raw-hides, &c., would be a most valuable improvement in every respect.

#### THE CATHOLIC UNIVERSITY OF IRELAND AND ITS MEDICAL SCHOOL.

FRIDAY last was the occasion of a very remarkable semi-political demonstration in the Cecilia Street School, Dublin, when an address, demanding a Catholic University and an endowment, was presented by the students of the University to Dr. Walsh, the Catholic Archbishop. This address was in itself very pronounced, and even clamorous, but the speeches for which it was the text were more significant and not less emphatic and determined. Dr. Byrne spoke for the Medical School, and the Rev. Gerald Molloy, Rector, for the University, while Dr. Walsh, the Catholic Archbishop, summed up with the reading of what might be almost called a "Bull." The gist of Dr. Walsh's remarks was that, inasmuch as Trinity College was possessed of large funds from property, and was—in his opinion—devoted essentially to the education of Protestants, an equal endowment ought, in order to produce an educational equilibrium, to be provided by the State for the education of Catholics in Ireland.

It is not for this journal to enter into such a controversy, or to argue as to the truth of the assertion that Trinity College is, as represented, sectarian. But so far as a medical journal is entitled to have an opinion on such a subject, we hold most strongly that education should be in all cases and in all countries strictly unsectarian, and that, if it be not so in Trinity College, Dublin, Parliament ought to make it so rather than assent to any scheme for denominationalism.

It is rumoured that Dr. Walsh's plan is that the Royal Irish University and the Queen's College, Cork, should be wholly catholicised and endowed by the State for denominational education; that Belfast Queen's College should be erected into a northern University and deno-

minationalised and endowed for the Presbyterians; and that the Queen's College, Galway, shall be swept away.

Our readers are already well aware that we look upon the Royal University as open to much improvement, but it is certainly not in this way that it seems to us to need reform, but in the direct opposite. Nevertheless, it seems most likely that the new Parliament will be sufficiently under the control of those influences which the meeting at Cecilia Street represented to grant anything asked by it; and we, therefore, think the forecast well worth mentioning for the information of the medical profession in Ireland.

### Notes on Current Topics.

#### Professor Huxley.

THE state of Professor Huxley's health, which has for a long time been a subject of much anxiety to his numerous friends, has at length necessitated his resignation of the Presidency of the Royal Society of London, a step which he expressed a desire to take so long ago as November last year. Since then it is true that the distinguished biologist has visibly improved in general health, owing mainly to his having yielded in time to the advice of his medical attendants, who urged on him the importance of giving up, at least, some of his many engagements; but, notwithstanding, it has been felt by Mr. Huxley that the heavy duties connected with the post of President of the Royal Society could not be adequately performed by him except at the expense of that repose which is now more than ever essential to him. Though we cannot help but regret that any necessity for this decision should have arisen, it is impossible to misjudge its wisdom. Any means which will enable so brilliant an ornament to science as Mr. Huxley to be preserved to us will be cheerfully acquiesced in, the more especially as by thus reducing his labours he will be better able to discharge those occasional functions which naturally fall to the lot of him who is by right the acknowledged head of biological science in this country. We trust that the increased leisure which Professor Huxley will now enjoy, will enable him to recover the full vigour of strength natural to one of his age and constitution, and that he will long be spared to lead the van of English science.

#### London University.

A VERY unsatisfactory result attended the meeting of Convocation of the University of London, held on the 3rd inst. On this occasion the scheme, for amending the constitution of the University and converting it into a truly useful institution came under discussion, and much to the injury of the large numbers who have been hopelessly anticipating the relief that would follow from adoption of Lord Justice Fry's scheme; it was rejected by a hostile vote of 122 to 76. In July last, when the scheme itself was first published, we sufficiently explained its objects and provisions; and we cannot but regret that a section of the University has been so unwise as to refuse acceptance of its principle. Following the rejection of the scheme, an attempt was made to secure the

aims of its opponents by referring it back to the original committee, the members of which were to be reinforced by twenty additional names. On the suggestion of Lord Justice Fry it was agreed simply to refer the matter back to a special committee, but as his lordship and several other distinguished graduates declined to serve on such a committee, no decision could be arrived at; and after a good deal of excited discussion the meeting was adjourned to December 8th, when the mover of the opposition is expected to be ready with fifty names of gentlemen willing to form a new committee. It seems that the objection to Lord Justice Fry's scheme is that it offers to teachers what is regarded as an undue share of representation on the governing body of the University, and on this rock it is not at all unlikely that the whole subject of reform will be wrecked.

#### A Dispensary Doctor Fined for Assault.

At Shinrone Petty Sessions, last week, a charge of assault, which excited considerable interest, was preferred against the local dispensary doctor, Dr. Nickson, by District Inspector Greene. Mr. Greene stated that he sent for Dr. Nickson to attend him. The doctor answered that he might go to h—l. He sent a second time. The doctor came over, and he showed him into his room and he sat down. He (complainant) noticed the doctor peculiar and moody in his manner. He said he required a certificate of his inability to perform his duty, as he was suffering from a sprained ankle. The doctor refused, saying that he could not give it; that that would be the fifth certificate. Plaintiff said he was bound to if necessary, and he would report him if he refused. Dr. Nickson then rushed through the hall-door and seized him by the neck. Plaintiff also swore to the use of abusive language. Dr. Nickson's solicitor contended that it was not a *bond fide* charge. It was brought by Mr. Greene to set himself right with the authorities. On the evening in question a serious assault had been committed on Dr. Nickson, for which he was about taking proceedings in the superior courts, and under these circumstances he asked their worships not to arrive at any decision.—Dr. Nickson was fined 5s. and 10s. costs.

#### The Registrar-General's Quarterly Returns.

THE Registrar-General, in his Quarterly Returns of Births, Marriages, and Deaths, reports that, during the three months terminating September 30th last, there were born in the United Kingdom 277,479 children, while the deaths numbered 146,554. The birth-rate for the same period was 30·3, and the mortality 16·2 per 1,000. In England the death-rate was 16·5 per 1,000, this figure being no less than 2·1 per 1,000 below the average rate in the corresponding quarters for the last ten years, and, with the exception of one quarter in 1879, when it reached 16·3, it is the lowest figure recorded since the commencement of civil registration in 1837. The Registrar-General points out that this low death-rate implies that no fewer than 26,000 persons survived the three months who would have died had the death-rate corresponded with the average rate in the forty-seven preceding corresponding quarters. Of zymotic diseases, diarrhoea and measles have been most preva-

lent, whooping-cough also being credited with a considerable mortality. The towns principally visited by the epidemic of measles are Wigan, Tynemouth, Stoke-on-Trent, and Reading, the death-rate from this cause in the first-named place being as high as 3·99. Three hundred and ninety-one deaths occurred from small-pox, 156 of these being registered in the London district, 106 in the metropolitan outer ring, and 60 more in the South-Eastern, South-Midland, and Eastern Counties round the metropolis.

#### Royal University of Ireland.

THE following resolutions have been adopted by the Senate:—

1. That a special diploma be awarded to each candidate who may satisfy the examiners at the examination for the Stewart Scholarship for proficiency in the treatment of mental diseases.

2. That application be made to the Lord Lieutenant for approval of the following additions to the list of recognised medical institutions.—The Glasgow Royal Asylum for the Insane, Hanwell Lunatic Asylum, Birmingham Lunatic Asylum, and Cork Union Hospital.

3. That attendance at either theoretical or practical midwifery ought not to be commenced until after the passing of the second examination in medicine, and that no certificate of such attendance shall henceforth be received where the attendance may appear to have taken place subsequent to the close of the year 1885, but prior to the passing of the second examination in medicine.

It has also been decided that next year the First Examination in Medicine shall be held about the beginning of July, and not in the spring. A similar examination will be held also next autumn.

#### The Vice-Presidency of the Royal College of Surgeons of Ireland.

IN anticipation of the election of a Vice-President in next June—when Mr. Stokes, the present Vice-President, will assume the chair—cards have been sent to the Fellows by two candidates. Mr. Fitzgibbon, Surgeon to the City of Dublin Hospital, was first in the field. He has been for a year and a-half a member of the Council of the College, and he holds the surgeoncy of the Westmoreland Lock Hospital, and is also Medical Officer to the General Post Office. Dr. Wm. Frazer, the other claimant, is well known and esteemed as a practitioner in Dublin, and he has served the College for many years as an Examiner in *Materia Medica* and the cognate subjects, in which capacity he has been always esteemed and highly popular. It is as yet premature to anticipate whether any other candidate will offer himself to the Fellows, but we believe we express the general feeling when we say that a contest for the Vice-Presidency has always been regretted, and would be, on this occasion, equally objectionable.

A meeting of the London Pharmaceutical Society will be held this evening (Wednesday), when a paper will be read on "The British Pharmacopoeia, 1885, its Amendments, Additions, &c.," by Mr. C. Umney.



### Lunatic Asylums.

A RETURN of moneys ordered to be expended for increase of existing public lunatic asylums in Ireland, or for building new ones, or purchasing buildings to be used as such, from the 1st day of January, 1865, to the 1st day of January, 1885, inclusive, has just been issued. The result is that there has been a total expenditure for the above purposes amounting to £569,469, the money being obtained by way of loan from the Consolidated Fund. Of this sum £31,200 has been expended on the Armagh Asylum; £57,250 on Monaghan; £22,650 on Omagh; and £20,850 on Belfast.

### The Health of Dub'in.

ACCORDING to the report for October just issued by Sir Charles A. Cameron, the death ratio within the Dublin registration area amounted to 22.56 per 1,000 persons living. The deaths within the city were in the annual ratio of 25.15. The deaths from the seven principal zymotics in the whole district were in the ratio of 2.9 per 1,000 persons. As compared with the previous month, there was an increase in the deaths caused by typhoid fever, and a slightly augmented mortality from measles. The fatal cases of diarrhoea increased considerably. There was less mortality from typhus fever. As compared with August, there was a large increase in the admissions of typhoid fever patients, and a decrease in the number of cases of scarlet fever and measles.

### Dr. Lyons, M.P.

DR. LYONS has announced his intention of seeking re-election for the Stephen's Green Division of Dublin City, and as a representative of medicine we heartily wish him success. During his Parliamentary career he has been untiringly industrious, and has never allowed any question affecting his brethren in the profession to pass by without devoting his best attention to it. He did his best to resist the passing of the Medical Relief Disqualification Bill, by which the Radicals, for political purposes, transferred the whole of the small farmers and artisans of the country to the pauper medical relief list, but, of course, he could not expect to succeed when the Bill was made a great party question, and when the Conservatives showed no fight against it. We have, in connection with Dr. Lyons' candidature, to repeat what we have recently said in reference to Mr. Erichsen's claim to the representation of the Universities of Edinburgh and St. Andrews. We do not see that it matters much to any doctor what political party is in power, and, if it did, the profession could not, by the unanimous exercise of its utmost political strength, materially influence the current of public affairs. Voting as politicians, the doctors simply throw their little dribble of votes into the ocean which elects to Parliament, and for any result they produce thereby they might as well never enter the polling booths; but if, by unanimity, they can place in Parliament a man who understands their views and cares for their interests and wishes, they serve themselves, their *confrères*, and in a high degree the public at large. We wish that medical voters could see this, and would refrain from throwing away their force for the benefit of politicians who do not care an atom for them or of parties who never did and

never will do anything for them until they can show their strength in the House.

### "The Eastern Hospitals Scandals."

THE Eastern Hospitals inquiry has now concluded, and on Saturday last the Metropolitan Asylums Board received a communication from the Local Government Board confirming the charges of gross mismanagement, and extravagant and dishonest expenditure. Strong condemnation was also expressed on the periodical provision of elaborate dinners for the Committee, and other abuses of trust. The suspension of the medical superintendent, Dr. Collie, was now made absolute, and other officials were either severely censured or dismissed. Thus ends an inquiry which throughout has revealed such ugly facts as to be indeed a "scandal" to all concerned.

### The Antwerp Competition.

WE understand that Surgeon-General Longmore, C.B., and Mr. John Furley, Superintendent of the St. John's Ambulance Association, have each received within the last few days from the Empress of Germany a medallion (and a miniature silver easel for it to rest upon) "in grateful remembrance of their participation in the work of the Jury for the competition of models for a field hospital." This competition took place at Antwerp in September, and the prize—a gold medal and 5,000 francs given by the Empress—was awarded to Messrs. Christoph and Unmack, of Copenhagen, for the Doecker Hospital. The medal presented to each member of the Jury bears the portrait of the Empress in relief, with the words "Augusta, Imperatrix Regina," and on the reverse is the Geneva Cross within a wreath of laurel and oak, and the motto, "In necessariis Unitas, in dubiis Libertas, in omnibus Caritas."

### The Genetic Affinity of Bacteria.

DR. C. FISCH believes that the assignment of bacteria, Schizomycetes, to the fungi rests on an unsound morphological basis, the physiological resemblance in the absence of chlorophyll not being sufficient of itself to determine the question. The developmental history certainly furnishes more conclusive evidence in the other direction. The nearest affinity of the bacteria lies unquestionably with certain green unicellular plants, oscillatoria, &c., included under the Schizophyta, or Cyanophyceæ; and these together form a natural group with no close affinity to any group of fungi. This observer is of opinion that at present the Schizophyta must be regarded as displaying the nearest genetic affinity with the Flagellata, most of which seem closer allied to the animal than the vegetable kingdom.

### Mr. Erichsen's Candidature.

IN the advertising columns of our present issue will be found Mr. Erichsen's address to the electors of the Universities of Edinburgh and St. Andrews. With the politics of this distinguished surgeon, or of any other candidate for a seat in the Legislature, we have nothing whatever to do. Our concern—which is doubtless shared by the great bulk of the profession—is to advocate the claims of all medical aspirants, regardless of their political creed, provided their avowed object is to represent

the views and interests of the profession in Parliament. As medical journalists we are concerned only for the success of "medical candidates;" the rest will of course be elected on political lines, on which we do not presume to offer an opinion, as medical men will doubtless exercise their prerogative in the manner of other citizens; but in bespeaking the votes of University electors for Mr. Erichsen we place the profession above party, in the hope of securing for a distinguished surgeon and an able and representative member a seat in the coming Parliament.

#### Pulmonary Tuberculosis.

THE treatment used by M. de Renzi, of Naples, on seventeen men and fourteen women suffering from this disease was the following:—I. Interior: Tonics (*quinquina*, *phosphate of lime*, &c.); and antiseptics (*creosote*, *alkaline carbonates*, *iodoform*, &c.). II. Exterior: Inhalations of ozone, nitrous vapours, iodoform, terebenthine, expirations in rarefied air, followed by inspirations of compressed iodine. The results were that one case was completely cured, two got great relief, three others were slightly benefited, 12 remained in their former condition, and 3 died. So, on the whole, the treatment has been found fairly successful.

#### Influence of Oxygen on Fermentation.

THE influence of oxygen on fermentation by Schizomycetes, has engaged the attention of Herr Buchner, experiments having been made by him to determine the effect produced by free oxygen on the energy of the fermentation caused by the so-called "glycerin-ethyl-bacterium," distinguished by its energetic fermentation of glycerin, chiefly into ethyl-alcohol, together with volatile and stable compounds, carbon dioxide and hydrogen. To determine this, properly prepared specimens were taken, and streams of oxygen and hydrogen respectively passed through them. After twenty-nine hours the fluid through which the oxygen had been passing was observed to be more turbid than other specimens. On submitting a portion to microscopical examination it appeared that a very considerable multiplication of bacterium (*B. Fitz*, as it has been called) had taken place. The quantity of glycerin ferment had increased. But, whether oxygen or hydrogen be passed through the specimen, the formation of carbon dioxide given off remained nearly the same in proportion to the amount of glycerine fermented.

THE Bowman Lecture will be delivered by Dr. Hughlings Jackson, at a special meeting of the Ophthalmological Society of the United Kingdom, at 9 o'clock on the evening of Friday, November 13th. The ordinary meeting of the same Society will be held, in due order, on the evening of November 12th.

THAT much-frequented "Health Resort" Hastings is showing unusually favourable bills of mortality, if we may judge by the Medical Officer's Report to hand, which gives a death-rate in the last quarter of only 12.26 per 1,000 of the gross population, or excluding those of non-residents, many of whom are sent there in the most hopeless stages, only 9.77 per 1,000.

#### Cholera Inoculation.

WE learn from the *Revue de Médecine* that Drs. Nicati and Reitsch have been making experiments on cholera inoculation. The first series were of inoculation with the blood, intestinal matter, and bile of cholera cases, and the second with Koch's comma bacilli. The symptoms of the first series were, after three days, with or without cyanose, prostration, algidity, spasmodic muscular contractions, and finally death. *Autopsy*.—The enterite, (epithelial liquid rich in bacilli, vacuity of the bladder, repletion of the biliary vesicle). The experimenters came to the following conclusions:—I. The cobaye is susceptible to inoculation by the stomach, and more certainly by direct injection into the duodenal ampulla. II. The dog can be inoculated by injection into the choledoch canal. III. The matter used for inoculation is only that which contains comma bacilli, viz., bile, &c. IV. The blood of cholera patients injected under the skin, and in the veins, produces symptoms of poisoning; in one case the animal did not die until three days after inoculation. The question is contagion carried by inoculation is undecided.

#### Mr. Hutchinson's Lectures.

THE last of the series of lectures recently delivered at the London Hospital by Mr. Jonathan Hutchinson will appear in our next issue, the subject of this lecture being "Injuries to the Epiphyses." This which is a question of especial interest to practitioners among children and young adults, will be a most welcome addition to the literature of bone and joint injuries, and we are glad to have the opportunity of presenting it to our readers after revision by the author of the lecture.

DR. ANDREW SCOTT MYRTLE, whose recent papers in this journal attracted much attention, has been appointed on the magisterial bench for the newly incorporated Borough of Harrogate.

#### France.

[FROM OUR OWN CORRESPONDENT.]

TREATMENT OF OBESITY BY BLOODLETTING.—At the Académie de Médecine, M. Sée replied to the observations relative to the treatment of obesity by M. Deschambrez in the preceding meeting. Both doctors and physiologists were agreed in that corpulence was frequently observed in chlorotic persons and in animals from whom blood has been frequently drawn. According to Bauer the albuminates undergo a decomposition well-marked after blood letting and the exhalation of carbonic acid is diminished. Fränckel believes that these transformations are to be attributed to a deficiency of oxygen. M. de Mericourt, in continuing the discussion on the character of leprosy, maintained, after personal researches, that the disease was not contagious; and further he would be inclined to think that the malady was often confounded with syphilis, which resembled it closely. M. Vidal was of a contrary opinion, holding that leprosy and syphilis were always two diseases, and that the microbe of the former disease was clearly demonstrated.

PASTEUR ON THE TREATMENT OF HYDROPHOBIA.—M.

Pasteur, it would seem, has fully triumphed in his researches on the means of curing hydrophobia. At the meeting of the Académie des Sciences this week a communication was read from him, in which he related the case of two boys who were savagely bitten by mad dogs, and who submitted themselves to his treatment with the most happy results. One boy, fifteen years old, was bitten severely in five places by a mad dog. He has now quite recovered. The other, a young shepherd, who, seeing a mad dog rushing on his companions attacked him with his whip. The left hand, which got into the mouth of the animal, was horribly lacerated. In trying to extricate it the other hand was bitten, but he succeeded in getting the whip round the dog's neck, and thus strangled him. M. Pasteur, who immediately took him under his care is confident that he will make a good recovery. The reading of the communication was frequently interrupted by the applause of the Academicians.

**PROFESSIONAL JEALOUSY AND ATTEMPTED MURDER.**—Jealousy between medical men is unfortunately as frequent as it is reprehensible, but it is seldom that it assumes a criminal form, and the trial actually taking place in the department of the Vaulcuse reveals a very sad condition of affairs. A doctor, Eustachy, decorated with the Legion of Honour, practised in a small town called Pertuis, where he enjoyed a good practice, and the esteem of society. Some time ago, another medical man came to the town and tried in vain to acquire the friendship of his *confrère*, who had become extremely jealous of the new arrival. Soon the public got to know the position of the parties, and, as usual, sides were taken. The press followed suit, and an unseemly polemic was carried on, but matters were not to end without a more marked appreciation of the conduct of his *confrère* by Dr. Eustachy in a criminal attempt he made on his life. In the month of January last Dr. Fournatoire (his rival) received two braces of thrushes from the hand of a messenger, who told him they were a present from a patient. The birds were prepared for table in the ordinary manner and partaken of by the doctor's wife, he himself did not (not from any special reason) taste them. Soon after Madame Fournatoire was seized with vomiting, vertigo, and drowsiness, and the servant, who had also partaken of one, was similarly attacked. Active remedies were applied, and both recovered, but the case being evidently one of wilful poisoning the matter was reported to the police, who had the remainder of the game examined with the result that belladonna and atropine were found to have been introduced. Public rumour immediately designated Dr. Eustachy as the criminal, and he was arrested. While he was awaiting his trial in prison he attempted to commit suicide. The case has excited great interest, and will take several days. There are 80 witnesses to be called.

## Edinburgh.

[FROM OUR OWN CORRESPONDENT.]

**NORTHERN MEETING OF MEDICO-PSYCHOLOGICAL ASSOCIATION.**—The half-yearly meeting was held at the Royal College of Physicians, Edinburgh, on the 5th inst., under the presidency of Dr. Rorie, Dundee. A programme partly improvised on the spot proved fertile and interesting. Dr. Clouston exhibited a liver and dilated stomach infected by rapid carcinoma, which misled the diagnosis, and the bearings of which, as pointed out by Dr. Campbell Clark, would, with the aid of a trained attendant, be recognised at

once. Dr. R. B. Mitchell, of Morningside, contributed an excellent digest of his graduation thesis, on "Insanity in Relation to Syphilis," and placed under the microscope two very fine sections of syphilitic arteritis. The meeting cordially thanked Dr. Mitchell, expressing the hope that the paper would be published *in extenso*, with its accompanying illustrations. A discussion took place regarding proposed extension plans for Murray's Asylum, Perth. The plans were not specially commended, but rather gave rise to considerable adverse criticism, modified, however, by expressions of regret at Dr. Urquhart's unavoidable absence, and the difficulty of fully appreciating plans not described by their originators. Dr. Campbell, of Carlisle, condemned them as retrograde, and sanitarily unsound; but this sweeping assertion was not approved by others, who merely considered them too much concentrated.

## Glasgow.

[FROM OUR OWN CORRESPONDENT.]

**UNIVERSITY OF GLASGOW.—OPENING OF WINTER SESSION.**—On Tuesday, the 3rd inst., the winter session of the University of Glasgow was formally opened. The proceedings took place in the Bute Hall, where the students were assembled. Principal Caird and the Professors were cordially greeted as they took their seats in the rostrum. The Principal, after reminding the students that he was in the habit of reserving anything he had to say till they had a little time to settle down, welcomed them to their studies, which he hoped they were about to commence with all the ardour and earnestness and assiduity which he was proud to think had ever been the characteristic of the students of the Glasgow University. Having announced the names of the candidates who had distinguished themselves in the competition for bursaries, he pronounced the benediction.

**ANOTHER CENTENARIAN IN ISLAY.**—A woman named Mary McIntyre died at Kilmenny, Islay, on Sunday, the 18th October, aged 109 years. The deceased was healthy and active till within a month of her death, when she became bedridden. She was cook in the Laird of Colonsay's house in Colonsay, when the late Lord Colonsay—who died a few years ago at an advanced age—and his brothers, were in their teens. In a small road-side cottage, in which she spent the latter years of her life, she carried on a business in groceries and small wares, and was self-supporting till the last. She was known to all the inhabitants of the island, and was remarkable for her bright, cheerful disposition. Her memory extended back to the minutest incidents of her childhood, and her hearing and other faculties remained unimpaired to the last. She was unmarried.

**CHOLERA INOCULATION.**—On Wednesday last at the opening of the Glasgow Philosophical Society, Dr. Cameron, M.P., read a paper on "Ferran's Anti-cholera Inoculation," before a large audience, composed mainly of medical members. Dr. Cameron, M.P., adverted at the outset to the importance of a correct knowledge of the laws regulating the spread and prevention of cholera to this country as the country which held India, in whose provinces that disease was indigenous, and from which it spread, and proceeded to describe what Dr. Ferran claimed for his system of inoculation. He claimed that he had discovered a method of preparing the virus of cholera, which produced, when inoculated upon a human being, a similar immunity against attacks of cholera to that conferred by vaccination against small-pox. Ferran conducted his work systematically, keeping a

register of every person inoculated, and giving them a certificate of inoculation, on the back of which it was set forth (1) that the inoculation did not confer absolute immunity against cholera; (2) that the effect was evanescent, and the operation required to be repeated at intervals during a cholera epidemic; and (3) that the effect of the inoculation in conferring immunity did not manifest itself till five days had elapsed from the operation, and that attacks and deaths occurring in inoculated persons within that period were consequently outside the influence of the inoculation. After the reading of the paper, which was full of interesting statistics, an animated discussion followed on the merits and demerits of Ferran's so-called discovery, several speakers considering that the British Government would deserve severe condemnation if they did not at once send out a commission of inquiry, whilst others, with whom we admit we are in accord, reprobated Dr. Ferran as a charlatan and his *modus operandi* quite unworthy of consideration.

## Literature.

### CHAPMAN ON CHOLERA. (a)

THE immediate object with which the work before us was written as declared in the preface is to prove by evidence that cholera is curable if treated according to the principles of what the author calls neuro-pathology and neuro-dynamic medicine, and that under that system cures are effected which are "otherwise impossible, or with a swiftness and completeness unattainable by drugs." As a preliminary to that end he passes rapidly in review theories held in respect to the contagiousness or non-contagiousness of that disease, and on the general question thus raised, writes:—"Whoever compares those theories with one another is astonished by their mutual antagonism; but he is still more astonished in observing the large extent to which their several bases are no more than products of the imagination." Nor is it alone to this particular point in the history of cholera that the same remark may be applied; there is no single point in that history to which, in reality, it may not with equal propriety be applied. Dr. Chapman (page 11) expresses his opinion that:—"All the symptoms of cholera are due to simultaneous and abnormal superabundance of blood in, and excessively preternatural activity of, both the spinal cord and the sympathetic nervous centres." The conditions here indicated may or may not be necessarily present. But granting that they are so in some instances, the question remains to be answered: To what precise and ultimate causes are they due? May we not repeat what occurs in a preceding paragraph (page 7) that the theory referred to, has not brought us one iota nearer the truth as to the *causa causans* of cholera than we were before." With reference to these ultimate causative causes several are enumerated, but in regard to them severally it were as easy to adduce evidence of an opposing nature. Thus, in regard to solar heat, and though in India cholera prevails during the hot season, it occurs differently, according to periods of that season, at particular stations; nor does it prevail every hot season, but at intervals of time more or less definite. In other countries the disease occurs at all periods of the year, even in the depth of winter, and so, with meteorological conditions, contending circumstances might be mentioned, although undoubtedly many medical men who serve in India learn by experience, and from their own sensations, to distinguish the days on which cholera is most likely to occur (p. 33). Like the majority of writers on cholera, Dr. Chapman lays stress upon the assigned influence of noxious effluvia and impure water as causes of that disease. But the epidemic does not necessarily prevail in localities where such effluvia prevail with most intensity, neither is it necessarily prevalent only in places, the inhabitants of which use impure water. It is of course easy to

point out instances of an adverse tendency, namely, the oft quoted one alluded to at page 41; but there is no reason to believe otherwise than that results similar to those related at that place could have accrued from similar statistics in respect to persons who used bread or bacon, or beer or red herrings from shops in the respective districts there named. Naturally enough inhabitants of particular localities obtain their general supplies mostly in their own locality, other assigned causes are alluded to, to which space does not now admit of further reference being made.

Dr. Chapman disbelieves altogether in the existence of a cholera poison, and in this respect the great majority of practical men who have served much in India are assuredly on his side. As to the "comma bacillus" that microscopic entity has so often been disposed of already, that in his remarks on it he is but killing the slain. Surely nobody now believes in the bacillus theory. As adverse to the theory of contagion he mentions the fact that when the disease appears in cities it very generally attacks simultaneously or in quick succession individuals in different localities; he alludes to the great outbreak of the disease amongst the troops of Kurrachee in 1846, and to the circumstance that "the patients in one line of beds became victims of the disease, while those in the opposite line escaped" (p. 75 and 83). It does not necessarily follow that when the disease breaks out it spreads; when it does extend, however, it does so in a definite line, and, as shown by Dr. Chapman, neither "disinfection" nor quarantine have any power to check it, nor is its progress affected by the great lines of railway in India. He adopts the theory that local outbreaks are due rather to electric than thermal influences, and on this theory explains the advantage which, in some instances, follow from moving troops and others from the place infected.

On the subject of treatment of cholera, as usually followed, Dr. Chapman has nothing favourable to say, the mortality varying from 59 to 78 per cent. of cases treated. "It is evident that an effectual remedy for it must be one which can exert a great, and at the same time swiftly operative, sedative power over the spinal cord and the sympathetic nervous centres without reopening the general vitality of the patient meantime." He accordingly devotes the remaining portion of his work to a consideration of the neuro-dynamic treatment of that disease, a system which may briefly be described as 1. Consisting in the application of ice bags to the spine of the patient; 2. Allaying extreme thirst during collapse by ice and cold even stimulating fluids; 3. Administering nourishing enemata; 4. Avoiding opium and other nervine stimulants (in this he has the support of Indian medical officers of experience); 5. Good nursing.

We have read with great care the whole of this valuable and well-written treatise, and can only say that, whether we agree or not with its able author in all the theories he has enumerated, we accord all praise for the ability and candour with which he has reasoned out these theories.

### WARDELL'S CONTRIBUTIONS TO PATHOLOGY. (a)

THIS book is, as stated in the preface, a collection of medical writings which have from time to time appeared in periodicals, but we notice also articles which were written both for Quain's "Dictionary of Medicine" and Reynolds's "System."

Dr. Wardell says that as "the whole of the maladies treated upon in this work being such examples of diseases as are commonly observed, it is hoped the articles will be of some use to the practitioner, and also to writers when reference is wished to be made relative to the respective complaints which are the subjects in the following pages."

In welcoming such a volume as this we feel regret that Dr. Wardell's example is not more generally followed. Hospital surgeons and physicians are, by virtue of their office, under an obligation to make known and lay before the professional public a statement of their experiences, whether failures or successes. As Solly says: "Such books are at once a guarantee of good faith, and an evidence that the writer has not been slothful in adding his contribution, however small, to the general stock of knowledge, and to the means we possess for the relief of man's mishaps and in-

(a) "Cholera Curable: A Demonstration of the Causes, Non-Contagiousness, and Successful Treatment of the Disease." By John Champman, M.D., M.R.C.F., M.R.C.S. London: J. & A. Churchill, 1886.

(a) "Contributions to Pathology and the Practice of Medicine." By John Richard Wardell, M.D. Edin., &c., Consulting Physician to the General Hospital, Tunbridge Wells. London: H. K. Lewis, 1886.

firmities." General practitioners have as a rule no time to take careful notes of their cases, and even if they had their records would often be valueless and incomplete, owing to the widespread dislike to post-mortem examinations prevalent amongst the laity. Dr. Wardell's notes are most complete, and when an autopsy is described its details are given with the care and precision of a skilled and well-read pathologist.

The book is addressed chiefly to practitioners, but we doubt whether some of the articles are not somewhat too lengthy. There is now-a-days, especially with the busy practitioner, a demand for condensed information—short, pithy, concise, and yet palatably worded; and though we do not wish for a minute to detract from some of the articles being works which will aid writers in matter of reference, we very much doubt whether the hard-worked medical man would care to labour through 41 pages on peritonitis or 23 on obesity. The shorter articles, therefore, at the end of the book, will be of more value to the thoughtful medical man, as they are more records of individual experience than scientific theses.

The most lengthy article in the volume is the classic one on Relapsing Fever; it is an account of the Scotch epidemic of 1843-4, and contains careful and copious notes taken personally at the bedside of nearly twelve hundred cases. Though several writers, especially Murchison, have paid attention to the subject since, little or nothing has been added to our knowledge of this now recognised specific disease. Dr. Wardell's experience on this subject was perhaps unique, and his article must ever remain as a piece of genuine work, the last, unfortunately, by the author, as since this work came into our hands he has passed away.

#### FOTHERGILL ON SEDENTARY AND ADVANCED LIFE. (a)

DR. FOTHERGILL divides his subject into three sections. Part I. treats of Early Life, Childhood, School, and so-forth. In Part II. we have Adult Life portrayed, and the disorders and troubles of Advanced Life are ably dealt with in Part III.

A seminary for young ladies, as described by Dr. Fothergill, seems to be a place where the seeds of disease are freely planted in more ways than we have space here to enumerate. The upshot, however, is summed up thus:—

"Parents sorrow over the decadence of a budding organism, whose earlier years had claimed and secured their loving attention, but their grief is ineffectual. Their hopes and aspirations had led them to anticipate an accomplished daughter, of whom they might be justly proud; they realise that, instead of this, they have got a broken down invalid—a blighted woman." This sad disaster is brought about by sacrificing the body to the mind. Such warnings as the author gives come most opportunely in this age of school boards, competitive examinations, wasted bodies and prematurely used-up brains, which we are beginning calmly to regard as matters that must be, and that belong to the fitness of things. What a fine bright young mother of a happy and joyous family does that girl prove who has been good across country with the hounds, quick of eye and skilled at lawn tennis, at home in the kitchen and looked upon with respect by the cook as one who knows how things ought to be done. In contrast look at the poor nervous near-sighted girl who, with loads of learned lumber in her head, knows nothing of healthy country pursuits—cannot tell a wood-pigeon from a sparrow—and probably has never seen a pudding made in all her life.

A point that strikes the reader in this, as in Dr. Fothergill's other works, is the large and comprehensive view he takes of disease. The man is looked at more than the malady. The chapter on glycosuria and diabetes is one well worth reading. The man of mere chemical science finds sugar in the patient's water, and tells him he has diabetes and death will come surely and steadily upon him; but, says Fothergill, "the man does not get on with his dying," and soon he thinks, naturally enough, that his doctor is not up to his case, and off he goes for advice elsewhere.

Many a young practitioner will get the value of the book many times over from the chapter named even if he read no

(a) "The Diseases of Sedentary and Advanced Life: a Work for Medical and Lay Readers." By J. Milner Fothergill, M.D., Physician to the City of London Hospital for Diseases of the Chest, &c., &c. Pp. 296. London: Baillière, Tindall, & Cox. 1885.

further. Let him regard the man in his surroundings and entirety with wise sagacious eye and not think that stethoscope, sphygmograph, and urinometer will spell out the whole future of the case in exact language for him.

On gout Dr. Fothergill is an authority, and no gouty patient can complain of the diet table set before him at page 199. To us the author seems too indulgent. *Pate de foie gras* is, to say the least, a very questionable food for breakfast, and we would rather be excused the company in a pheasant shooting party of the gouty man who has taken champagne (and not bad champagne) with his dinner, and fat goose liver for his breakfast, unless a dose of good Carlsbad salts has had a very satisfactory effect soon after his breakfast.

In common with many other books this one is ready enough to point out weak points but hardly strong enough in pointing out the remedy. The author says that as a hospital physician he observes about half of his female phthisical patients to suffer from leucorrhœa, but there exists no private room, where they can carry out proper treatment by injections, &c., "Nor have I been able to hear of any hospital in London, or out of it, where such a retreat exists." If this matter be a "burning one" with the author, surely there would be no difficulty in any decently appointed hospital in obtaining the use of a small private ward where any treatment by douches or injections could be carried out in perfection.

In conclusion, we may say that Dr. Fothergill's book is most pleasant reading, acceptable alike to the lay and professional mind. Without being profound, what is said and taught is said and taught with that clearness and decision which can only come of well-gathered and well-applied experience.

#### SUICIDE. (a)

THE literature of this subject is exceedingly scanty, and the present issue is welcome by reason, not only of this scarcity, but because of the scientific and social questions involved in a consideration of it. The increasing prevalence of suicide is becoming a more than ever notable and melancholy feature of our social history: but public opinion has not been roused to any practical purpose with respect to it, and the distressing stories which find a ready place in our daily papers feed a morbid and sensational appetite, rather than waken thoughts of stamping out or palliating the evil. The Deputy Coroner for Central Middlesex has here brought before us in an earnest manner reflections worthy the careful and serious consideration of all thinking men and women.

The treatise deals respectively with the "History, Literature, Jurisprudence, Causation, and Prevention of Suicide." It extends to 191 pages of close type, comprises twenty-two chapters, an appendix with rules of assurance companies, a bibliographical and a general index. The work opens with a brief but suggestive introductory chapter on the ethics of the subject, a *résumé* is given of the so-called advanced views on the subject, and then we are led from the abstruse and speculative views of some philosophers to the evil itself visible by the light of every-day study and experience. Some early landmarks in the history of suicide appear in the second chapter, and many curious facts of ancient and modern history are here brought into notice. Chapter iii. gives a catalogue of notable suicides (A) mentioned in the Bible, (B) classical, (C) of the middle ages and modern times. With regard to the literature of suicide, to which the fourth chapter is devoted, the author observes that almost all the writings are Continental, although plenty of references occur in English literature. Many home and foreign quotations are given in this chapter. All seem to regard the deed with loathing and contempt, and many see only its cowardly aspect. Next appear chapters on civil and criminal jurisprudence, which, like their predecessors, are necessarily compilations to a large extent. They represent a most elaborate inquiry and study of the subject, and will be found excellent sources of information when reference is necessary. On the present rate and increase information is faulty. Statistics are more than proverbially uncertain, and the author is quite awake to the difficulty of reaching an approximation. Many other topics are discussed in relation to suicide; indeed, the treatise is an excellent synopsis for future elaboration, and the outlines are so carefully stated that the

(a) "Suicide." By Wynn Westcott M.R. Lond. London: H. K. Lewis.

book, if for nothing else, is a valuable guide for further inquiry. The chapters on causation and mental diseases, for example, might well be amplified with advantage, and indeed in all there is an almost unlimited capacity for fresh additions. We congratulate Mr. Wynn Westcott on the completion of his work. Having harnessed himself to such good purpose, we hope he will not relax his researches in this interesting field, and that a second and enlarged edition of his valuable book will soon be forthcoming.

#### MEDICAL REPORTS, CHINESE IMPERIAL CUSTOMS. [28TH ISSUE.]

THE recently published epitome of the first twenty-four reports submitted by medical officers at our treaty ports in China to the Inspector-General of Maritime Customs are replete with information, much of which is peculiar and exceptional in character. What, more especially concerns our present purpose is this fact that a perusal of those reports leads us to the inevitable conclusion that several of our most cherished views with regard to the etiology and treatment of what are called zymotic diseases, as well as matters hygienic generally, are most distinctly contradicted by actual occurrences. All this finds additional confirmation in the document now before us, namely, No. 28 of the same series. Let us take a few examples in this support of position. At Chefoo in 1880 the administration of quinine proved useless in the treatment of malarial fever. At Ichang, whereas in 1883 malarial and epidemic diseases prevailed extensively, there was a complete absence of those diseases in 1884, the sanitary condition of the locality meantime remaining in the same state, as in the former year. At Shanghai a form of fever simulating typhus prevailed, yet differing from that disease in the circumstance of not being propagated by contagion. At Foochow, cholera prevailed, and travelled upwards along the course of the river Min. At the same place a death by fever in the person of an European was preceded by the vomiting of coffee ground fluid; that is, doubtless, approximating in its nature to yellow fever. At Tamsui a form of cholera prevailed among the very poor and ill-fed natives, to the complete exclusion of those who were in better circumstances of life. The disease was not propagated by contagion or infection, but like famine diarrhoea in other parts of the world was extremely fatal. In addition to subjects more directly bearing upon medicine, the present number contains an interesting paper on the "savage" tribes of Formosa, and one on the education of natives of China as medical men. In various other respects it is quite as interesting in its way as any of those already published, and does equal credit, alike to the contributors and compiler of the document.

#### LECTURES ON THE DIAGNOSIS OF DISEASES OF THE BRAIN. (a)

THIS work is a companion to the author's book on "Diseases of the Spinal Cord," and in its conception and treatment conforms to the scope and method of its predecessor. The designation "Lectures on the Diagnosis of Diseases of the Brain" is not sufficiently ample to indicate the thoroughgoing manner in which Dr. Gowers has entered into his subject, for anatomy, physiology, symptomatology and diagnosis are each represented by several chapters. The style of the lectures is clear and explicit, and while being far from exhaustive, they furnish a rich supply of information of a valuable and practical kind on the subjects of which they treat. In the lectures on the "Medical Anatomy of the Brain" the instruction—it may be—is imparted in rather stereotyped form, and like other treatises of similar kind, is remarkable for its family likeness; but there is no perplexing profusion of details, and a fairly good grip of the subject should be easily attainable by a faithful study of Dr. Gowers' teachings. Of considerable interest and importance are the lectures on "Symptomatology." It may be objected that the special senses come in for too large a share of attention in this respect, and that the symptoms more within the range of a general practitioner's observation and understanding are not so exhaustively described as they might be; but the author's predilections and originality cannot and should not be too much subordinated in the writing of a scientific treatise.

(a) "Lectures on the Diagnosis of Diseases of the Brain." By W. R. Gowers, M.D., F.R.C.P. London: J. and A. Churchill.

A very opportune hit at the fashionable name *pareisis* is given by the way, and the true significance of the term enunciated. The remarks on diagnosis are concise: they might be with advantage multiplied in some places. Much debatable matter is introduced; that is unavoidable; but the data are too often meagre, and bare conclusions will scarcely satisfy a doubting student. Everything, however, is not possible in a treatise of the size, and issued with the purpose of Dr. Gowers' book; and in view of the object which called forth its publication, and the difficulty of giving a satisfying *multum in parvo*, we cordially commend it for its solid good qualities and its intelligible teaching. The diagrams are few, but they are simple, and easily understood, and will facilitate the reader's study of the medical anatomy of the brain. Altogether the Lectures are likely to be appreciated and to prove a success.

#### INDEX-CATALOGUE OF THE LIBRARY OF THE SURGEON-GENERAL'S OFFICE, UNITED STATES.

THE sixth volume of this great work has reached us, and it confirms us in the anticipation which we have expressed that, when completed, the Index Catalogue will be a monument to the enterprise, liberality, and scientific ardour of the government of America. This volume includes all headings from "Heastic" to "Insfeldt," so that we may regard the work as about one-third finished. It seems to us almost to exhaust the medical literature of all subjects within these headings, and to place at the disposal of the inquirer the references to that literature in the most accessible form. The scope of this work may be conceived when we state that this particular volume of the series, catalogues nearly 8,000 author-titles, 2,543 volumes, and 7,250 pamphlets. The subject-titles of books reach nearly 15,000, and the subject-titles from periodicals over 35,000. In the entire work nearly 100,000 separate books and pamphlets have been catalogued, and a quarter of a million articles from periodicals. The title "Inflammation" in this volume gives alone twenty-one closely printed columns of references. No library of any pretension can afford to be without this work.

### Correspondence.

#### THE COUNCIL OF THE COLLEGE OF SURGEONS AND EXAMINERS' FEES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As the Council of the College of Surgeons, in their so-called *Report* presented to Fellows and Members at the meeting on the 29th ult., admits that during the financial year ending Midsummer 1885, they had paid upwards of £10,000 in fees, to examiners, appointed by the Council (mainly from among themselves), I wrote to a well-known Oxford professor, who was for several years examiner at that University, asking him to tell me what was the payment made to the examiners for their services. I append his reply: "The maximum payment to an Oxford examiner is £100 a year, and he works five times as hard as the College of Surgeons examiners do."

I leave this reply to the consideration of my fellow members, with the expression of a hope, that stimulated by what they have so well begun, they will speedily make an end of this wrongful distribution, of so large a portion of the College income, among the members of the Council, their friends, and nominees.

I am, &c.,  
JOSEPH ROGERS.

31 Montague Place, W.C.,  
Nov. 5, 1885.

#### QUACKERY IN ENGLAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am not aware of any subject of such vital importance to qualified and registered practitioners as the large and ever-increasing number of quacks in the United Kingdom but particularly in England.

During one of my perambulations through the streets of



a provincial town in a Midland county I had opportunities of observing the signboards displayed by a few of the fraternity. One fellow in a back street had a flaming poster up at his door, announcing the opening of his establishment, and giving to the ignorant public, as evidence of his ability and experience, the statement that he had been assistant to Mr. T., of the dispensary in an adjoining street, for thirty years. On reference to the *Medical Register* I found that the compilers had possibly forgotten to insert the names and qualifications of either Mr. T. or his experienced assistant. The latter, I may remark, offered to supply both advice and medicine for sixpence.

But, as bad as these advertising cure-all persons are, there is another section of quacks still more injurious to the profession. Many of the inferior classes, it is true, do not "think much of these cheap doctors," but none of the masses know anything about qualifications, so that money and time spent in study to obtain extra or in fact any kind of diploma, is lost as far as they are concerned. Few lay persons, of whatever social position, are aware of the existence of that legal publication, the *Medical Register*, nor does the General Council apparently care whether they are or not.

The most dangerous class are those respectable quacks who do not descend to vulgar notoriety, but affix orthodox-looking plates on their doors, so that a qualified practitioner may even for a while be deceived.

I saw two such plates not very far from my residence. The inscription on one was "So-and-So, M.D., Surgeon," and that on the other "So-and-So, Surgeon." I could not identify either on reference to the Register or Medical Directory.

Oh! that unfortunate M.D.! The American-bought, water-cured, non-registrable M.D. permitted by the Medical Council, in direct violation of the Act of '58, to rank in the estimation of the people as equivalent to that granted by the Universities of Oxford, Cambridge, or Dublin! It is about time that an alteration was made in this respect. M.B. is always valuable, but M.D. may be worthless!

I come now to discuss very important questions, viz., what has been done in the past, or may be done in the future, by either the Medical Council or medical M.P.'s, to protect the profession from the social and pecuniary injuries inflicted on it by quacks? My answers are, since '58 almost nothing; in the future I trust something. Section 40 of the Medical Act has scarcely ever been acted on. The Council and the higher members of the profession will not prosecute because their interests are out of danger. The junior practitioners are timid and reluctant to do so; consequently we are injured and degraded. The medical M.P.'s have done little; let us trust that those who may be elected in November will endeavour to put an end to this disgrace.

The suggestion that I would make is this: to place an annual licence duty, of say five shillings, upon every duly registered practitioner, to be collected by the Inland Revenue authorities, who would, of course, only grant such licence on production of evidence of registration, with power to prosecute all unlicensed practitioners. Look at the manner that these authorities extinguish illegality. Thus we find that solicitors, auctioneers, publicans, and all licensed bodies are protected from illicit practices; and why not ours?

I am, yours, &c.,

A STRUGGLING PRACTITIONER.

#### LIABILITIES OF CONSTABULARY DOCTORS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Some time since I attended a boy who received an injury from a friend who had mistaken him for another person. A few days after the injury was inflicted the District Inspector called on me, and informed me that as I was the medical attendant on the constabulary in my dispensary district (and not an independent Dr.), I was bound to assist the police by giving them private information of outrages committed on persons whom I might be called on to attend. He also told me that he would report any medical man in his district who refused to give such assistance to the police. I always refused to give any information, private or otherwise. I would feel grateful for your opinion on the subject.

Am I bound *without compensation* to express an opinion or give a certificate when served with a "red ticket" by police from the fact of my being their medical attendant?

I am, &c.,

DEPENDENT.

[The District Inspector knows very little of his business,

and still less of the duty of a private medical adviser. You are not only not constrained, but you are absolutely prohibited by professional propriety, from giving any information whatsoever to third parties about a private patient. Refer the District Inspector to the specification of your duty as medical attendant on the constabulary, which he will find in his book of regulations, or at page 314 of the Irish Medical Directory, and he will there learn that you are paid by his Department for affording medical aid to the police constables in your district, and not for acting as a medical detective. No "red ticket" can impose such a function on you.—ED.]

#### THE DUBLIN HOSPITAL INQUIRY COMMISSION.

THE week's work of the Commission has been devoted to Dr. Steevens's, the Meath, and Mercer's Hospital. The evidence on the part of the first of these institutions discloses a condition of things of which everyone was previously aware—that it is a fine hospital, well endowed, but very badly situated; well managed, but existing under the cold shade of oblivion. It has ceased to have any educational function, and is, therefore, of no more interest to the medical public in Dublin than the Lock, or the Incurables, or any other institution which does no clinical work. The evidence of Dr. Grimshaw and Mr. Hamilton on behalf of the Hospital was, nevertheless, valuable and important, and they made it manifest that they understood the wants both of the poor and of the student.

The Meath was represented by Sir George Porter, Mr. Ormsby, and Dr. Hepburn. The administration of the Hospital and its clinical work came very satisfactorily out of the ordeal of cross-examination, and the Commissioners could not doubt that, on the whole, the Meath is an institution fully deserving of all it receives from the State or the public. The appointments made in times past to its medical staff were, however, the subject of keen criticism, and the inquiries on this subject will produce remarkable fruit if they satisfy the public and the profession that no other consideration than professional capacity and fitness have heretofore influenced the Medical Board in appointing their successors. Perhaps the best thing that can be said of these appointments is that they have proved to be better than was anticipated.

The inquiry respecting Mercer's Hospital was the sensation of the Commission. Every one knows that neither concord nor prosperity have, for the last few years, had their abode in that hospital, but few were prepared for the condition of mismanagement and wrangling which the examinations of Messrs. Nixon and O'Grady exposed to the Commission. If all that Mr. Nixon stated be taken literally, if we are to believe that the hospital has only 41 occupied beds, that it has neither operating theatre nor laboratory, that its class has fallen off in two years from 160 to 70, and that it is so heavily in debt as to be unable to extricate itself, it seems unnecessary to look for condemnation of its administration to the deeper depths of mismanagement which Mr. O'Grady's evidence divulges. Whoever breaks up the present executive of the hospital, and reforms the whole business, will be doing good service, and, if it be in the power of the Commission to do this, it will not have sat in vain.

### MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH

THE Sixty-fifth Session of the Medico-Chirurgical Society of Edinburgh was begun last Wednesday, the President, Dr. Littlejohn, in the chair. A number of interesting cases and clinical and pathological specimens were exhibited by various members. Thereafter the retiring President delivered his valedictory address. Dr. Littlejohn considered at length the relations between the medical and criminal authorities in medico-legal investigations, and strongly advocated a policy of courtesy and mutual forbearance. He reviewed the results of the six years' trial of the Edinburgh Municipal and Police Act, 1879, maintaining that from every point of view it had been a success. On no occasion had there been friction between himself and his medical brethren in the carrying on of the work. He was of opinion that the medical officer of health should not be trammelled with the cares of private practice. His official emoluments should be such as to place him in that independent position which alone could obviate the possibility of unpleasant collision with brother practitioners. Dr. Littlejohn spoke in favour of the system of weekly returns in the daily papers of the state of the public health, as carried out in Edinburgh. As far as possible the results should be classified, both divisionally and nosologically, so that a resident in one district of the town might know what were the chief dangers he had to face. Material help was also afforded to the physician in the diagnosis and treatment of zymotic affections. Dr. Littlejohn concluded by thanking the members for the honour they had done him in appointing him their President, and for the courtesy which had always been extended to him in the discharge of the duties of the office. The Society then elected new office-bearers as follows:—President: Prof. T. Grainger Stewart. Vice-Presidents: Dr. J. Batty Tuke; Dr. John Duncan; Dr. Peel Ritchie. Treasurer: Mr. A. G. Miller. Secretaries: Dr. James and Dr. Charles Cathcart. Editor of *Transactions*: Mr. William Craig.

### ROYAL MEDICAL SOCIETY, EDINBURGH.

THE introductory address of the Royal Medical Society, the oldest of the Medical Societies of Edinburgh, was delivered on Friday last by Dr. T. Halliday Croom, a former President. The Society's hall was crowded. The lecturer addressed himself to the difficult problem of how best to develop the practical side of medical training. He thought that the student of the present day was over-taught. No time was allowed for reflection, while individual effort was reduced to a minimum. The evil might be obviated either by an extension of the curriculum or by an elimination of certain subjects which at present formed essential parts of it. He was inclined to favour the latter idea, and thought that, with advantage, botany, chemistry, and natural history might be relegated to the class of preliminary subjects. On concluding, Dr. Croom received a most cordial vote of thanks on the motion of the chairman.

### EDINBURGH UNIVERSITY GENERAL COUNCIL.

At the half-yearly meeting of the General Council of Edinburgh University, an important amendment was brought forward to the motion proposing that the Council should memorialise Her Majesty's Government in favour of the early re-introduction of the Universities' Bill. For some time back opinion has been ripening in the direction suggested in the *Medical Press and Circular* several months ago, and this was freely expressed in the amendment of Mr. Scott Dalglish and Dr. John Duncan. It advocated the transference of finance from the *Senatus Academicus* to the University Court, the establishment of open teaching in all the faculties, the recognition and advancement of the status of assistants, and the re-organisation of the system of professional examinations. The amendment was carried by a large majority.

### MEATH HOSPITAL ANNUAL DINNER.

THE annual dinner of the Meath Hospital took place, last Monday week, in the Shelbourne Hotel, Dublin. Dr. Foot, Senior Physician to the Hospital, presided.

The company included—Dr. Macnamara, Dr. Montgomery, Governor of the Apothecaries' Hall; Dr. Smyly, Dr. Cruise, Esq., President College of Physicians; Sir George H. Porter,

Sir Charles Cameron, President of the College of Surgeons; Sir George B. Owens, Dr. Moore, Physician to the Queen; Mr. Stokes, Vice-President of the R.C.S.I.; Dr. Atthill, Dr. W. Frazer, Drs. Scott (Hon. Sec.), Hamilton, Carte, Harley, Hudson (Avoca), O'Callaghan (Carlow); Dr. McCormack, Dublin; Dr. Bradshaw (Carrick-on-Shannon); Dr. Purefoy, Dublin; Dr. W. Gibson, Clontarf; Dr. W. Digges, Dublin; Dr. W. Middleton (Mullingar), Dr. George B. White, Dublin; Dr. O'Rorke, Crossakiel; Surg. Semple, A.M.D.; Drs. Pope, Dublin; Connor, Dublin; Wm. Scott, Dublin; Fitzpatrick, Dublin; Dr. O'Flaherty, Kingstown; Dr. R. O'Flaherty; Mr. Foy, Dublin; Dr. A. Irwin, China; Mr. Stokes, A.M.D.; Dr. Graham Kennedy, Dublin; F. Newell, Esq., M.B., House Surgeon Meath Hospital; Dr. Cronyn, Dublin; Dr. Hornidge, Tyrrell's Pass; Jacob, Esq. F.R.C.S., *Medical Press*; J. Finny, Vice-President College of Physicians; J. W. Moore, F. Duffey, Kirkpatrick, J. Barton, Dublin; Surgeon-Major Martin, A.M.D.; King, Deputy Surgeon-General; D. Beatty, Kingstown; W. Thomson, Ormsby (Hon. Treasurer); Mayne, Longford; Hepburn, Esq., Hon. Sec.

The Chairman having proposed "The Queen," gave "The Medical and Surgical Corporations of Ireland."

Dr. Cruise, President of the College of Physicians; Sir Charles A. Cameron, President Royal College of Surgeons; and Dr. Montgomery, Governor of the Apothecaries' Hall, responded.

Mr. Wm. Stokes, Vice-President College of Surgeons, proposed "The Lecturer of the Day (Dr. Foot)," to whose labours in clinical medicine he paid a high compliment.

Dr. Foot responded in a humorous speech.

Dr. William Moore, Physician to the Queen, proposed the toast of "The old Meath Hospital," whose first dinner in 1766 in Werburgh Street, under the presidency of the then Lord Brabazon, he referred to in happy terms as involving a cost of 2s. 8d. each, while the next dinner took place in Church Street.

Sir George H. Porter responded, and alluded to the success of Meath Hospital students on land and sea all over the world.

Dr. J. W. Moore proposed "The Managing Committee."

Sir George Owens and Mr. Cassidy responded. Other toasts followed.

Dr. Duffey, Dr. Jacob, Dr. Purefoy, and Dr. Semple, and the Rev. Chancellor Tisdall contributed songs and recitations.

The *menu* card was a unique specimen of art, giving as it did a picture of the Meath Hospital, vignettes of Graves, Crampton, Stokes, Macnamara, Porter, and Smyly, with the dates of their appointment and resignation, and also a map of the world, representing geographically the ills that flesh is heir to, with the hospital motto, "*Quæ regio in terris nostri non plena laboris.*"

As it is quite the custom of many London hospitals to inaugurate the ensuing session with a dinner on the evening of the day the introductory address is delivered, in Dublin the custom was never adopted before until the Meath Hospital in 1883 had its first dinner for the *réunion* of its past students and governors. This year it was continued, and in this laudable effort the *object* of the institution may well be congratulated on the increasing popularity and success of the undertaking, Mr. L. Heppenstal Ormsby as usual being one of the active organisers of the entertainment. Covers were laid for sixty, and included old Meath men from different parts of the country, in civil, military, and colonial practice, as well as governors of the institution and several guests. Praise without stint was given to the Hon. Secretaries and Hon. Treasurers, to whose combined efforts the success of this pleasant *réunion* was due.

**Edinburgh Royal College of Physicians.**—The following candidates have recently obtained the licence (L.R.C.P. Ed.) of this College:—Arthur Clark Walker, Liverpool; James Clark Noble, Trinity Square, London; Samuel Thomas Darley-Weston, Handsworth; William Crean, Feltrard, Co. Tipperary; David Jones, South Wales; Alfred William White, Whitby; Donald Mackay Ellis, Chudleigh, Devon; Arthur Llewellyn Williams, Liverpool; Henry Octavius Preston, Swaffham Prior, Cambridge; Robert Thomas Herron, Armagh; John Cuthbert, Broomsgrove, Worcester.

## Notices to Correspondents.

DR HY BELCHER (Brighton).—Your communication is so decidedly in the nature of an advertisement of your property that we must refer you to our publisher should you desire it so inserted.

ONE WHO HAS BEEN VICTIMISED wishes to be informed how he may distinguish between legitimate medicine and quackery! When our correspondent has had an excess of the experience of which he now complains, he may be tempted to use a little common-sense in the choice of his advisers.

MR. KEMP.—The doings of the man are beneath notice.  
THE HARVEIAN ORATION.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I wish to protest against the introduction of homoeopathy in the form of correspondence in your pages, which are valuable for the surgical and medical and the eminently professional information which they afford. Educated medical men usually know enough of the claims of homoeopathy and what these are worth. Such claims appearing in your pages would interest a very homoeopathic proportion of your readers.

I am, Sir, yours, &c., F.R.C.S.

[We insert some letters from homoeopaths which are sent us, not desiring to afford them the opportunity of saying that they are refused audience. Moreover, the correspondent referred to by F.R.C.S. has frequently given proof that he can talk sense on scientific subjects and do good work, though he is the victim of the homoeopathic hallucination.—ED.]

DR. GRIFFITH.—We have promised all available space for original papers for the next two months. Proof shall be sent you in due course.

DR. GOYDER (Bradford).—Your paper on "Chorea" is marked for insertion during the present month. We will instruct printer as to reprints.

MR. SA. S. S.—The communication is unsuitable for the position asked by reason of the divergence of opinion on the relative merits of the two drugs. It will appear later on in another column.

### HÆMORRHOIDS.

A CORRESPONDENT of the *Canadian Practitioner* gives the following amusing skit on "Piles":—

"The Piles! Aha! I knew them well, each feature, though I may not see 'em; Old foes, which fume, and fret, and swell, And vex and plague my perineum. You blush at mention of a "pile." And would, perhaps, the theme avoid; Well, then, suppose, to put on style, We call the thing a hemorrhoid. Though bearing an ill-omened name, it seemed as if they might not pain us. When first, as visitors, they came, And took up lodgings in the anus. But now, at each succeeding bout, The pelvic pains appear distincter, And there can be no longer doubt Of their relations with the sphincter. You ask me by what obvious signs One may with certainty detect 'em. Well, I can only say that mine Are like a hornet in the rectum, Which having wandered from the war, And angry at the situation, Stings right and left while yet it may, And tortures one in defecation. "Avaunt! it is a vulgar rhyme." Yet, stay! there must be means to cure 'em: Oh, yes! if you but give them time, And meantime patiently endure 'em. There are a thousand cures, you know, All certain sure, as a dead shot candy: 'Tis well to buy a score or so. And lay them by to have them handy; And when the hornet's rage is spent, And things assume their wonted quiet, The cure, though it may not prevent, Will quickly quell the painful riot."

QUERIST (Birmingham).—The London College formerly received candidates for the Irish and Scotch schools, but before they could be admitted to the membership they were required to pass an examination.

DR. ANDERSON.—The ova of pediculi may be loosened from hair previous to washing by sponging the head or part of the body affected with a mixture consisting of equal parts of vinegar and water. This dissolves the cement by which the eggs are attached to the hairs, and enables them to be subsequently easily removed by soap and water.

DR. CONWAY.—It would not affect the question of contract unless a clause expressly providing for the contingency had been inserted in the agreement. There can, however, be no question but that, if an amicable arrangement can be arrived at, it would be much the most satisfactory thing to do; and we think you ought to encourage the settlement on this plan.

### THE BRADLEY FUND.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I find on referring to your issue of the 23rd October, the list I sent you dated Oct. 21, and which in reality is the eleventh list, does not appear. Will you kindly rectify the error? The subscriptions omitted are the following:—

Mr. E. H. Addenbrooke. £1 1 0 | Mr. John C. Creswell .. £0 10 0  
Apologising for troubling you.

I remain, Sir, yours faithfully

RICHARD JEFFREYS.  
Eastwood House, Chesterfield, November 4, 1885.

## Meetings of the Societies.

WEDNESDAY, NOVEMBER 11TH.

BRITISH GYNECOLOGICAL SOCIETY.—At 8.30 p.m., Specimens will be shown by Mr. Lawson Tait and others.—Dr. Inslach, Treatment of Prolapsed Ovaries by Oophorraphy.—Dr. E. S. Smith, Fissure of the Cervix.

EPIDEMIOLOGICAL SOCIETY OF LONDON.—At 8 p.m., The President (Dr. Walter Dickson) will deliver an Inaugural Address on "Recent Epidemics at Home and Abroad."

HUNTERIAN SOCIETY.—At 8 p.m., Mr. Fendick, The Treatment of Gonorrhoea.

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.—At 8 p.m., Mr. Chas. Umney, F.C.S., On the British Pharmacopoeia: its Amendments and Additions.

THURSDAY, NOVEMBER 12TH.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—At 8.30 p.m., Dr. Sharkey, A Case of Locomotor Ataxia with Ophthalmoplegia Externa and Interna.—Mr. Lang, Pempiphgia of Conjunctiva.—Mr. Snell, Foreign Bodies in the Back Part of the Eye, with Preservation of Sight.—Mr. Jessop, On a Case exhibiting Definite Movements of the Pupils in association with the Extrinsic Movements of the Eye.—Mr. Nettleship, Note on Gelatine Discs of Cocaine.—Dr. Samuel West, Case of Double Optic Neuritis after a Fall; perfect vision throughout; recovery.—Mr. Higgins, Neuro-paralytic Ophthalmia (Living Specimens at 8 p.m.)

FRIDAY, NOVEMBER 13TH.

CLINICAL SOCIETY OF LONDON.—At 8.30 p.m., Dr. Samuel West, A Case of Idiopathic Purulent Peritonitis in a Child of ten, with Autopsy.—Mr. Rivington, Two Cases of Ligation of the External Iliac Artery for Femoral Aneurism.—Dr. Dyce Duckworth, A Case of Nitric Acid Poisoning.—Mr. Barwell, A Case of Gastrostomy.—Living Specimens: Dr. Kingston Fowler, A Case of Pseud-Hypertrophic Paralysis in an Adult.—Mr. Bernard Roth, A Case of Severe Lateral Curvature of the Spine.—Dr. Crocker, A Case of General Discolouration.—Dr. Colcott Fox, A Case of Pigmentary Disorder.—Mr. John Morgan—(1) A Case of Gastrostomy; (2) An Unusual Form of Spina Bifida.—Mr. Clutton—(1) Cervical Spina Bifida undergoing Spontaneous Cure; (2) Tubular Ulceration of Palate.—Mr. Walsham, A Case of Acute Spreading Obliterative Arteritis.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—At 9 p.m., Special Meeting. The Bowman Lecture by Dr. Hughlings Jackson.

TUESDAY, NOVEMBER 17TH.

MEDICO-PSYCHOLOGICAL ASSOCIATION (at Bthlem Hospital).—At 3 p.m., Meeting of Council.—At 4 p.m., Dr. Conolly Norman, On Some Points in Irish Lunacy Law. Dr. Haek Tuke, On a Recent Visit to Gheel.—Dr. Savage, On Some Haemorrhages in General Paralysis.

## Vacancies.

Alnwick Infirmary.—House Surgeon (unmarried).—Salary, £120 per annum, with furnished apartments, &c. Applications, with testimonials, to the Hon. Sec by November 17.

## Appointments.

COOPER, C. B., L.R.C.P. Lond., M.R.C.S. Eng., L.S.A. Lond., Assistant House Surgeon to Liverpool Northern Hospital.  
DALY, J. H., L.R.C.P. Lond., L.R.C.S.I., Medical Officer for the Third District of the Abingdon Union.  
GOGGH, J. H., M.R.C.S., L.R.C.P. Lond., Senior Resident Medical Officer to St. Mary's Hospital, Manchester.  
HEWLEY, F., M.R.C.S., L.S.A. Lond., Resident Medical Officer to the St. Pancras and Northern Dispensary.  
JAMIESON, J., M.D., C.M. Glas., Medical Officer of Health for the City of Melbourne, Australia.  
MAULAGAN, C. G., M.B., C.M. Ed., Medical Officer to the Workhouse, Berwick-upon-Tweed Union.  
MASON, D. J., M.B., C.M. Ed., L.R.C.P. Ed., L.R.C.S. Ed., Resident Medical Officer to the Royal National Hospital for Consumption and Diseases of the Chest, Ventnor, Isle of Wight.  
PALMER, F. C., L.K.Q.C.P.I., M.R.C.S., Medical Officer for the Sapper-ton District of the Cirencester Union.  
PAUL, W. W., M.R.C.S., L.S.A. Lond., House Surgeon to the Cancer Hospital, Brompton.  
ROBINSON, W., M.D., M.S. Durh., M.R.C.S., Medical Officer for the Stanhope District and the Workhouse, Wardale Union.  
SCOTT, P. C., B.A., M.B. Camb., M.B.C.S., Resident Clinical Assistant at the Hospital for Consumption, Brompton.  
SHEARIN, E. C., L.R.C.P. Ed., M.R.C.S., Surgeon to the Bedford General Infirmary and F-vr Hospital.  
SBAW, H. G., M.R.C.S., L.R.C.P. Ed., Assistant House Surgeon to the Cancer Hospital, Brompton.  
SPACKMAN, H. E., L.R.C.P. Lond., M.R.C.S., Medical Officer for the Wombourne District of the Sealdon Union.  
THORNGOOD, J. C., M.D., F.R.C.P., Consulting Physician to the West London Hospital, Hammersmith.  
WESTLAKE, A., M.B. & C.M. Edin., House Surgeon to the Grimsby and District Hospital.

## Births.

HEGARTY—October 31, at Clonbur, Co. Galway, the wife of John Hegarty, M.D., of a son.  
MYLES.—November 5, at Parsonstown, the wife of Dr. James Peacocke Myles, of a son.  
WEIDON.—November 4, at 227 Brompton Road, S.W., the wife of George Weidon, M.A., M.B. Cantab., of a son.

## Marriages.

DONALD—SMITH.—November 6, at Broughty Ferry, N.B., David Donald, M.D., C.M., of Streatham, S.W., to Lizzie Sherwood, daughter of the late Charles Smith.  
DOUDNEY—HALE.—November 4, at Christ Church, Ramsgate, G. H. Doudney, M.B., M.B.C.S. of West Dulwich, to Lizzie Gertrude, eldest daughter of G. W. Hale, of Ramsgate.  
RENDALL—MOULTON.—November 2, at Fulham Pariah Church, Stanley Morton Rendall, M.D., of Torquay, to Clara Louisa, younger daughter of the late George C. Moulton, of Bradford, Wilt.

## Deaths.

BULL.—October 31, at Hereford, after a short illness, Henry Graves Bull, M.D., J.P. for the City and County of Hereford, aged 67.  
STEVENS.—October 29, at 1, Cliff, N.B., William Stevenson, M.D., late of the Bengal Medical Service, aged 85.

# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 18, 1885.

CONTENTS.		PAGE	PAGE
<b>ORIGINAL COMMUNICATIONS.</b>			<b>DEPARTMENT OF LUNACY.</b>
On Injuries to the Epiphyses. By Jonathan Hutchinson, F.R.C.S., F.R.S., Emeritus Professor of Clinical Surgery at the London Hospital; Consulting Surgeon to the London Hospital and to the Royal London Ophthalmic Hospital.....	461	Diffuse Purulent Peritonitis.....	460
The Nature and Treatment of Gout. By Dr. W. Kestein, Professor of Medicine and Director of the Medical Clinic at the University of Göttingen.....	464	Two Cases of Ligature of the External Iliac Artery for Femoral Aneurism ..	470
Cholera and Epidemics Hypothetically viewed in Relation to Pangenesis, Evolution, and Continuity. By William H. Pearse, M.D. Edin. Senior Physician Plymouth Public Dispensary; late of the Government Emigration Service ..	466	Fatal Case of Nitric Acid Poisoning....	471
<b>CLINICAL RECORDS.</b>		<b>BRADFORD MEDICO-CHIRURGICAL SOCIETY—</b>	
The Bradford Infirmary.—Case of Strangulated Inguinal Hernia in a Female.—Recovery. Under the care of Dr. Rabagliati. (Reported by Mr. J. W. Spence, L.R.C.P. Ed.) .....	468	Case of Calculus in Wharton's Duct....	471
<b>TRANSACTIONS OF SOCIETIES.</b>		Case of Operation for Knock-knee.....	472
<b>CLINICAL SOCIETY OF LONDON—</b>		Strangulated Inguinal Hernia.....	472
Case of Idiopathic Purulent Peritonitis in a Child of 10 years, with Autopsy..	460	The Quantitative Analysis of Glucose in Diabetic Urine .....	472
		<b>LEADING ARTICLES.</b>	
		<b>THE LATE DR. CARPENTER, C.B., F.R.S.</b>	
		<b>A PHARMACIST ON THE NEW PHARMACOPEIA .....</b>	
		<b>NOTES ON CURRENT TOPICS.</b>	
		An Unexampled Gift .....	474
		Royal College of Surgeons of England....	474
		Dr. Heywood Smith.....	475
		The Penalty of Meanness.....	475
		The New Austrian Minister of Education	475
		Advertising Testimonials .....	475
		Removal of the Uterus for Cancer.....	475
		The Dublin Class .....	476
		Professor Koch .....	476
		The Falsification of Honey .....	476
		Lady Student in Dublin.....	476
		The Academy of Medicine.....	477
		<b>DEPARTMENT OF LUNACY.</b>	
		Asylum Reports—1. American Asylums..	
		<b>FRANCE.</b>	
		Prophylactic Treatment of Hydrophobia..	
		Erysipelas .....	
		Fracture of the Ribs .....	
		Professional Jealousy and Attempted Murder .....	
		<b>SCOTLAND.</b>	
		<b>GLASGOW .....</b>	
		<b>EDINBURGH.....</b>	
		Dr. Lyons, M.P.....	
		Royal College of Surgeons of England....	
		<b>LITERATURE.</b>	
		The Causes and the Prevention of Blindness .....	
		<b>OBITUARY.</b>	
		Dr. Cahill, Ballinagarry.....	
		<b>CORRESPONDENCE.</b>	
		Anderson's College, Glasgow.....	
		<b>NOTICES TO CORRESPONDENTS.....</b>	

## A Course of Clinical Lectures

Delivered in June, 1885, at the London Hospital.

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

Emeritus Professor of Clinical Surgery at the London Hospital; Consulting Surgeon to the London Hospital and to the Royal London Ophthalmic Hospital.

### LECTURE V.

#### ON INJURIES TO THE EPIPHYSES.

GENTLEMEN,—Our subject for to-day is that of Injuries to the Epiphyses. They constitute really a comparatively new topic, and it is almost astonishing to know that within the last half century the opinion was expressed strongly that separations of the epiphyses were impossible. Subsequently Delpêche, and again Malgaigne, a few years later, stated as their opinion that such separations did not differ in any particular respect from fractures, and that there was no importance in attempting to distinguish between them. My attention was called to the subject by several cases which came under my observation early in my career, and I was indebted to the late Mr. Hilton for important hints respecting them. Since then I have given a good deal of attention to them, and I believe I may say that our London Hospital Museum contains a better collection of specimens than any other. These we owe in part to Mr. Nathaniel Ward, who was very energetic in their collection before my advent on the Hospital staff. I am not far wrong in saying that in the current manuals on surgery of the day you will find comparatively little information with reference to these injuries. Yet in practice they are tolerably common, as those who take pains to distinguish between them and true fractures will find. They are also, let me add, very important to recognise and treat. Before I proceed to describe in detail the different forms of them it may be well that I should speak a little further as to general points, for when you have got these clearly in mind you will be enabled to apply your anatomical

knowledge to individual bones and to interpret the several injuries for yourselves. Let me say, then, that separations of epiphyses differ from fractures in several very important particulars. A separation of an epiphysis is in the main a detachment of the ossifying end of a long bone together with the layer of cartilage which joins it to the shaft. In the epiphyses, as you are aware, there are separate centres of ossification; sometimes only one and sometimes two, three, or more, by the union of which the bone is in the end completed. In the lower end of the humerus we have four such centres, whilst in the upper one we have but two. At each end of the femur we have only one, and so on. As to the general facts which are true concerning cases in which epiphyses are detached I would remind you first of this point, that the periosteum which covers the whole of the bone and extends on to the epiphysis is at this part very strong and thick. Recollect, too, that it is attached very much more strongly to the epiphysis than it is to the rest of the shaft. In the majority of cases it is also very firmly attached to the ligaments of the joint and it becomes more and more loosely attached as you go down to the bone. Now it follows from this, and it applies to every case, that if there be a complete separation (and here we must distinguish between mere loosening and complete displacement) that the periosteum which must either tear through all round or strip off from the bones will more easily leave the shaft. It is stripped off from the shaft in these accidents, and it always remains firmly attached to the epiphysis. From this it follows that there is great risk of suppuration around the upper part of the shaft of the bone, and this is one of the features in which the separation of an epiphysis differs in its immediate risk from a fracture in the shaft of the bone. If a fracture occurs in the middle of a bone it probably tears through the periosteum or detaches it only to a slight extent, and does not wholly denude the surface of either end of the injured bone. If I had any recent specimens before me I could easily prove this, but I can illustrate it very fairly by the drawings which I now produce.

My next point shall be as to injury to nerves and blood-vessels. These are much more often injured by pressure or laceration than in the corresponding fractures, and this is especially the case in separation of the epiphysis of the lower end of the femur. It also applies to the separation of the lower end of the humerus, though to a less extent. You will notice how great is the displacement in some of the drawings which I now show you. An anatomical question may be asked, supposing the lower epiphysis of the femur be completely detached, what muscles would remain attached to it? You would be apt to say that very few would be so attached, in fact, only a little of the gastrocnemius. This may be right from an anatomical point of view, but it is not so clinically. Supposing the detachment to be complete, how will the gastrocnemius act upon the fragment? From what I have just tried to explain with respect to the detachment of the periosteum from the lower end of the shaft, it comes about that so really the muscles being attached to the periosteum, act upon the epiphysis and bring it backwards. I show you now another drawing, which is very important, as illustrating a difference between fractures and separations of the epiphyses. You would scarcely imagine that so much displacement could possibly occur as is shown here, but I have every reason to believe that the drawing was accurately taken from the case as it presented itself. Last winter another such a case exactly like it occurred, and the two prove how extreme may be the displacement in these cases. You will see again here what I have already called your attention to, viz., the risk of the injury to vessels and nerves. Here the arteries, nerves, and tendons have got upon the edge of the lower end of the shaft, where they were severely pressed upon. In a case which my son recently had, he told me that the pressure was such that no pulsation could be detected in the vessels at the wrist. Further, in one of these cases the risk of suppuration to which I have referred was conclusively proved, for though ultimately the displacement was reduced, some time afterwards suppuration set in and a large portion of bone exfoliated. In another case of my own, some time after the accident suppuration occurred and we had to take out the lower end of the shaft of the tibia before the parts would heal. Then, again, these accidents differ very much from fractures in respect to the great difficulty there is in reduction. Practically they much more resemble dislocations than fractures. In a dislocation we have difficulty in reducing the bones, but once back, there is but little difficulty in retaining them in place, whereas in some fractures it is usually very difficult to retain them in place. In this respect most separations of epiphyses are more likely dislocations than fractures. I think you will easily realise what I have just said, if you will look at this specimen. It is the upper end of the humerus having nearly reached its adult condition. You will notice the very large surfaces of bone which are implicated, and you will understand that it must be very difficult to get it back into place when once the displacement has been complete. In the case of the lower epiphysis of the femur, you can easily see and imagine that it must be almost impossible to reduce when the lower fragment is displaced backwards, as it is by the action of the gastrocnemius. The surgeon must be prepared to be disappointed, especially in the case of the femur, and even the upper end of the humerus, but less so with the radius, because you can manipulate the lower extremity, which you are unable to do with the upper end of the humerus. So I repeat that in complete displacements you must expect great difficulty in reduction. In such cases you must always give an anæsthetic and adopt the same measures as you would for true dislocations; further, you must make sure that you have effected reduction, and this is very much more difficult to be certain about than in the case of a dislocation.

Now for another anatomical point. There lies between the epiphysis and the shaft of the bone a layer of cartilage, and we all know that it is of greater or less

thickness, according to the age of the patient. The older the patient the thinner the disc of epiphysal cartilage; if he be young then there may be a very considerable layer of it. There may be a comparatively small centre of ossification and a great deal of cartilage. Now with which fragment will this cartilage go? with the shaft or with the epiphysis? My answer to that is clear: the breakage is almost always close to the shaft, and everything goes with the epiphysis, making it thus as large as it can be made.

Then let me digress for a moment or two to speak of the great frequency of imperfect reduction. Some cases, as I have said, are probably impossible to reduce. Probably in a large majority of cases the displacement is not complete at the time the violence is done. It may be loosened at the epiphysal union which is the weakest part of the bone, and therefore the part most likely to give way; the epiphysis is loosened; but the violence which is sufficient to tear and displace a little may not be sufficient to produce complete overlapping. Some of the cases which I have shown you must in this respect be very unusual. In ordinary cases of detachment of the epiphyses we have a good deal of swelling about the epiphysal line, with possibly the presence of a distinct ridge but we often guess it from the inability of the patient to use the limb. Although there may be no bony crepitus, there is usually a sort of crepitus. In saying this I am reminded of another matter of detail of which I must speak, and it is that in a great many cases which we speak of as separation of the epiphysis they are not clean cases of separation with no fracture of bone, but in the majority of cases which I have had the opportunity of inspecting more or less bone is broken off, and in this case it will probably remain with the epiphysis and not with the shaft. A specimen recently added to the museum of the College of Surgeons shows this admirably, so that you will see that they are often complicated by breakage of pieces from the lower end of the shaft, but rarely from the epiphysis itself. The separation of an epiphysis may be compared to the tearing apart of postage stamps. The weakest is the line of junction, as is the line of perforation in the stamps. Yet although as a rule a separation will run through this line every now and then, the stamp is torn just as the bone itself may be broken. This is not uncommon, however, in cases of separation from disease.

Let me illustrate to you another general fact as to the remote consequences. As immediate consequences we have already spoken of the difficulty of reduction and suppuration later on around the bone bared of its periosteum. But another accident may occur, and that will have been quite foreseen by those who know that bone grows by increase and ossification of the epiphysal cartilage. We may very readily understand from this that if this cartilage be damaged, and that the union have been slow or has not taken place, its nutrition may be interfered with, and therefore an arrest in growth may result. You will see patients sometimes where the lower end of the radius has been detached, and some considerable deformity has resulted. I show you an example here where the radius is far too short for its accompanying bone. I have many others showing similar deformities. The patient gives the history of dislocation of the wrist, and you must remember that the injury and consequent displacement is so close to the joint that they are almost always diagnosed or mistaken as dislocations. Here are the bones from another case (in St. Mary's Hospital Museum), and here again you will see that the ulna is an inch too short for the radius. I took the next specimen from a man who died in this hospital, a case of suicide, where the injury was due to an accident which occurred to him while playing at "leap-frog," and I have no doubt it was originally a separation of the epiphysis. We have a boy who attends occasionally at the College of Surgeons for examination purposes, in whom this deformity exists in the ankle from unsymmetrical growth in one of the bones.

I think I have said enough to show you that it is very important to diagnose carefully this class of injuries, knowing what difference there is in the treatment and knowing the risks that will follow any imperfection in their management.

Now I think there can be scarcely any doubt that the epiphyseal line as compared with the joint is the weakest part. I appeal to the experience of any one who has been house-surgeon or dresser, and who has had much to do with injuries to joints in young persons, and I am sure he will not be able to remember many cases of dislocation of the hip in children or even of the shoulder-joint—an injury which would produce a dislocation of the shoulder in an adult would produce a separation of the epiphysis in the child, so that it is evident that this is the weakest part of the bone. I showed you just now a fracture of the upper part of the humerus in contrast with separation of the epiphysis, for I wished to illustrate the fact that the line of fracture is usually irregular. It is very improbable that any transverse line of fracture would occur in the adult humerus, and indeed we may assume that the line of fracture will never be transverse like the separation of the epiphysis. Separations of the epiphyses occur not unfrequently in the lower animals. In pigs it is not very uncommon, so I have been informed, that in copulation when a very heavy boar is put to a young sow, his weight may be sufficient to detach the upper epiphyses of the femur. I have, too, a preparation showing this accident both in pigs and in rabbits. In further proof of the epiphyseal line being the weakest part of the bone, I may mention that I once had a post-mortem here where there were five detachments of epiphyses, with only one fracture, that of the clavicle. I recollect another where there were nearly as many in one limb. Of course fractures are not uncommon in young persons, but I maintain that if the violence be applied near to a joint it will probably produce separation of the epiphysis in young people and not fracture.

The elbow is the most important joint of all in reference to the detachment of epiphyses. Dislocations are infrequent in young persons, but as many of you will know, dislocations at the elbow are not very infrequent in older patients. I am quite sure that nearly all the detachments of epiphyses were formerly counted as dislocations until very recently, and this no doubt led to the erroneous statements of authors. Now my own experience would have led me to say that separations of the lower epiphysis of the humerus are far more frequent than corresponding dislocations. I have had to do with very few dislocations of the elbow in children. When I have given me a history of dislocation, and that the joint has remained stiff ever since, I know that when I put my finger I shall find a ridge leading up to the junction of the epiphysis, and I know that it has been a case of separation of the epiphysis which has simulated dislocation. It is very easy to diagnose by examining the relations of the tip of the olecranon with the tips of the condyles, and if you find that it preserves its normal position you may be sure it is not a true dislocation, but a separation of the epiphysis.

I would have said that it was invariably the thing had it not been for a case I have lately seen. This case was one where a man had a very curiously-formed elbow, which looked altogether narrower; then the olecranon projected a little, but not so much as you would have expected, and I could only come to the conclusion that we had the reverse of the usual state of things, and that instead of the epiphyses with the ulna and radius being carried behind the humerus, the opposite had taken place. Fracture of the inner condyle by itself is by no means uncommon. It is easy of course to say where the condyle should go, namely, in front of the joint. Usually it cannot be got back, and there it remains and becomes attached to the shaft, and interferes very considerably with the movement of the joint. Things, however, in young bones ultimately accommodate themselves, and gradually get better. The displacement is, however,

sometimes not according to rule, but very peculiar. I saw a young medical student who had fallen at a football match, and had knocked off the internal condyle, which had been displaced downwards close to the side of the olecranon. I took him to several surgeons, to whom I wished to demonstrate this point as to the peculiar displacement, and who satisfied themselves as to this. One surgeon said it was not the condyle, but was a rheumatic outgrowth. Now my patient was not rheumatic, and it had come on directly after the injury, and moreover, the condyle in its proper position was wanting. When one encounters displacements which anatomy will not explain, we must examine as to the direction of the violence at the time of the accident. Before I leave the elbow let me say that where separate centres of ossification exist we need not too much confuse our minds with reference to them.

Then, as to the mode of reduction and the best method of keeping the displaced bones in place. You may easily guess that the lower epiphysis of the humerus is the most difficult to keep in position. Here we have the lower part of the humerus. You will see that we have a very narrow hold of the lower fragment, and the surgeon has to contrive something to prevent the triceps from again pulling on the ulna and epiphysis. The best thing, I believe, is a rectangular concave back splint. With this splint I have treated the best part of the cases I have had. I chanced some time ago to be at Stratford with a surgeon in consultation on another case when he was called to a child who had fallen off a tree. He took me with him, and he put the child under chloroform and examined at our leisure an excellent example of complete detachment of the lower epiphysis of the humerus. It was easily reduced, but at once returned. We put it up on the rectangular splint, and I have had an opportunity of since examining the patient's elbow, when I found that the displacement was very little indeed. We might easily have been disappointed, for if swelling had set in we should have been obliged to undo the dressing. The majority of cases, however, which I have seen where the displacement was considerable have been cases in which no great pains had been taken with reduction—cases in which it had been considered to be a dislocation, and which having been once pulled into place, little else was done.

In these cases considerable deformity and defect in the movements of the joint are almost always present for a long time after the injury.

Separations of the upper epiphysis of the tibia are very uncommon, and I do not recollect that I have ever met with one. A very important one, however, is the upper epiphysis of the humerus. In the majority of cases the displacement in this accident is incomplete, and I think that even in the cases in which I have taken the most pains with reduction there has been nearly always a ridge left. I have never, however, had suppuration. They unite usually with very little damage as regards the growth of the bones, nor is the risk great that any deformity may be noticed. Some shortening of the humerus may, however, take place without the patient knowing or caring very much about it, so that if well reduced this accident will not, I believe, give any great trouble. In exceptional cases very great shortening may result.

I will conclude by mentioning this fact. We have in the Museum of the Royal College of Surgeons only three or four specimens relating to these accidents, and I may add that we shall be very much obliged to any gentleman who will give us some more. I have alluded to one of these as that in which a portion of the shaft of the femur is broken off and remains attached to the epiphysis. We have also a very curious one, of which Mr. Liston was the donor, though I believe he had nothing to do with the reduction of the accident. In it suppuration occurred after complete bony union, and extended to the joint, and so Mr. Liston had to amputate it. The specimen



shows that union had taken place with comparatively little shortening, but with the bone still displaced backwards.

## THE NATURE AND TREATMENT OF GOUT.

By Dr. W. EBSTEIN,

Professor of Medicine and Director of the Medical Clinic at the University of Göttingen.

Non flagendum, aut excoigendum, sed invenendum quid Natura faciat aut ferat.—*Bacon*

(Continued from page 441.)

### CHAPTER VI.

#### *Therapeutics of Primary Articular Gout.*

FINALLY, in giving briefly my views on the treatment of primary articular gout, I shall first show beforehand that, notwithstanding the strife of opinions as to the nature of gout that has existed for so long on more than one point, which it is to be hoped will probably in no long time be smoothed over; the treatment it has in so far judiciously developed as no essential differences exist as to the object to be attained in general, if there do as to the ways and means by which these objects are to be reached; but in individual cases in particular the views are not widely divergent.

This unanimity in the intentions of physicians in their endeavours to treat gout has its root in the general and undisputed conviction that a congenital disposition can only be overcome by keeping within bounds those exciting causes that render and keep such disposition active. But what these causes are is taught, not by the history of individual cases only, it is taught also by the history of whole generations and peoples, and I have explained the fundamentals of our knowledge on the subject in the description of the aetiology of primary articular gout.

In the front rank stands a judicious regulation of the diet and of the whole mode of life of people who have any inherited disposition to gout, or at least after the existence of such a disposition has unmistakably declared itself by the appearance of an attack. As there are patients in whom the gout terminates in one, or a few and rare attacks, one must in every case seek to put a limit to the gouty disposition by regulating the habits. The absence of typical attacks of gout gives no certain guarantee that the gouty process as such is cured. On the contrary insidiously and gradually, serious diseases of vital organs may develop, at first without a symptom, and specially without any striking symptom. Such people whilst they bear within themselves the seeds of death are sometimes praised by the laity as examples of health. In the meantime one symptom should always lead the physician to beware, and that is a steadily increasing obesity in individuals who are, from the first, disposed to gout. If an abnormal accumulation of fat is *per se* a condition that alters the normal relations of the individual, it is so much the greater a disadvantage as it plainly affords a very favourable soil for the gouty predisposition. It is for this reason that we see obesity and gout so frequently associated with one another. When we thus, in the case of a gouty individual with increasing accumulation of fat, already above the normal, reduce the corpulence, we do not by this cure the gouty disposition, perhaps it is not in our power to permanently relieve all the gouty symptoms, but we do remove one of its most active exciting causes. Those gouty people who have grown old with their gout are almost all people who have known how to keep abnormal accumulations of fat at a distance.

The treatment of obesity frequently forms not only an integral, but a main part of the treatment of gout. My views on the treatment of obesity differ widely from those generally favoured in medical practice since the time of Harvey, Banting, and which Cantani has recently followed up with special ardour and rigour. I cannot

treat this subject more thoroughly here. As I have given my views on the question of the treatment of obesity in another place, I refer my readers to that publication. I will only give the *facit* of the matter. Cantani teaches that we should forbid carbo-hydrates and fat to gouty subjects instead of meat. My rule is this: we may permit flesh and a corresponding amount of fat, but should limit to a minimum the carbo-hydrates. If, along with so much albuminous material, a relatively small quantity of carbo-hydrates is permitted a man he becomes fat. The carbo-hydrates protect the albumen from complete destruction, and a portion of the albumen taken in, which is not added as albumen, or used up in tissue changes is added as fat and must increase the layer of adipose tissue. Fats do indeed protect the albumen from decomposition, but far less than carbo-hydrates, and that part of the albumen that is decomposed with a corresponding use of fat is decomposed completely and does not remain in the body in an intermediate state as fat. Wherefore, fat lessens the need for nourishment by protecting the systemic albumen as Hippocrates was already aware. The food requirements, increasing with a pure or almost pure meat diet cease, and the corpulent individual notwithstanding the limitation of the quantity, especially of the too abundant albuminates which was at first called for, generally easily, and without any troublesome feelings of hunger, falls back on the right quantity of food, so far as the corresponding amount of fat, which is not stored up or consumed, is added to his diet. I accordingly permit to corpulent people, along with the albuminates, a corresponding quantity of fat, either in the form of fat meat or of marrow, as an addition to the broth, and permit them butter, but require that they shall abstain from carbo-hydrates. 80 to 100 grms. of meat are the utmost limits within they must keep, and sugar and pastry, as well as potatoes, are forbidden things. As vegetables, I permit legumes (without their hulls) spinach, cauliflowers, red cabbage, &c., but naturally in moderate quantities. Turnips, carrots, and beets I forbid almost altogether. I do not treat obesity with fat, but I add this important article to the diet of corpulent patients of which we so often seek to deprive them to their hurt.

It has been often thought that the use of fat, as well as that of malate of lime and asparagin, increase the disposition to gouty affections. This view is believed to have found support in a series of valuable physiological inquiries made by Meissner and R. Koch. These investigators determined (1) that by the use of the first-mentioned material succinic acid appeared in the urine; and (2) that under these circumstances large quantities of uric acid alkalies could be demonstrated in the urine. Now, if an increased formation of uric acid can be at once followed by a disposition to gout, for the development of which a stasis of uric acid in the tissues is necessary under all circumstances, the fear will disappear when it is seen by the experiments that Koch made upon himself that the succinic acid only appeared after the incorporation of a certain superfluity of fat. Koch found that an exclusion of vegetable food which could cause the appearance of succinic acid in the urine, that it first appeared in the morning urine after he had, for three successive days, eaten 250 grms. of butter in the afternoon. There is no such employment of fat in the dietary scale introduced by me. The workman who does and will consume a large amount of bacon is the least of all who falls a prey to corpulence or gout. Neither do I exclude fat from the food of candidates for gout, and for this reason, that fat is a necessary part of a judicious dietary, and also that there is certainly no ground for permitting a gouty-disposed individual to make use of a diet that is unsuitable, and that will weaken his constitution. That the intelligent use of fat in moderate quantity favours an outbreak of gout there are absolutely no facts to show. Moderation in every respect is naturally of the first importance to the gout subject.

If we now understand, and it is not too difficult, how to find the proper limits in what is permitted, whereby every excess is to be avoided, and the correct proportions are to be accurately observed, then not only will the excessive accumulation of fat be reduced for the time, but permanent relations will be established whereby the patient will keep to the diet, which will require very little sacrifice on his part. The introduction of a suitable quantity of fat into the diet is no difficulty to the gouty patient. The consequent carrying out of this form of diet is beneficial to him, as his capabilities for exertion are increased thereby, and are rendered more lasting. There is, however, scarcely any point of more importance in the treatment of gout than to take care that the organism does not suffer in its capacity for exertion and resistance.

As regards the use of alcoholic liquors in the gouty disposition, beer should be altogether avoided, simply on account of the carbo-hydrates it contains, but I would not totally forbid the use of wine to the man accustomed to good living, so far as he places a high value on it, and simply for the reason that experience shows that greater compliance on the part of the patient in other respects, and thus in keeping to the prescribed diet, is thus attained. If an attack of gout comes on, the patient is then easily induced to avoid the disagreeable guest by total abstention from wine. To people with a gouty disposition I thus permit one to two glasses of good light wine without any disadvantage. The communication of Mooren is interesting, and certainly worthy of bearing in mind, who found that the acids of the urine increased by far the least on Dortmund beer. This took place far more with Rhine wine, next to this still more with choice kinds of Moselle, and with good stored Bordeaux, and above all with the ordinary qualities of Moselle. Where there is a disposition to gout and there is no obesity nor any tendency thereto, certain small quantities of beer need terrify neither more nor less than wine.

The more rigidly this form of diet is adhered to, so much less need will there be to wash away the ejecta of tissue change by an extra copious supply of water. I therefore, in carrying out the above-named system of diet, do not need to recommend the copious use of water, at least two to three litres a day of spring water, soda water, or Vichy or Vals water, as Cantani does. I do not do this because I do not consider such a "flushing" out of the system with liquid for a lengthened period as advantageous or useful. The patient who is dieted after Cantani's method requires such an abundant supply of liquids, he desires it. With the diet of which I have spoken, it is not needful for the patient, and in this respect one must, to a certain extent, respect the requirements of the patient. I do indeed recommend to gouty-disposed patients a somewhat copious supply of water, for which purpose I recommend one that is strongly impregnated with lime, generally natural seltzer water, but not more than one bottle per day. Neither do I recommend, as Cantani does, alkalies in large quantity, particularly lithia, potash, or iodide of potassium, and still less sulphate of potash, which Cantani orders only in the intervals, and in small doses for the cure of the gouty constitution, and the gouty diathesis. I generally avoid medicines so long as there are no special indications therefor in the individual case before me. Gairdner says quite correctly: "Whoever wishes to ward off an attack of gout, or to root out the disposition to the disease, must not take his remedies from the apothecaries' shop." As regards the employment of alkalies in the treatment of the gouty diathesis, and of gout itself, however, I stand upon the standpoint of Trousseau, who warns against the excessive use of alkaline mineral waters. He gives a picture of the cachexia induced by their use, a cachexia that is very destructive to gouty people. On the other hand, I lay a high value on suitable bodily movements, and particularly for the reason that, under their influence the movements of the fluids take place under the most

favourable conditions, and because intelligent walking, or other exercises of the muscular apparatus which should be carried out in accordance with the individual inclination and requirements, but not to exhaustion, and in any case are to be regulated methodically, such as rowing, gymnastic exercises, velocipede riding, hunting, bowling, &c., according to what I have seen have not unfrequently, under certain circumstances, averted a threatening attack. Far more difficult than in the case of muscular activity that must be brought into play in gouty people, and on an extended scale, is the question of vigorous mental activity, which Cantani recommends in opposition to a series of other observers, who look upon cerebral strain as a favouring cause of the appearance of gout. Under any circumstances it is not to be forced to such an extent as to lead to exhaustion, and in any case the necessary bodily movements should not suffer. For those who are with difficulty brought to practise these, I order daily rubbings, or hydropathy. Dry rubbings every morning are always borne, and after the patient is accustomed to them, I proceed to moist friction with water, usually from 84° to 72 Fahr., and not under 68° Fahr. The use of massage methodically carried out is very rational. The degree of resisting power of the individual determines the choice of the plans above sketched out.

If I limit myself to the measures given above, to which I add a summer tour amongst the Swiss or Tyrolean mountains, so long as I have to deal with so-called candidates for gout only, i.e., with individuals who have been disposed to gout from the first, in order to avoid an outbreak of gouty symptoms, whereby satisfactory results have been obtained, the treatment becomes at once complicated when individuals seek our advice who suffer from typical, particularly severe and frequently recurring attacks of gout, or those in whom symptoms manifest themselves, which point to the fact that one or other vital organ is under the influence of the gouty process, or those in whom, it may be slight, but more or less obstinate, complications of the typical attack of articular gout develop; amongst these I count especially chronic gastric catarrh, also chronic bronchial catarrh, and the tedious neuralgias of gouty people.

In these cases, also, the ordering of a modifying diet according to the case and the condition of the patient, according to the principles just laid down, is the first duty that falls to the physician. The diet need not be on this account to pattern, in any case the avoidance of fat, as carried out in a perfectly ridiculous manner in some health resorts, is wrong. In regard to this S. Wolfberg's remark is quite correct: "At present the use of fat is particularly forbidden, and I found a prejudice extended amongst the patients themselves that the use of fat was incompatible with mineral water treatment. I believe that the great importance of fat as regards nutrition, not only in health, but in chronic diseases, is at present undervalued to an extraordinary degree." In what respect this is true of gout I have just explained, and after this expression of Wolfberg's it is rather curious when, on the following page, he says he believes he has obtained good results in gout by following Cantani's directions. But along with the diet I place the drink and bath treatments in the first rank, and especially such as are carried out in the health resorts themselves: the latter for the reason that here may be most speedily and agreeably combined all those factors that are requisite for the successful carrying out of the treatment.

First, as regards drink treatment, this consists in rendering as harmless as possible the uric acid, of which we know that it injures the tissues and organs of the system under the circumstances described above by the copious imbibition of suitable mineral waters.

In any case the use of water has an essential part in the action sought. Thermal water is usually employed, although the warmth does not play any preponderating rôle. The action only takes place more quickly than when

the water is drunk cold. For the drink treatment of gout we do not require water chemically indifferent, but rather springs of a decided chemical constitution—thus especially:—1. Those of the alkaline mineral waters (*a*) the pure soda-water (natural alkaline aerated waters), and *b*. the alkaline saline (compound glauber salt) waters; and 2. The mild sodium chloride waters. As regards the alkaline waters, the stronger springs especially have great reputation. It was thought that the soda waters favoured the oxidation of uric acid to urea, and in this way removed the overloading of the system with uric acid. Although the correctness of this view has not been proved; and, also, proof that soda-waters in gout—or generally—facilitate the carrying off of uric acid or urea has not been adduced with any certainty; yet these waters, used with caution, are of great value, not only as material for “flushing,” but also for combatting some—for example—gastric symptoms and other affections of the mucous membrane. The other gaseous alkaline waters—Vichy at the head—long played the leading part in the treatment of gout, and Durand Fardel, the celebrated physician of Vichy, placed them first amongst the remedies for gout, to which he added in the second rank those of Wiesbaden and Carlsbad. In the meantime, however, Carlsbad has quite outflanked Vichy. Carlsbad—the most celebrated of the alkaline saline springs—is especially recommended in those forms of gout that are associated with plethora. The treatment of gout by sodium chloride springs has been long and wrongly neglected, especially the milder sodium chloride springs, in the first rank of which I count Wiesbaden—which is, moreover, eminently suited for treatment by baths, and enjoys an exceedingly fortunate climate withal, combined with the most excellent general hygienic conditions. As the investigations of Pfeiffer show, the Wiesbaden water excites the urinary secretion and excretion of urea in considerably larger quantities than the water of the Carlsbaden Mühlbrunnen. Quite recently, special importance has been attached to the lithia constituents of mineral water in the treatment of gout—an importance arising from the fact that carbonate of lithia and, as Gescheidlen found, lithium chloride also is a valuable solvent for uric acid. Lithia was discovered in 1825 by Berzelius in small quantities, but with certainty in Eger, Carlsbad and Marienbad water, and we now know quite a number of springs in which lithia is present in quantities of more than 0.01 per litre, partly as lithium carbonate (Kronenquelle [Obersalzbrunn], Königsquelle [Elster], Assmanhausen, Bilin Sauerbrunnen, &c.); partly as lithium chloride (Salzschlirf, Baden Baden, Dürkheim, Homburg, Kissingen). Above all stands the Bonifaciusquelle of Salzschlirf with 0.22 grm. of lithium chloride to the litre. The trial regarding the importance of lithium in the treatment of gout is not yet completed. At any rate chloride of sodium is a principal constituent of water rich in lithium chloride, and in springs containing carbonate of lithium other constituents are present in greater or lesser quantity, with the action of which, together with the effect of the imbibition of large quantities of water, a reckoning must in the first place be made. For further exact experiments the artificial lithia waters of Ewich, and of Struve and Soltmann commend themselves. They allow of accuracy of dosage, and will the sooner permit an insight into the action of lithia. The warning of Binz is to be taken to heart, that carbonate of lithia is not unimportant as regards gastric digestion. One must, therefore, begin with small doses.

AN examination for the Dental Licence of the Irish College of Surgeons will be held on February 8th, 1886.

THE new high-level drainage works for Belfast, as approved by Sir Joseph Bazalgette, C.B., are estimated to cost upwards of £100,000.

## CHOLERA AND EPIDEMICS HYPOTHETICALLY VIEWED IN RELATION TO PANGENESIS, EVOLUTION, AND CONTINUITY.

By WILLIAM H. PEARSE, M.D. EDIN.,

Senior-Physician Plymouth Public Dispensary; late of the Government Emigration Service.

(Concluded from page 444.)

It would be easy to enumerate instances of the evolution of cholera, after a very great variety of *changes*, from the habituated modes of individuals; *e.g.*, it has evolved after seidlitz, excessive alcohol, fatigue, shock, full evening meal, &c. A very great variety of changes, in cholera seasons, may lead to the evolution of the disease. I see, in “Cholera Seasons,” a vito-molecular pre-cholera state, a recurrent tendency to liberation, from disturbance of habituated, and thus essentially correlated, “modes” of being and process.

Parallel phenomena, of the great place which *change* of habituated mode, has in the Evolution of diseases, is seen in that young troops mostly, show typhoid in India. Prospectors, in virgin forests in New Zealand, show typhoid (Dr. Rutherford Ryley). Typhoid shows in Egypt and Kaffraria, one fact being constant, *viz.*, the “*altered conditions*” under which the troops live (Dr. Vacy Ash). Emigrants from England to Australia, often show severe epidemics of cynanche tonsillaris, on the first burst of the westerly winds, after getting out of the southern tropic. Dr. Blair, long ago, pointed out, that yellow fever appeared in individuals, after *changing* their place of abode; as also from “depressing emotions,” “overwhelming joy,” “a week’s idleness,” “engrossing mental impression,” “alcohol,” “sea-sickness,” “passing a bougie,” &c., &c.

We may perhaps be justified in grouping the great liberations into cholera, which have often shown in certain *extremes* of habituated modes of climate, or environment, under the same generic Form, as the instances already quoted. Such, *e.g.*, as the grand co-relation of cholera to heat, and to extreme cold, as at Glasgow (1848-9); St. Petersburg (1852-3); (Baly’s Report, p. 30). Other *extremes of habituated mode*, as coincident with cholera, are quoted by the “Committee for Scientific Inquiries” (1855, p. 28 to 33):—Such as summer temperature abruptly rising to its maximum; less range of temperature, and greater heat by night; great preponderance of calm; undue height of the barometer; stillness of air; deficient rain; &c., &c.

The old and important words “predisposing” and “exciting” causes of disease, come to have a nearer meaning under the hypothesis of “Continuity.” The doctrine of the “specific” disappears from a wider view of pathology and disease.

The foregoing facts, on those varied co-relations of existences, to the rates of the living body, which the word *change* conveys, may help to save us from further errors, of finality in Method; and from viewing so complex and co-related a phenomena as cholera, as resulting from single causes, bacilli, &c., &c.

The *oscillation or liberation* of rate and process, of living matter, as it exists in man, and in the deviations we call cholera, shows some phenomena, which should specially arrest our attention. Such as the periodicity of occurrence, the somewhat definite proportion of living units which deviate, the somewhat varying, yet grandly constant, degrees of liberation or amount of cholera, the severity or degree of the changes in different stages of the epidemic, the somewhat constant and uniform course of cases; all these phenomena, seem parts of a generic Form, pervading the living circle. But striking instances, in the general course, appear, both in the long preceding pre-cholera stages, and at other times in the suddenness and severity of the earlier cases. Many observers have stated that the earlier cases of epidemics

are most fatal. Dr. D. B. Simmons (China: Medical Report, 30th September, 1879; Cholera Epidemics in Japan) states, (p. 9) that "the first cases observed were nearly all fatal, only one of the eleven (that is the earliest eleven cases in the Yokohama epidemic of 1879) above mentioned having recovered." Again, he says (*op. cit.* p. 12) "The 'epidemic constitution' appears to have been in some respects wanting, as was indicated by the absence, already referred to, of prevalent diarrhoea. As the scourge spread, however, this form of sickness manifested itself more frequently, but not to the extent usually noticed during severe cholera epidemics. Cases of sudden collapse were comparatively few, and the more rapidly fatal cases were observed during the first part of the epidemic." In Yokohama, in 1878 (*op. cit.* p. 14), Dr. Simmons says, "The earlier of these cases were typical of the disease, not a single symptom being absent, and all proving fatal."

In the same volume of China Reports, p. 67, Dr. J. A. Stewart writes of cholera in Foochow: "A man, apparently well, would enter a shop to make some purchase; he would say, 'I feel ill,' go into the street, commence stumbling, and fall, and die. You might be riding along a road; all at once you would observe that people ahead of you were alarmed, and running to one side, and then you would see a man trying, with every horror in his face, to raise himself from his knees; next he was over on his side a corpse. There was no diarrhoea, no vomiting; no time seemed to be given for either in the height of the epidemic, or in its worst seizures; people were struck down as with a blow."

Assuming, as true, the hypothesis that cholera may evolve or arise from shock, loss of habituated environment, &c., I am compelled to see in the phenomena just quoted, a hypothetical pangenico-molecular change of vito-chemical mode: vague as such terms may be, it is far wiser to keep our minds open to the breadth and depth of the co-relations of the phenomena, than to close our minds up, by narrow, though seemingly complete, theories. I know that these remarks are hypothetical, but when I remember the fact that cholera has evolved from chill, varied changes, a dose of salts, &c., and that yellow fever has evolved from fear, change, emotion, &c., and when I remember the phenomena I have classed under the heads of "gradations," "continuity," illustrating the truth, that definite lines and "specific" differences, do not exist in Nature and disease, I am struck with some remarks of Dr. Lauder Brunton (*Med. Press and Circular*, 14, 1, 1885, p. 25):

"The liver actually destroys some organic poisons, such as nicotine; and were it not for the faithful performance of its duty, we would be in danger of poisoning by every meal we take. For Ludwig and Schmidt and Mülhler have found that peptones when injected into the general circulation, act as poisons, producing loss of coagulability in the blood, and great depression in the circulation. We see, then, that the products even of healthy digestion might prove fatal if they passed rapidly into the general circulation; and it is still more likely that such an effect would follow the absorption of the products of the putrefaction which occurs in cases of indigestion."

In certain persons, chiefly in adolescence, and in females (in whom *a priori* vital processes must be most active and unstable), a shock or emotion, will sometimes be followed by the evolution of overpoweringly foetid gases, clammy skin, small pulse, &c.; probably, every cell-contents in the body is disturbed, in such a case: the phenomena is as complex and pangenico as are those of a Cholera or Yellow Fever! And the same shock or emotion in the same individual, at another recurrent season, might, in British Guiana, be followed by Yellow Fever; and in Bengal, by Cholera.

Dr. Blair (*Medico-Chirurgical Review*, April, 1856, p. 78) says: "Many facts came to my knowledge which showed that *family predisposition* for this disease (yellow fever) exists, and is evinced under varieties of exposure." The striking qualities of heredity as seen in phthisis, ex-

tending from the molecular qualities of the ovum to after life, are constantly forced on our observation. Darwin says, in reference to structure, "We may on the whole conclude that in all cases inheritance is the rule, and non-inheritance, the anomaly." I have now two cases under my care, one a young woman in advanced phthisis of one lung: her brother, *æt.* 34, has suffered very severe epigastric pain after food, and great morning weakness, for several years; his lungs are sound. I cannot doubt but that these "varieties" are parts of one common Form of phthisis. I believe that this great Form of inheritance, is involved in epidemic disease. In the main, epidemic disease of certain types, equally with the more obviously structural, tends to appear at definite ages of individuals of allied races.

Latent qualities of the body seem to exist, both fitted for, and tending to, deviations of structure, and to epidemic deviations: the finest and most robust men show the most severe types of yellow fever; the European has often shown the miasmatic-contagion of Cholera in Europe; striking facts showing the communicability of cholera are given by Dr. Baly (*op. cit.*, p. 182) in relation to the Tooting children removed to the Royal Free Hospital: the property of communicability has less often shown in Indian experience. We are bound to accept these seemingly opposite experiences: but there is, in reality, no anomaly in such dual phenomena, when we remember that the quality of fecundity arises in many animals and plants, at certain ages only, and even in certain seasons only; and that it is Pangenico in every bud, and in every "gemmae."

Darwin's great "Provisional Hypothesis of Pangenesis," or some yet wider hypothesis, based on vito-cosmic molecular polarities, and implying an universal Form of vital evolution, in Continuity and correlation with Matter and Motion, is inevitable, when we study the phenomena of "varieties" in structure; or when we study the phenomena of sexual varieties, and methods. I am compelled to extend a parallel hypothesis to Function, as where the sense organs appear at certain parts of the body: nor is it possible to avoid some such hypothesis when we view diseased phenomena. How do chill, "fear," an aperient, &c., &c., elicit, at certain seasons, a cholera or yellow fever attack? How does enteric fever arise in virgin New Zealand forests (Dr R. Ryley)? I have seen an Epidemic, in a voyage from England to Australia, which in the early weeks, was a *malaise* only, associated with a little crepitation at the bases of the lungs, without dulness, but which as the voyage progressed, in the later weeks, was a malignant and fatal fever; there was an unbroken continuity in the progressive type. I have seen erysipelas evolve, when over fifty days from England, after a scalp wound. How does Cholera appear so often following change of environment? Darwin says—"My gemmules are supposed to be formed, quite independently of sexual concourse, by each separate cell, or unit, throughout the body, and to be merely aggregated within the reproductive organs." (*Op. cit.*, p. 375.) "Hence strictly speaking, it is not the reproductive elements, nor the buds, which generate new organisms, but the cells themselves throughout the body." (*Op. cit.*, p. 374.) Again, Darwin says, "In every living creature we may feel assured that a host of lost characters lie ready to be evolved under proper conditions." (*Op. cit.*, p. 373.)

It appears to me, that pangenetic and parthenogenetic hypotheses and phenomena, are as applicable to function, and to these deviations we call epidemics, as they are to structure. Under such hypotheses applied to cholera, we should *a priori* expect, that cholera would sometimes appear as an evolution, from very varied changes in environment; and we should equally, and *a priori* expect, that the body would, in its "gemmae," or other more localised parts, by means of cell units or cell contents, or in the devolution or development of bacilli, evolve new localised powers, such as the power of communicability or miasmatic-contagion.

The pangenetic hypothesis, at any rate, seems to

harmonise the conflicting experiences of Indian and Western observers, as to the communicability of cholera; and the hypothesis further is in harmony with very wide Forms, in the philosophical study of biology.

It must be remembered that Darwin's "gemmules" are but a "provisional hypothesis," and will doubtless long so remain as a grand "scaffolding" for our minds; but a far wider generalisation must be held, as a basis in pathology, viz., that of the absolute continuity and correlation of matter, motion, and the so-called vital forces on "energy." Under such a hypothesis, how do we explain the facts of cholera showing in the colder hours of the night, or after a full meal, or after the disturbed co-relations of the system which a dose of salts may elicit. We can only reply, that the "modes" of the vital "energy," in every cell, "gemmule," and deeper yet, in every molecule of the body, are altered; at the recurrent periods of natural tendency to libration or change, the smallest secular changes may prove cataclysmic, and cholera be the result in Bengal in May; yellow fever in Guiana in August.

In fact, a generalisation is looming up, which will contain the great variety of fevers, which exist from tropical to higher latitudes, as temporary "species," and all of one great "genus;" and at whose base, as proximative "causes," shall be found an allied series of vito-chemical changes. Approached by the great "Unity of Method," which has, during this century, extended to so many domains of thought and knowledge, the Method of correlation and "Continuity," and especially by the extension of this Method to biology, it is impossible but that a vito-chemical generic base shall be sought for, as common to the great fever groups.

Vaccination as prophylactic to small-pox, acclimatisation as prophylactic to yellow fever, shifting of camping ground to troops in India, as prophylactic to cholera, are examples which illustrate the forms of "gradation" and "continuity." To the same hypothetical Form belong the fact that mules and donkeys, and game, resist the tsetse-fly bite; and that the South Australian Aborigines resist scarlet fever; and that arsenic and decoction of lemons, are prophylactic of fever in the Roman campaign.

These glimpses of the great forms of gradation and continuity in disease, give us "confidence of hope" for yet further prophylaxes.

We have no knowledge whatever, how it is that cholera will cease in prisoners if you change them from their jail, to near-by camping ground; we have no knowledge whatever, how it is that shifts of wind, or a change of place, will elicit cholera. But we do know, that these facts are part of an universal law or Form; and we can seek to add to the range of our power, by observation and analogy. It may be ages before a Kepler or a Lavoisier gives a new vito-chemical basis of biological process, but we can, in the meantime, push on by philosophical analogy.

During twenty years past I have advocated that an unrecognised pre-cholera stage existed, a stage, gradually cumulating in the molecular process of the system, which, at certain recurring intervals, passed into further stages or changes, whose natural results were what we call cholera, and that no "specific" poison or cause was, at all times, necessary for the precipitation of cholera.

The words "chill," or "shock," or "change," seemed to me, to hypothetically and approximatively express conditions, which, in one latitude and environment (in the as yet unknown recurrent vito-molecular processes of the system) were followed by cholera, in another by yellow fever, in another by an epidemic of cyanche tonsillar even.

What vaccination and inoculation were to small-pox; what shifts of wind and place were, as preventing cholera and yellow fever; what changes of season were, as sustaining the system from yellow fever and cholera; what the habits of old residents in malarial deltas were, in using alcohol, opium, quinine, &c., as prophylaxes; what "acclimatisation" was to the old resident in tropical

deltas, &c., we might seek to extend by analogy. Hence I ventured to suggest to the Indian medical authorities, the hypodermic or other administration of quinine and arsenic, to those *not affected*, when in presence of epidemic cholera. It is, I submit, the *general Method* of such a plan, which is in harmony with wide biological and pathological Forms. As in the past history of scientific progress, we must yet, and in the future, work by analogy and deduction, equally as by analysis and induction. It is not unlikely that the highest developments of *spectrum analysis* may reach the difference between those who do tend to cholera, and those who do not.

It is as true now, as when Dr. Baly wrote (*op. cit.* p. 48) "Moreover, no *simple* theory that has yet been proposed, will account for all the facts in the history of epidemics of cholera."

And in view of my general argument, I may venture to quote Herschel (Prelim. Disc. par. 208):—"Now, are we to be deterred from framing hypotheses, and constructing theories, because we meet with such dilemmas, and find ourselves frequently beyond our depth? Undoubtedly not. *Est quodam prodire tenus si non datur ultra.* Hypotheses, with respect to theories, are what presumed proximate causes are with respect to particular inductions; they afford us motives for searching into analogies; grounds of citation to bring before us all the cases which seem to bear upon them, for examination. A well imagined hypothesis, if it have been suggested by a fair inductive consideration of general laws, can hardly fail at least of enabling us to generalise a step farther, and group together several such laws under a more universal expression."

And in reference to the great Form of Cosmic Evolution, as embracing the organic; and to the great Form of "Continuity," I may venture to quote Bacon (vol. iii., pp. 265-267, Spedding's Edition, 1857):—"For that nothing parcel of the world is denied to man's enquiry and invention he (Salomon) hath in another place rule over, when he saith, *the spirit of man is as the lamp of God, wherewith he searcheth the inwardness of all secrets.* If, then, such be the capacity and receipt of the mind of man, it is manifest that there is no danger at all in the proportion or quantity of knowledge, how large soever, lest it should make it swell or outcompass itself." And, again, "For certain it is that God worketh nothing, but by second causes; and if they would have it otherwise believed, it is mere imposture, as it were in favour towards God; and nothing else but to offer to the author of truth the unclean sacrifice of a lie."

## Clinical Records.

### THE BRADFORD INFIRMARY.

#### *Case of Strangulated Inguinal Hernia in a Female.— Recovery.*

Under the care of Dr. RABAGLIATI.

(Reported by Mr. J. W. SPENCER, L.R.C.P. Ed.)

MGT. H., *et.* 38, married, was admitted to the Bradford Infirmary under Mr. Spencer, on July 24, 1885, suffering from strangulated hernia.

*Previous History.*—The hernia first made its appearance some eight or nine years ago; it has been irreducible for three years; never less than a hen's egg. When she failed to put on a truss it got much larger, but on assuming the recumbent posture it diminished in size. On the morning of March 20th of the present year, upon getting up, the hernia became larger than usual; the increased size was accompanied by acute pain, and all attempts at reduction proved futile. Vomiting and other symptoms of strangulation supervened. Her medical attendant was sent for, who, after an unsuccessful attempt at reduction, ordered her removal to the Infirmary. Upon admission she was found to be suffering from a large and strangulated hernia occupying



the right labium. The patient was placed in a hot bath, and after half-an-hour's manipulation it slowly went back until it was about the size of a hen's egg (the size it had been for the past three years). All attempts at a further reduction were unavailing. The patient was sent back to bed. All the symptoms disappeared, and after being kept in the Infirmary some three weeks, she was discharged relieved, with a well-fitting support.

The patient remained well until the day of admission on the present occasion. She had removed the support on the previous night, and upon getting out of bed in the morning the bowel came down, and she was unable to return it, and, symptoms of strangulation setting in, she was brought to the Infirmary.

*Upon admission.*—She was found to be suffering from a tumour somewhat larger than an adult's closed hand, occupying the right labium. Acute strangulated hernia was diagnosed. Taxis in hot bath, large enemata, and ice-bags locally proving ineffectual, a consultation for 8 p.m. was called, at which it was decided to try taxis under an anæsthetic, and, in the event of failure, to proceed with the operation. In the absence of Mr. Herbert M. Spencer, Dr. Rabagliati undertook the case. Chloroform was administered, and reduction attempted, but without success. Dr. Rabagliati exposed the sac in the usual way, and having divided the stricture, opened the sac. The bowel was in a highly congested condition—almost gangrenous; it was, however, decided to return it. The sac, together with a large piece of omentum, was next removed *en masse*, and the edges of the peritoneum brought together by fine catgut sutures, interrupted. A counter-opening in the most dependent position of the labium having been made, and a drainage-tube inserted, the skin and superficial parts were brought together with strong catgut sutures interspersed with fine ones. The operation was performed with antiseptic precautions. The patient made a rapid and uninterrupted recovery. When seen on October 29th she was in excellent health, and there had not been the slightest return of the complaint.

*Remarks by Dr. Rabagliati.*—In this case the operator carried out the same method of treatment which he has now performed a good many times, and with the same satisfactory result. In a paper written by Mr. McGill, of Leeds, in the *British Medical Journal* of 15th Sept., 1883, four methods of treating the sac in hernia are mentioned. Although this method of dealing with it is not detailed, it is noteworthy that Mr. McGill suggests that such a course *might* be adopted, and asks the question whether "it would not be advisable to remove the inflamed skin and sac, and thus lessen the chance of complications arising from its presence." Although he is not sure that this suggestion of Mr. McGill's inspired him, Dr. Rabagliati has carried out precisely this method of treatment in at least five cases now, every one of which has recovered. In one case formerly reported (*British Medical Journal*, 15th Nov., 1884) the patient has since been confined of a child at full time without any return of the hernia or other mishap; and in none of the other cases has there been any return, so far as is known to the operator. In a letter which Professor John Wood wrote to the operator on 17th Nov., 1884, Mr. Wood claims to have been the first to carry out this method of treatment of the sac of hernia, and says he "exhibited and described a case at the meeting of the British Medical Association in 1873, under Sir W. Fergusson as president, at King's College, London, in my address on 'Surgery' to that Association." It is only fair that this acknowledgment of priority should be made. The operator is strongly convinced of its value, and believes that cases may sometimes be saved by means of it which might otherwise have been lost. In the case in question had the operation to be done again the operator would remove more of the skin from the labium, whose flabby and dependent condition made the only drawback to the otherwise perfect success of the operation. Inguinal hernia is, of course, well enough known in the female, but it is not common. Of forty-six cases of inguinal hernia observed by the late Professor Spence, of Edinburgh, four occurred in females, and these four cases were all that he observed among 200 instances of hernia, while he did not meet with these four until he had operated on more than 100 cases. The hernia, when it does occur, follows the course of the round ligament in the canal of Nuck, exactly as, in the male it follows the course of the cord.

## Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, NOVEMBER 13TH, 1885.

The President, THOMAS BRYANT, F.R.C.S., in the Chair.

Dr. SAMUEL WEST ON

A CASE OF IDIOPATHIC PURULENT PERITONITIS IN A CHILD OF 10 YEARS, WITH AUTOPSY.

Julia S., æt. 10, after a wetting, was suddenly seized with intense abdominal pain. There was no rigor, but vomiting was severe. The pain and vomiting continued severe till her admission four days later. The bowels had not acted since the commencement of her illness, there was no personal or family history of importance, the physical signs were all abdominal, great distension, pain, and tenderness. No tumour felt, but there was thought to be a little dulness in both flanks. Skin hot and dry, but temperature only 99·8, Pulse 100. Resp. 28. Vomit frequent, yellow, acid, but not fæcal. Poultices and opium were ordered. On 14th, symptoms unrelieved, and bowels still unmovable. On examination per rectum, a baggy swelling of indefinite nature, was felt high up in pelvis. On 15th the condition of the patient being worse, and all symptoms unrelieved, the abdomen was opened by a mesial incision. Pus found, chiefly in lower part, and evacuated. Cavity washed out, and drainage tubes inserted. The child nearly died of collapse upon the table, but rallied sufficiently to be removed to the ward, where she died about six hours later. The autopsy revealed acute suppurative peritonitis, but no cause for it could be found, the whole of the intestines, abdominal glands and organs were perfectly healthy. The case was, therefore, one of idiopathic purulent peritonitis. Such cases are rare. Dr. West and also Dr. Goodhart mention only one case each similar to the present. Acute idiopathic peritonitis was first described by Duparquet in 1842; subsequently by Gandon, but most completely by Rehm in Gerhardt's *Künster Krankheiten*. Dr. Hilton Fagge refers to the extreme rarity of these cases, and had met with only two such cases in an extensive experience of twenty years. The case presented great difficulties, from its resemblance to some form of intestinal strangulation, but of this there was no clear evidence. Nor was there any history which pointed to perforation as the cause of the peritonitis. Whatever the peritonitis might be due to, it was almost certainly suppurative, and this diagnosis carried with it the appropriate treatment, viz., evacuation. The low temperature throughout added to the difficulty of the diagnosis, but other cases are quoted of acute internal suppuration with low temperature to which also Dr. Hilton Fagge has referred.

Mr. W. MORRANT BAKER on a case of

DIFFUSE PURULENT PERITONITIS.

[The following case was read only as a contribution to the discussion on Dr. Samuel West's paper. The short duration of the patient's life after admission into the hospital must be my excuse for the fragmentary character of the notes.]

A lad, æt. 15, was admitted into St. Bartholomew's Hospital under my care in April, 1885, suffering from what was believed to be acute intestinal obstruction. He seemed moribund, or nearly so, at the time of his admission. Only half conscious, he lay with a listless expression; eyes sunk and half covered by the eyelids, and dull, congested complexion. The abdomen was tense and tender. Temperature sub-normal. It was said that no action of the bowels had taken place for five or six days, and that there had been frequent vomiting for about the same period. The vomit was dark and ill-smelling, but not distinctly fæcal. No external hernia could be detected. Nothing abnormal beyond what was produced by the tense condition of the intestines could be found on examination *per anum*. A small quantity of soft but formed fæcal matter was found in the rectum. Under chloroform, an incision, one and a-half or two inches in length, was made in the middle line, between the umbilicus and pubes, and the abdominal cavity opened. On cutting through the peritoneum, a large quantity of offensive pus welled up, and on gently introducing the finger a fresh quantity escaped from between the displaced coils of intestine. The pus was obviously diffused throughout the peritoneal cavity, with no definite boundary other than was



caused here and there by contiguous coils of intestine, which could scarcely be called adherent. As far as was possible, the abdominal cavity was washed out with warm lotion of permanganate of potash; the wound was then closed, a drainage-tube having been inserted. No alteration was produced in the general condition of the patient by the operation, and he died five hours afterwards. *Post-mortem examination.*—Thoracic viscera were normal. The abdominal cavity was distended by sero-purulent fluid, containing flakes of lymph, and there were signs of general peritonitis. A few coils of intestine were more darkly congested than the rest, and were slightly adherent to the bladder and rectum; they were not distended. The upper part of the small intestine was found distended. Peyer's patches were very vascular and prominent. There was no perforation of the bowel at any part, nor could any cause of the peritonitis be discovered.

Dr. CHARLES WEST observed that cases of peritonitis occurring in children without apparent cause were not so extremely rare; but as a rule the fluid collections in them were not purulent. Instances were found in new-born children, and in syphilitic children of greater age; and in some cases, in older children, peritonitis was sometimes induced as a result of blood-poisoning. In these, the fluid collected in the abdomen often contained flakes of lymph, and distinct purulent matter sometimes existed. In two cases he had found idiopathic purulent peritonitis, which discharged at the umbilicus, and of these one only recovered. He failed to see any reason for adopting the term "rheumatic purulent peritonitis," but regarded the cases so designated as resulting from cold, to which causation he would also attribute all those examples not due to obvious causes, or to fevers. As an aid to diagnosis it was worthy of note that discomfort was always referred by the patient to one side or the other when due to obstruction, although the symptoms were not always referred to the affected side. Further, constipation was less marked in peritonitis than in obstruction.

Mr. HOWARD MARSH confirmed Dr. S. West's remark that in perforation of the appendix pain is most often felt on the left side. In one case under his care this symptom thus located led to the performance of left lumbar colotomy. He agreed that the temperature chart was not to be depended on as diagnostic of peritonitis, since it often exhibited even a subnormal figure. For the purpose of washing out the abdominal cavity he preferred solutions of iodine tincture or of potassium permanganate, and not long ago, in a case in which, after laparotomy, he had employed carbolic water 1 in 60 for this purpose, marked carbolic poisoning resulted.

Dr. W. B. HADDEN said that two years ago he conducted a post-mortem examination on a girl, *set. 15*, who died one week after being attacked with peritonitis for which no cause could be assigned, or found after death. Two persons, however, had just previously died in the house from which she had been removed, one from typhoid and the other from puerperal fever.

Dr. F. TAYLOR, referring to the diagnostic value of pain in a particular position, expressed doubt of its being a trustworthy guide.

Mr. GOLDING BIRD observed that the pulse afforded much more reliable indications than the temperature in peritonitis, its steady rise from hour to hour by two or four beats being characteristic of the disease. The fallacy that high temperatures always obtain in peritonitis should be corrected. Fagge had pointed out that in cancer of the descending colon pain in the right iliac fossa was due to the engorgement of the cæcum with fæces.

Mr. H. MORRIS objected to the dictum that in cases of intestinal obstruction no fæces were ever found in the rectum, for he had seen many in which this was the case, and in one instance of purulent peritonitis, he had found the rectum quite clear of fæcal matter. He thought it was generally recognised—it was at any rate taught at Middlesex Hospital—that peritonitis often occurred without elevation of body heat.

The PRESIDENT considered that pain, as a diagnostic factor, was of great value in peritonitis, but of little point in chronic obstruction, except when acute symptoms were grafted on this condition; but he was glad to see so evident a disinclination to place any importance on the seat of pain. Dr. Fagge had shown that this was determined by pressure, and was usually at the cæcum, which acted as a repository for the fæces. Though Addison had denied the possibility

of idiopathic, primary peritonitis, he, Mr. Bryant, must admit its occurrence; but it might be that some cases at least were susceptible of being associated with a cause, if carefully and fully traced. Three cases had occurred in his own experience to emphasise this conclusion. The first was that of a lady who had consulted him for a slight rectal trouble, for which he prescribed, but regarded it as a mere trivial affection. Three days later the patient was dead of acute peritonitis; and being unable to attend the post-mortem examination, he obtained permission to reopen the body, as no cause for the peritonitis had been made out at the autopsy. He found a small rectal ulcer, and a suppurating gland in the pelvis to which the peritonitis was due. The second case was that of a boy admitted into Guys' with an enlarged abdomen; pus trickled from the umbilicus. The abdomen was opened, the purulent matter evacuated, and the case did well for weeks, but subsequently died; and post-mortem, a suppurating track was found extending round behind the cæcum, which had caused the fatal peritonitis. The third case, of recent occurrence, was that of a child, *set. 6*, hitherto healthy until some months before being seen by Mr. Bryant, when some bowel trouble had occurred. Recovery from this ensued, and yet, later on, symptoms of obstruction set in. The abdomen was much distended, and very painful, and the case was regarded as one of peritonitis from cæcal mischief. An incision was made along the right semi-lunar line, and some blood-stained serum escaped; on introducing the finger, it was arrested at the middle line; the cæcum was unaffected. The left side was next opened, but the finger introduced through the new incision was again stopped in the mid-line, and on exploring behind the obstruction a fluctuating swelling was found from which six to eight ounces of fetid pus escaped. The cavity was washed out with iodine water, and a drainage tube left in it. The child was restored to perfect health. In this case, had the child been left untreated, the abscess would have burst, peritonitis would have followed, and nothing would have been left to explain its origin,

Mr. WALTER RIVINGTON ON

TWO CASES OF LIGATURE OF THE EXTERNAL ILIAC ARTERY FOR FEMORAL ANEURISM.

CASE I. *Femoral Aneurism. Ligature of External Iliac Artery with Catgut. Recovery from Operation. Loss of Motion and Sensation in the Limb. Restoration of the Canal of the External Iliac. Secondary Hamorrhage and Death from Exhaustion, five and a half months after operation.*—J. M., *set. 27*, sailor, accustomed to lift heavy weights, was admitted into the London Hospital under Mr. Reeves on September 10, 1882, with a pulsating swelling in the right groin. Four weeks previously he first noticed a swelling of the size of a halfpenny, but as it gave him no pain or inconvenience he took very little notice of it. It enlarged gradually until two days before admission, when it increased rapidly and caused him considerable pain. On admission the tumour was the size of a cricket ball with marked bruit and pulsation. He had a sore on his prepuce and a suppurating bubo on that side, but there was no history of syphilis. An attack of facial erysipelas, some doubt as to the diagnosis, and a deceptive appearance of consolidation in the swelling caused delay in resort to operative measures. He then came under Mr. Rivington's care, and a fortnight later, when an increase in the size of the swelling was perceptible, the external iliac artery was tied under thymol spray. Owing to the encroachment of the aneurismal sac above Poupart's ligament the external iliac was found to be displaced inwards to the inner side of the vein, and so deep that it was not exposed to view. Immediately after the catgut ligature was applied all pulsation and bruit ceased, and the tumour became soft and flaccid. The wound was closed and the limb wrapped in cotton wool. The wound did not remain long aseptic. On the 27th some offensive discharge occurred, and lint soaked in carbolic oil was substituted for the gauze. The tumour had diminished considerably in size. The chief feature was a loss of sensation and motion in the parts supplied by the sciatic and anterior crural nerves. On November 5th there was a mild attack of erysipelas. The right leg was warm but there was no sensation in it except occasional "pins and needles" and pain in the back of the thigh and knee. Galvanism was tried without avail beyond restoration of slight power over the rectus femoris. Return of pulsation was first noticed in the femoral artery on the 29th Nov.

The wound had healed by December 12th. Pressure sores existed over the trochanter and the heel. The tumour gradually decreased in size till March 2nd, when it was 4½ inches less in circumference than previous to the operation. The patient's condition otherwise was stationary. Suppuration ensued from the original wound which reopened on the 27th of March. The clots in the sac broke down, secondary hæmorrhage took place on the 5th, 6th, and 9th, of April. On the last occasion the sac was opened all clots cleared out, but although no blood was lost during the operation the patient did not rally. The post-mortem showed destruction of the external circumflex and commencement of the popliteal arteries where the aneurism had originated, and absence of anything like an aneurismal sac. The external iliac artery and vein were pervious. A slight mark across the artery where the ligature had been applied could be seen. The anterior crural nerve was embedded in inflammatory plastic matter for several inches. The sciatic nerve was normal. The author considered that the loss of sensation and motion was an extreme form of a recognised temporary effect of ligature of a large artery. The collateral circulation was established sufficiently to avert gangrene, but insufficiently to maintain the functional integrity of the more remote and delicate tissues like the terminations of sensory nerves and the motorial end plates in the muscles. The limb was on the verge of gangrene, its feeble vitality being shown by the sores over the trochanter and the heel. The case further illustrated the uncertain behaviour of the ordinary catgut ligature when used for ligaturing an artery in its continuity. Probably the catgut would have held longer if the wound had remained aseptic.

**CASE II. Femoral Aneurism. Ligature of External Iliac with Carbolised Silk. Recovery.**—H. C., æt. 51, commission agent (formerly a soldier who had served in the Crimea and the Indian Mutiny), was admitted into the London Hospital on July 10th, 1885, for a swelling at the upper part of his left thigh, which proved to be a fusiform aneurism of the common femoral underneath Poupert's ligament. The size of the aneurism was about that of a hen's egg. He was treated by the author in 1879 for a left popliteal aneurism, which was cured by Esmarch's bandage and digital compression. The case was reported in the *Lancet* of October 16, 1880. The external iliac artery was tied under the carbolic spray with carbolised silk on the 3rd July by means of an incision three inches long, intermediate in position between Abernethy's and Astley Cooper's incisions. The artery was found easily. The patient made a good recovery, and was discharged cured on the 22nd of September. The chief points of interest in the case were the circumstance that this was the second aneurism which had developed on the main artery of the left lower limb, and the use of carbolised silk ligatures cut short and left in the wound.

Replying to the President, Mr. RIVINGTON said pressure had not been tried in his first case.

Mr. GOLDING BIRD inquired as to the condition of the pulse at the ankle in the first case, because in sarcoma of the thigh there was said to be no difference between the pulse at the ankle on the two sides. He had shown a case of aneurism of the femoral in which he had ligatured the external iliac, and in which case the main artery was pushed inwards by the tumour for some distance. Operating according to Astley Cooper's method he did not see the artery. He had rejected Abernethy's method, and in a similar case would decline to adopt it.

Mr. RIVINGTON said there was no pulse at the ankle in his patient. He had adopted Abernethy's operation, because had he chosen Astley Cooper's he must have cut across the tumour.

#### Dr. DYCE DUCKWORTH ON

##### A FATAL CASE OF NITRIC ACID POISONING.

A city merchant, æt. 29, was admitted to St. Bartholomew's Hospital on February 11, 1885, with the history of having swallowed about an ounce of strong nitric acid shortly before. He had been seen by a surgeon, and was found vomiting. Lime water was given to him. He was supposed to have had his luncheon before he took the poison. Calcined magnesia in milk was given freely, and the vomit, previously acid, became alkaline. Opium was given per rectum, and linseed and opiate poultices were laid on the abdomen. The suffering was intense; retching and vomiting; collapse followed. Nutrient enemata with brandy and opium were given. His cough

was troublesome; next day there was relief from the opium. The urine contained blood on two occasions, and albumen twice afterwards. Vomiting and retching persisted at intervals, and the pulse became running. Shreds of putrid mucous membrane were ejected. The temperature rose on the fourth day to 102.2°. Diarrhoea set in, but no blood was passed. There was a suspicion of pericarditis. The patient nearly sank on two occasions, but was revived by nutrient enemata with brandy. On the fifth day he was so much better that his friends believed that he was recovering. He died one hundred hours after taking the acid. On examination there were signs of inflammation at the fauces, and down the œsophagus, stomach, duodenum, and as far as the jejunum. The stomach was contracted, but not perforated. Some local peritonitis over the stomach and liver, but no general peritonitis. The pericardium was sticky. He took in all over an ounce of laudanum while under treatment. (The parts, preserved in glycerine, were shown, also drawings of the first four specimens of urine passed.)

Dr. DE H. HALL asked why opium was administered rather than morphia by subcutaneous injection?

Dr. DUCKWORTH replied that the subcutaneous injection of morphia was unjustifiable when equally satisfactory results could be secured by administration of opium through the mouth.

#### BRADFORD MEDICO-CHIRURGICAL SOCIETY:

THE ordinary meeting of this Society was held in the Board Room of the Infirmary on Tuesday, Nov. 8,

Dr. GOYDER, President, in the chair.

Dr. GOYDER read notes of

##### A CASE OF CALCULUS IN WHARTON'S DUCT.

He said: I was consulted in the February of 1885 by Mr. H. for a hard swelling situated within the jaw, between the right submaxillary and sublingual glands. Upon examination the floor of the mouth was swollen and inflamed, the swelling extending into the duct of Wharton. He had a carious tooth near the swelling, beside which was a gumboil. I recommended the extraction of the tooth, and trusted the swelling would then subside and disappear. The patient, however, came to me in October, nearly eight months after his first visit, when he informed me he had had the tooth extracted, but that the swelling had altered its position, and was now under the tongue, and that it caused him considerable annoyance in speaking and eating. He said there was a scale on the swelling which he had tried to scrape off without effect. On examination I found the scale he spoke of close to the frænum linguae, and a rounded swelling about the size of a marble beneath it. With a forceps I tried to remove the hard mass, but found it projected considerably into the duct. I carefully extruded it with the two fore-fingers of my hand and discovered it to be the small calculus I now show you. A flow of saliva followed it, and the whole swelling collapsed. As to the origin of these calculi, which seem to be of a limy or calcareous character, I have not been able to discover much (certainly I have not made an extensive search) in books. The probability is that they are the remains of the matter of abscesses which become encysted, and their liquid contents degenerated or absorbed. In the present instance this may have been from suppuration in some part of the sublingual gland, and the calcareous matter after absorption of the degenerated pus has found its way from the gland along the duct to its mouth. It is well to know of the existence and formation of these calculi, so that the non-malignant character of the swelling and glandular enlargement may be diagnosed and the fears of patients allayed. Bryant advises that where the obstruction of the salivary flow becomes acute the duct should be incised and the stone removed.

Mr. CARTER then showed sphygmographic tracings from three cases, one of tricuspid regurgitation, one of mitral regurgitation, and one of double aortic disease. It was noticeable that the first approximated very closely to a normal tracing. The other two were characteristic of their respective conditions.

Dr. GOYDER remarked that the late Dr. Tibbits was of opinion that no instruction whatever was to be obtained from sphygmographic tracings, but he thought these graphic readings were instructive.

## CASE OF OPERATION FOR KNOCK-KNEE.

Dr. RABAGLIATI showed photographs of a boy, *set. 5*, taken before and after operation for genu valgum. Before operation the axis of the left femur projected full  $\frac{1}{4}$  inches within the left internal malleolus, and that of the right femur full 1 inch within the malleolus of its own side. The left femur was divided by the chisel in the usual site. The left tibia was also divided at its lower third. The right tibia and fibula were at the same time divided at the lower fourth. The operation was performed antiseptically on July 4, 1885. Union took place without any rise of temperature, and the result was completely satisfactory, as the photograph shows, a termination which almost invariably occurs in this now very common operation.

Mr. W. J. SPENCE reported a case of

## STRANGULATED INGUINAL HERNIA,

under treatment at the Bradford Infirmary, which will be found, with remarks by Dr. Rabagliati, under the heading of "Clinical Records," at page 468.

Dr. RABAGLIATI read a note on

## THE QUANTITATIVE ANALYSIS OF GLUCOSE IN DIABETIC URINE,

and demonstrated Dr. Pavy's ammoniated cupric sulphate test, which he had seen him show at Cardiff. Dr. Pavy had also put him under great obligation by explaining some difficulties he had found in regard to the test, in a very lengthy letter. The test essentially consists of a modified Fehling's test, with the addition of ammonia, which keeps the cuprous oxide in solution. The operator uses a test of a known strength, 10 cc. of which exactly balance 5 milligrammes of glucose, and a simple sum in arithmetic gives the percentage of glucose. The advantages claimed for the test are—1. It saves time, taking only a few minutes to perform; 2. It is very accurate; and 3. Easy of application. The tests hitherto in use for quantitative analysis of glucose are—*a.* The liquor potassæ test, acting by a colour scale; but it is not very accurate. *β.* Dr. Meymott Tidy's colour scale, said by Dr. Lauder Brunton to be only rough and uncertain. *γ.* Fehling's test; but this is too difficult for ordinary practitioners. *δ.* Dr. Robert's fermentation test, which requires some hours to apply. *ε.* The picric acid test, which some say is inaccurate, but of which Dr. Rabagliati knew nothing practically. *ζ.* Polarisation, which requires a special apparatus, and is not, therefore, available for ordinary medical men. So far as the writer knew, Dr. Pavy's test was by far the best. He added some remarks as to the application. 1. It should be used somewhat quickly, or the ammonia might be driven off and the cuprous oxide thrown down. This could be done at any time by continued boiling. 2. When decoloration has occurred the reading of the curette should be at once taken, as in a little while the cuprous oxide may become oxidised into cupric oxide, and this by re-combining with the sulphuric acid, may restore the blue colour. On the whole, he thought the test a very beautiful and ingenious one, which had exercised a sort of fascination on him.

The PRESIDENT and Mr. ELLIS made remarks on the value of this test, which, they agreed, seemed superior to all others. Mr. Mossop referred to the pellets which Dr. Pavy had introduced as an easy way of working the test, and Dr. RABAGLIATI said they did not give the clear sharp decoloration shown so beautifully by the solution.

The first candidates for the degrees of the new Victoria University, Manchester, passed last week in the persons of Messrs. J. Macfarlane Clarke and Edward Gordon. The degree obtained was the M.B., and we suppose Vic. Univ. will be the distinguishing affix.

We understand that a Fancy Dress Ball is being organised on a large scale for the benefit of Jervis Street Hospital, Dublin. The entertainments of the same character which were got up for the Orthopædic Hospital were so successful as to encourage the most hopeful anticipation of this effort.

REGISTERED FOR TRANSMISSION ABROAD.

## The Medical Press and Circular

Is published every Wednesday morning Price 5d. Post free 5½d.

POST FREE TO ANNUAL SUBSCRIBERS . . . £1 2 0  
" IF PAID IN ADVANCE . . . . . 1 1 0

Post-office Orders and Cheques to be drawn in favour of—

A. A. TINDALL, 20 King William Street, Strand, London, W. C.  
A. H. JACOB, 3 Molesworth Street, Dublin.

Agents for Scotland:—

MACLAHLAN & STEWART, South Bridge, Edinburgh.  
A & W. STEWHOUSE, Hillhead, Glasgow.

Sole Agent for the Continent:—

JOHN F. JONES, 81 Bis, Rue du Faubourg Montmartre, Paris.

ADVERTISEMENT SCALE—Whole Page, £5 0s. 0d. Half Page, £2 10s. 0d.; Quarter Page, £1 15s. 0d.; One-eighth Page, 12s. 6d.

Small Announcements of Practices, Assistances, Vacancies, Books, &c. of Seven lines or under, 4s. per insertion; 6d. per line beyond.

Considerable reductions are made from the foregoing Scale when orders are; even for a series of insertions. Letters in this department should be addressed to the Publishers.

SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIÈRE, Rue Hautefeuille, Paris—post free in advance, £1 3s. 6d. per annum.

SUBSCRIPTIONS FOR RUSSIA are received by Messrs. RAJCHMAN and FRENDELER, 18 Senatoren Street, Warsaw—post free, £1 5s. 0d. per annum.

SUBSCRIPTIONS FOR THE UNITED STATES are received in New York by Messrs. WILLMER & ROGERS; Philadelphia, by Dr. BRENTON; post free in advance, 5½ dollars (£1 3s. 6d.) per annum or direct from the Offices in this country for the same amount, if remitted by International Post-Office Order.

## The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 18, 1885.

## THE LATE DR. CARPENTER, C.B., F.R.S.

THE work of the late Dr. W. B. Carpenter in connection with the extension and popularisation of scientific knowledge in this country is not likely to be quickly forgotten, nor the fact that we owe to him more than to any one of his contemporaries the creation of that enthusiasm for the study of physiology which has been productive of such magnificent later results. The number of teachers in any one generation, who are endowed with the power of turning the minds of men towards studies not immediately remunerative is exceedingly limited; and it not unfrequently happens that circumstances operate to divert their attention from those labours the production of which would be most fruitful of good. Fortunately for us to-day, Carpenter's earlier efforts were exerted in a field which offered to him facilities for the development of his highest powers as a teacher; and it was at the London Hospital medical school that he first entered on the duties of a lecturer on physiology. Prior to this time the subject of comparative physiology had hardly assumed the position of a scientific study, and it needed all the skill of a thoroughly competent observer, with the materials then at hand, to construct a system which should exhibit at one view the structural continuity existing between the animal and vegetable kingdom.

and the dependence of physiological processes in both divisions of nature on the same organic laws. Even now, whoever will trouble to refer back to the first edition of the "Principles of General and Comparative Physiology," cannot fail to be struck with the evidence it affords of the author's profound knowledge of nature, and of a philosophical grasp of details, which is the more admirable as having been unassisted by any part of that grand accumulation of facts and inferences which has been the outcome of the application of evolutionary theories to the explanation of organic phenomena. Neither can we wonder that a work at once so comprehensive and so accurate secured for its author a prominence among scientific men to which he was assuredly entitled, and which he very quickly confirmed his right to by the publication of what has always remained the most important of his contributions to our literature—"The Principles of Human Physiology." This has probably exerted a greater influence on the progress of physiological science than any treatise ever written; it has certainly served, more or less, as the model of all the more valuable of its successors; and it long held its place unrivalled, until advancing years and the introduction of the experimental method by younger labourers in the field already illuminated by its teachings, led to the production of text-books which, though modelled still on its lines, were more in consonance with modern ideas of the manner in which the physiologist's labours should be pursued. But, notwithstanding, Carpenter's "Principles" has never yet been relegated to the literary lumber-room, as is shown by the occasional appearance of new editions, and, thanks to the admirable editing of the work by Mr. Henry Power, it is to this day regarded as a standard work of reference.

In considering the period of the history of modern science covered by the earlier labours of the deceased physiologist, two names stand forth prominently in connection with the extension of biological science, and they are, Owen and Carpenter. While the former was laying the foundations of modern biology and building up its structure on unassailable bases of observation and facts, the latter was steadily indoctrinating an ever-increasing class of interested listeners with the principles and details of the rapidly-growing scheme, and was founding, by his influence and example, a school of scientific enthusiasts to whom we owe more than it is customary in these days to admit. Carpenter's teaching accustomed the public to give ear to and to credit the statements of savans; and his own exertions as a lecturer can never be sufficiently recognised if we would appreciate the effect they have had in training the public to apprehend the value of investigations, which in the abstract are necessarily incomprehensible and unpractical to the uninitiated.

In another direction, also—that of microscopical studies—Dr. Carpenter accomplished invaluable work. Perhaps the most generally popular of all his works is that entitled "The Microscope and its Revelations;" and no one who has had any experience of the innumerable amateur scientific societies scattered throughout the country, can have any difficulty in determining to what extent this single book has influenced the love for practical microscopy among the masses. Formerly this was much more

evident than now, when the pioneer of popular guides is only one out of many similar volumes, and when we are liable to forget the indebtedness of the present to the labourers in the past.

The public services of the late Dr. Carpenter have been great and valuable, and their recognition by the gift of a C.B., and by the several honorary distinctions conferred on him from time to time, is gratifying as evidence of the increasing tendency to reward the highest order of merit in those whose lives are devoted to the advancing of human knowledge and the improvement of humanity. Not the least important part of his life was spent as Registrar of the University of London, the twenty-two years from 1856 to 1878 having been passed in the discharge of the duties of this post, and in the performance of other cognate labours. During this time he also contributed largely to scientific literature by the publication of a monograph on the Foraminifera, and by a masterly investigation into the causes and courses of ocean currents in connection with the results of the *Challenger* expedition.

One of the most remarkable of Dr. Carpenter's works is the "Principles of Mental Physiology," which, though wanting the finished accuracy of other volumes from his pen, as was necessitated by the state of knowledge on this subject, is yet likely to remain the standard basis of all future investigations in this branch of science.

#### A PHARMACIST ON THE NEW PHARMACOPŒIA.

A NOTABLE addition to the criticisms already pronounced on the recently issued revised edition of the British Pharmacopœia has been made in the shape of a paper communicated to the Pharmaceutical Society of Great Britain by Mr. Charles Umney. The general conclusion arrived at by the author of this essay is, on the whole, favourable to the work of the Pharmacopœia Committee, whose earnest efforts to produce a guide which shall accurately reflect the progress of recent times is generously recognised and applauded. It was naturally to be expected that the amended volume would be eagerly examined by skilled pharmacists with a view to discovering whatever weaknesses it might present, and it is right and desirable that its value should be so tested. Only by this means is it possible that existing defects can be remedied in the future, and the national Pharmacopœia by this process be gradually but surely brought to a state of ultimate perfection. That such a consummation will only be reached when practical pharmacists are admitted to a share of the reviser's labours is clearly the opinion of Mr. Umney, and he says on the Society of which he is not the least distinguished ornament that one of the chief duties of its members is to qualify themselves to be recognised, in their character of representatives of British pharmacy, as essential assistants in the production of future Pharmacopœias. It is not for the profession of medicine to quarrel with, or even to question this ambition; the close connection between the physician and the pharmacist cannot be gainsaid, nor the fact disputed that interested co-operation between them is likely to lead to greater improvements in the practice of the healing art.

The paper to which we have referred is one that every possessor of the new Pharmacopœia ought to be thoroughly familiar with, for it contains many hints and suggestions that will prove invaluable when read in connection with the subjects criticised. It is divided into four sections, dealing respectively with drugs and preparations omitted from the B. P. 1885, but which were official in the 1867 edition and its addendum; (2) Drugs and preparations retained unaltered; (3) Drugs and preparations retained in B. P. 1885, but with strength, character, or tests varied as compared with the B. P. 1867; and (4) Drugs and preparations included in the B. P. 1885, but which were not official in that of 1867 or its addendum. Under each of these headings Mr. Umney has a good deal of instruction to impart, and in many instances his remarks will be found to offer valuable suggestions from the prescriber's point of view. Space will not permit us to follow him throughout in detail, but we would direct especial attention to the disapproval he expresses of the decision which permits any variety of opium to be employed in the production of the powdered drug, which yields a minimum of 9½ per cent. of morphine. On this Mr. Umney observes: "With opium powder a serious error in judgment has been made, which will have the effect of attracting to this country inferior opium, which would not be permitted to enter other countries, in which a higher standard is recognised;" and further, he adds: "Nothing would make me believe that either medical men or pharmacists would endorse the dilution of powdered opium rich in alkaloid with opium marc or some such harmless diluent as sugar of milk." Respecting oleates, the extended employment of which is anticipated, and the source of supply therefore a question of some importance, Mr. Umney is of opinion that "we may find a better source of supply of oleic acid than the candle works, as the substance is now in some demand; certainly the oleic acid of trade does not correspond to the official characters, 'odourless, tasteless, and nearly colourless.'"

As we have said, the paper in its entirety will well repay perusal, and is not less valuable as a commentary on the Pharmacopœia than any that have preceded it. It is, moreover, a gratifying evidence of the zealous care with which the exponents of practical pharmacy regard everything that affects the common interests of themselves and the profession of medicine.

## Notes on Current Topics.

### An Unexampled Gift.

A REPRESENTATIVE of California in the United States Senate, Mr. Stanford, has recently made over property to an unprecedented amount for the purpose of building and endowing a University in the State which is fortunate in owning him for a citizen. The original gift of this gentleman, designed to afford funds for building, was valued at one million sterling, and now Mr. Stanford has added to this magnificent bequest a further sum of no less than *three millions* sterling, to endow the object of his generosity. With such vast resources at command it is difficult to estimate the importance of the future which lies before an institution of such proportions as the new University must necessarily attain to. The opportuni-

ties it will possess for acquiring the services of the most eminent professorial staff are altogether unequalled in any part of the world; and as it is likely that the same wise foresight which thus decided to appropriate a great fortune to educational needs will superintend the working arrangements for its application it is probable that the results will be correspondingly beneficent. Before a gift of such dimensions even the large-hearted liberality which originated the Johns Hopkins University and the Josiah Mason College, sinks into comparative insignificance; but if the final outcome of the donor's generosity is as productively useful as that which has resulted from the two instances named it will indeed prove eminently satisfactory. We are not at present supplied with any details of the manner in which the wishes of Mr. Stanford are to be carried out, beyond the mere fact that the money is to be applied to the purposes mentioned. It may, however, be assumed that provision will be made to include a medical faculty among the departments of the new University, and it may easily be conceived that ample funds may be found for the maintenance also of a clinical hospital in connection with it. Moreover, we may expect to see liberal arrangements made with a view to the encouragement of original research, both in the way of laboratory equipments and in adequately provided Fellowships. Indeed, there is scarcely a limit to the good that may be accomplished with the princely revenue that will accrue from Mr. Stanford's munificence to the projected University; and while congratulating our Transatlantic cousins on the surprising good fortune to which they are heirs, we could heartily wish that a similar, if less munificent, feeling of generosity might stir the souls of our own millionaires.

### Royal College of Surgeons of England.

On Thursday last there occurred the first meeting of the Council of the Royal College of Surgeons of England since the meeting of Fellows and Members on the 29th ult., when the resolutions passed on the latter date were discussed by the Council. To the all but unanimous demand of Fellows and Members, that Members of the College should participate in the election of the Council, the latter body has resolved to return a negative reply; and in addition to a resolution embodying that decision the following was also passed:—

"That it be referred to the President and Vice-Presidents to prepare a statement to be laid before the next meeting of Fellows and Members, and that it is advisable that such statement should clearly convey the Council's decided opinion that it would not be for the good of the College that the Members generally should vote at the election of Members of Council, and should explain the reasons for that opinion. And that the statement should also include the reasons why it is impracticable to give effect to the second resolution."

The result of this decision must necessarily be to throw the burden of reform upon the constituency of the College, since, after repeated opportunities for doing right the Council still obstinately persists in maintaining the *status quo*. That the old order of things is absolutely doomed must be apparent to all; but we had hoped that a *modus vivendi* might have been discovered, and

that the Council would have been wise in time. Henceforth, however, the struggle must be fought out to the bitter end on its own merits alone; and with whom the victory will rest cannot for a moment be open to doubt. At the meeting of the Council on Thursday time did not suffice for the conclusion of all the business before it, and an adjournment was made to the 17th inst. From this circumstance we may conclude that the resolutions above referred to were not carried without difficulty, and that some members at least of the Council did their duty to the constituency and resisted the attempt to override justice and right. It would be very interesting could we learn how the lists for and against were made up, but this, at present, is not feasible, though the reformed Council's meetings will be so reported. The adjournment is for the purpose of receiving the report referred to above, and for appointing a date on which the special meeting of Fellows and Members shall be held.

#### Dr. Heywood Smith.

We are requested by the British Gynæcological Society to publish the following resolutions which were passed at a special meeting of the Council of that Society on Nov. 11th:—

"1. That the Council deeply regret that they feel it incumbent on them to accept the resignation of Dr. Heywood Smith of the office of Secretary of the British Gynæcological Society."

"2. The Council desire to express their thanks for the distinguished services he has rendered to this Society, and their belief that in what he did in reference to the Armstrong case he was actuated by what he believed to be the highest motives, while committing a grave professional error."

#### The Penalty of Meanness.

THE law costs which the ratepayers of the Youghal Union are obliged to pay, in consequence of the stupidity and meanness of the guardians who contested with the Irish Medical Association the question of fees to medical officers for inspecting labourers' dwellings amount to £134. It is indeed a hardship that the taxpayer should suffer the penalty which ought in justice to be imposed upon the guardians who sought to cheat the doctors. It is also, we think, a great hardship that medical officers should be forced to assert, by an expensive law process, the rights which the Local Government Board for Ireland might have and should have asserted by a circular letter in the first instance. If that Board had had the stiff-backedness to inform the guardians at first that the law and equity were against them, and that they ought to pay the doctors, these claims would have been settled without litigation, but the Board preferred to save itself responsibility by giving no advice, and expressing no opinion, and the result is that the law courts have had to decide the matter, at a dead loss of about £200 wasted on lawyers. This case ought to teach Irish Boards of Guardians three lessons—*First*, to take the trouble to read their Acts of Parliament; *second*, not to depend on the Local Government Board for advice; and *third*, not to suppose that medical officers are unable to assert their own rights, and will submit to be meanly and unjustly treated.

#### The New Austrian Minister of Education.

BARON CONRAD V. EYBESFELD has been succeeded in the office of Unterrichtsminister by Hofrath Paul Gautsch v. Frankenthurm, late Director of the Theresianum and of the Orientalische Akademie. The late Minister is supposed to owe his dismissal to too great a freedom of speech in the Abgeordnetenhaus.

#### Advertising Testimonials.

A FIRM of wine merchants in Dublin has just issued an advertisement in which the names of a number of the leading physicians and surgeons of Dublin are put forward in a way which, if unexplained, would naturally be regarded as totally inconsistent with professional propriety. This advertisement was heralded for some days by the appearance in the newspaper of a blank column, and at last this column has been filled by the names, qualifications, and official appointments of five surgeons and three professors of chemistry blazoned in the largest type, with the statement that the wine is highly recommended by them. We are authorized by four of these gentlemen—Drs. Corley, Mapother, Meldon, and More Madden (and we do not doubt that we should be able to speak for others if we had the opportunity of ascertaining their views) to state that not only did they not give any testimonial for this purpose, but that they, both in writing and verbally, stipulated that their certificate should not be used for any such purpose. They wholly disapprove of their names being paraded in this way, and they have strongly remonstrated against what they consider to be a gross breach of faith towards them. No one will question the right or propriety of any medical man giving his opinion as a scientist upon any article submitted to him, and receiving his proper fee for doing so, but it would be a scandalous thing if he permitted such use as this of his name, and still worse if it were so used without his consent.

#### Removal of the Uterus for Cancer.

ON the 30th October last, Mr. Jennings removed the entire uterus from a woman of middle age, who was the subject of cancer of the cervix. The patient was under the care of Mr. Prowse, of Aoton, and the neoplasm had been growing since the last confinement, about eight months previously. Twice before, palliative treatment had been resorted to, the growth when first noticed having been removed by caustic, and secondly, after a few weeks, by the actual cautery, assisted by the curette. Reappearance of the cancer, however, soon became manifest, and at the date of the final operation the cervix was almost completely infiltrated, but the vagina free of the growth, and the uterus freely mobile. The operation was performed under bichloride of methylene administered by Dr. Fenton Jones, the patient being in the lithotomy position. The bladder was evacuated and then supported by an ordinary curved staff against the pubes. The vagina was thoroughly cleansed with 1 in 20 carbolic water and sponged dry, and the cervix next plugged with cotton-wool impregnated with 10 per cent. of iodoform. Traction on the uterus was made by a double ligature through the lips of the os, a duck-bill speculum and spoon being maintained in posi-



tion by Messrs. Shaw and Dove. The vaginal mucous membrane was severed from its connection with the cervix in front and behind, but not laterally, and the speculum being withdrawn, and the peritoneum stripped off the uterus as high as possible by the finger, the broad ligament on each side was secured by clamps, and the uterus then removed by division of the ligaments internal to the clamps, with scissors. The peritoneum was well sponged and the clamps secured in iodoform wool as they lay in the vagina. The clamps were removed thirty hours later, and the condition of the patient at this time was very favourable. On the next day, the temperature having risen and the general condition being critical, Sir Spencer Wells was called in consultation. His prognosis, however, was good, and has been fully verified, the patient being now well out of danger.

#### The Dublin Class.

THE entries at the various Dublin Schools disclose the fact that the total class of students this winter will be considerably under average. This is not very surprising, considering that the professional and trading classes in Ireland never were so impecunious as at the present moment, for which reason their sons must wait until better times, or else go into some business less expensive than medical study. It must, however, be remembered that the school returns in Dublin are very misleading, for the reason that there is no agreement amongst the schools as to their method of entry. Some schools insist on cash in full being paid for all courses, and they inscribe no one who fails to pay in advance. Therefore they lose those students who desire credit. Other schools take anything they can get to secure the student, and they enter anyone who asks them; besides that, they inscribe on their lists a number of "perpetual" pupils, who often have no existence except on paper. Thus they produce a good-looking entry sheet. Other schools, again, accept half-payment in advance, and are glad to catch the night-lecture students who cannot get into the higher class schools. So that no reliable judgment as to the actual teaching work done by a school can be formed from the returns.

#### Professor Koch.

As the name of few scientific investigators have appeared more prominently before the profession and public during the present decade than that of this distinguished German *savant*, the following personal account, translated from the *Allgem. Wiener Med. Zeitung*, Nov. 10th, will be read with interest:—Koch is a medium-sized slender man, with an earnest, inquiring countenance. His hair, which is whitening, makes him appear much older than the forty or forty-one years that he counts. He is a child of the Harz, the son of the Ober Bergrathes in Klausthal. In the years 1862 to '64 he studied medicine in Göttingen, where, as assistant at the Pathological Institute, under the direction of Prof. Wilhelm Kranse, he first made himself familiar with the microscope. After passing his Staatsexamen he practised first at Langenhagen; in 1872 he was appointed to a post as Physikus in a village in Posen, whence, however, he soon departed for Breslau, in order to make microscopical

and bacteriological investigations with Ferdinand Cohn. He here aroused the notice of the scientific world by his labours on wound infection, septicæmia, and splenic fever, which opened up to him the prospect of a professorship at Breslau. The realisation of these hopes was, however, far off, and as his means were limited, he again took up the vacated Physikat. From this little town of Wollstein in 1880 he was nominated as ordinary member of the Reichs-Gesundheitsamt, when a wider circle of action was opened out to him. With his labours here on the ætiology of infectious diseases, splenic fever, tuberculosis, and cholera the world is too well acquainted to render a further account necessary. A paternal government has one great advantage over others, in being able to select the best men for its work, and the German Government has done good service to the world at large in creating a post for one of the most celebrated bacteriologists of the age, in the occupancy of which we may reasonably hope that he will yet add fresh laurels to his already well-earned crown.

#### The Falsification of Honey.

WE brought to the notice of our readers (Nov. 1884) an ingenious process resorted to in Canada and America for the extraction of the honey from the comb by means of a centrifugal machine, whereby the comb itself remained uninjured—was in fact left in a state to be returned to the hives for the bees for them to refill with honey. It would now appear that much of this comb is put to another and far less commendable purpose; it is used to pass off a falsified article under the name of honey. The comb is refilled with a better kind of treacle, sold as "golden syrup," the sides of the skeleton frame enclosing the comb are covered in the usual way with glass, and to the eye of the purchaser cannot be distinguished from the genuine article. Of course it is offered to the unwary customer at a reduced price; but for all that the sophistication, or falsification, is, to say the least, a very improper one, although it may not in this instance be injurious to health.

The falsification and adulteration of honey is carried on in an unusually barefaced manner. Large quantities of what is sold as honey is neither more nor less than clarified treacle and simple syrup, worth about 2d. per lb. Glass jars are exposed for sale labelled "New Honey," the only portion of which taken from the beehive is the piece of honeycomb occupying the centre, and from which the honey has been previously extracted by the process referred to above.

#### Lady Student in Dublin.

LAST week the first lady-student who has entered the School of the Irish College of Surgeons took her place amongst her male *confères* quietly, and as one of themselves. The occasion was Mr. Thornley Stoker's anatomical lecture, and we are glad to say that the class made it obvious that they were gentlemen by their reception of the lady. They were, as may be supposed, hilarious upon her entry, but not one of them since her studies commenced has said a word which could be felt to be annoying or rude. We fully expected that the students of the College would have maintained their

self-respect, as those of the Steevens's School did when ladies formerly attended there, and we are quite sure that any lady-student who comes to the College School will not invite notice by any aggressiveness. The Professors have, with the consent of the College Council, made arrangements for a separate dissecting-room for lady-students, but all other studies will be in common.

### The Academy of Medicine.

THE Academy of Medicine in Ireland have elected as Honorary Fellows the undermentioned leaders in medical science:—Sir William Jenner, Bart., M.D., F.R.S., as representing Medicine; Mr. Jonathan Hutchinson, F.R.S., Surgery; Professor Emmett, of New York, Gynæcology; Mr. John Simon, C.B., State Medicine; Professor Ludwig, of Leipsic, Physiology; and Professor von Recklinghausen, of Strassburg, Pathology. It has been resolved that medical officers of the army and navy, as well as registered medical practitioners residing at a greater distance than fifteen miles from Dublin, shall in future be eligible to become Fellows of the Academy on payment of the entrance fee, and an annual subscription of one guinea.

The Councils of the Sub-Sections in Anatomy and Physiology and in Public Health were nominated in the past week. In the Anatomical Sub-Section there was a contest for the chairmanship, and Mr. Francis Tydd Heuston, of the Carmichael College, was chosen. Dr. Jacob was selected to occupy the Chair of the Public Health Sub-Section.

The irregular method in which these elections were conducted led, we understand, to a formal protest by a distinguished anatomist, who very naturally complained that, without his knowledge or consent, his name had been proposed as a member of the Sub-Sectional Council, and he had been thus subjected to the annoyance of being apparently passed over for an office which, in fact, he had already said unofficially that he could not accept if elected. The protest, we believe, has elicited an assurance from the President of the Academy that steps will, at the next general meeting, be taken to prevent a recurrence of such a *contretemps*.

THE governors of the Derbyshire General Infirmary have received the handsome legacy of £4,500 under the will of Mr. George Buxton, besides the smaller ones of £500 and £100 under other wills during the past few days.

## Department of Lunacy.

### ASYLUM REPORTS.—I. AMERICAN ASYLUMS.

*Utica Asylum.*—The number of admissions is over 50 per cent. of the number resident. The recovery rate is very low, about half the number of admissions consisting of cases passing into the chronic stage. Dr. Gray discusses the importance of early treatment, pointing out the immense difference in the ratio of recovery between recent and more confirmed maladies. A writ of *habeas corpus* was granted in one case in connection with which, as in all similar cases, the Superintendent as a matter of principle declined to appear personally, merely making the necessary legal returns and giving on oath his opinion of the mental condition. Dr. Gray does not consider it his duty to detain insane persons except under the full sanction of law; but he makes no reflection on the course taken in the present instance.

*Buffalo Asylum.*—This report is very interesting. Several topics are handled with intelligence and good sense. The Superintendent is an advocate of non-restraint, but is chary of introducing it in the extreme form of unlocked doors. He does not anticipate any further increase of happiness in his patients by such a risky venture. To his mind, happiness so marked as advocates of the open-door system discover in their patients is not a good prognostic sign; and he has found out what few of its advocates admit, that elopements (to use the American phrase) are much more numerous under this system. This is what might reasonably have been expected. On the attendant question, Dr. Andrews has some good things to say. Lectures were begun in October, 1883. "The rules are fully explained and the reason of them, and their importance stated. After this, lectures are given in physiology; hygiene, and the art of nursing: they are taught what to do in cases of accident or injury, how to control hæmorrhage, to perform artificial respiration, to count the pulse, to take temperatures, and to observe symptoms." A simple preliminary examination in general knowledge is required before attendants are admitted to trial. The experience as regards admissions and discharges is very much that of Utica.

*Bloomington Asylum, New York.*—Dr. Nicols does not give a lengthy report, as judged by the standard of the States. The character of the admissions was more gratifying than in the usual run, and the recovery rate is much higher than we find elsewhere. The nature of the institution is so different from the others as to render comparison useless.

*Western Pennsylvania Hospital.*—The Superintendent's report is full of business details, covering such ground as Ventilation, Changes in Heating Apparatus, Improvement of Grounds, Electric Lighting *versus* Gas, &c. Figures are produced to show that the electric system of lighting will effect a saving of nearly 50 per cent. in cost.

*Danvers Lunatic Hospital.*—The number of admissions is very large, but it is evident the asylum serves in great measure a probationary purpose. Its hospital uses are considerably minimised by overcrowding, and Dr. Goldsmith feels and speaks strongly on the subject. He advocates a system of classification for the insane of the commonwealth which includes as an essential a modified form of the Scotch custom of boarding-out. We shall look in future reports for his conclusions in the event of this scheme being adopted. The recoveries are very few.

*Warren, Penn'a.*—The Superintendent's report is an essay on treatment, medical hygiene, and moral, by no means elaborate or exhaustive, but in some respects original. He combats the too commonly accepted theory that the sovereign specific for nervous mental cases is exercise, and says that "to expect a person with a weak nervous system to strengthen that system by that which is constantly removing a certain amount of nervous power and force—the very thing they need—is one of these violations of common sense, &c." He is here near the truth, but has not grasped it completely. There are many mental cases which need not exercise, but rest and quiet and isolation, which are fretted, irritated, and intensified by undue exercise, or by association with others. Undoubtedly the exercise and work theories have been done to death.

*McLean Asylum, Mass.*—This Asylum, in combination with the Massachusetts General Hospital, has a training school for nurses. Nurses are furnished for private cases outside the Asylum, and inconvenience to the Asylum is thought lightly of. The presence of women as nurses in the men's ward is in vogue, and is said to be attended with satisfactory results. The report is interesting to those who are curious as to the practical side of the question of training attendants.

*The Mortality of Foreign Cities.*—The annual death-rates per 1,000 in the principal foreign cities, according to the last weekly returns communicated to the Registrar-General, are as follow:—Calcutta 26, Bombay 24, Madras 52, Paris 20, Geneva 13, Brussels 17, Amsterdam 20, Rotterdam 19, The Hague 21, Copenhagen 16, Stockholm 18, Christiania 24, St. Petersburg 22, Berlin 21, Hamburg 26, Dresden 19, Breslau 22, Munich 27, Vienna 21, Prague 30, Buda-Pesth 24, Trieste 28, Rome 22, Venice 26, New York 21, Brooklyn 19, Philadelphia 18, and Baltimore 18.

## France

[FROM OUR OWN CORRESPONDENT.]

**PROPHYLACTIC TREATMENT OF HYDROPHOBIA.**—At the Académie de Médecine, M. Pasteur made a lengthy communication on the results of his researches into the treatment, or, more professionally speaking, prophylactic treatment, of hydrophobia; and, from what he related, it will not be premature to assert that the worthy efforts of the eminent physiologist are destined to be crowned with success. At the commencement he said after his first experiments upon twenty dogs treated he was only enabled to render about fifteen refractory to hydrophobia, but since then, after multiplied attempts, he found a prophylactic method, ready and practical, which gave him such success and confidence that he did not hesitate to employ it on every animal, and even on man himself, as his last experiments testify. On the 6th of July last a young boy—Joseph Meister, Alsatian, *æt.* 9—was brought to him in a deplorable state from a ferocious attack by a rabid dog; his hands, legs, and thighs were extensively lacerated, and according to Prof. Vulpian, who examined him, he was fatally exposed to the disease. The dog, whose mouth was covered with blood and foam, was killed, and the autopsy revealed the presence of the virus. The death of the child appeared inevitable. M. Pasteur decided on trying his experiment, and for that purpose injected with a syringe of attenuated virus (fifteen days old) in the hypochondriac region. On the following days new inoculations were made, each of which was more virulent than its predecessor, until he reached the most virulent—that of a day old. Thus the patient not only escaped the rabies that was otherwise sure to follow the bite, but also that from the inoculations. Four months have passed since then, and the health of the boy is excellent. As will be seen, this first experiment on man has been attended with signal success, and M. Pasteur may well be congratulated on the benefit he has conferred on humanity. From the Académie de Médecine, as well as the Académie des Sciences, he has received the warmest thanks, and also the expression of admiration from all the lay press.

**ERYSIPELAS.**—At the Société de Chirurgie, M. Desprès congratulated himself on not following the modern ideas relating to the nature of erysipelas, which he regarded as a non-contagious disease. He considered the theories of M. Pasteur had a deplorable influence on clinical medicine. The microbe of erysipelas, as well as that of cholera, was still to be demonstrated, and those who defended the new light had no proofs worthy of attention to bring forward. M. Verneuil was of a contrary opinion, and insisted that in the cases he had cited in a previous meeting, proceeded from auto-inoculation, and which he styled erysipelas by repetition. M. Trelat, without rejecting the ideas of M. Verneuil, thought that the microbe theory was still surrounded with a good deal of obscurity. M. Desprès replied, and regretted that these discussions on microbes were tending to make them forget the great rôle that cold played in the development of erysipelas and many other diseases. He supplicated his colleagues to return to the good old opinions, asserting that time will justify his protestations.

**FRACTURE OF THE RIBS.**—At the Société des Hôpitaux, M. Desnos communicated two cases of fracture of the ribs resulting from muscular action. Both patients were elderly, and it was in a fit of coughing the fracture occurred. M. Hayem reported a case of excessive dilatation of the stomach

following a stricture of the duodenum from peritonitis. The *début* was marked by abdominal pain and the ejection of melæna, which led to the supposition of the existence of an ulcer. The autopsy revealed a stomach dilated to an extraordinary degree, and placed vertically in the abdomen; the cardiac extremity was hidden under the liver, while the pylorus touched the pubis.

**PROFESSIONAL JEALOUSY AND ATTEMPTED MURDER.**—Dr. Eustachy, who attempted the life of his *confrère* by sending him thrushes poisoned with atropine, as referred to in the last number of this journal, has been found guilty, and sentenced to eight years' penal servitude and deprivation of the Ribbon of the Legion of Honour.

## Glasgow.

[FROM OUR OWN CORRESPONDENT.]

**PRESCRIBING DRUGGISTS.**—It is a common complaint against druggists in Glasgow, even the most respectable of them, that they so frequently prescribe for ailments of which they are totally ignorant, doubtless in most cases to the detriment of the deluded patient. Yet, we were scarcely prepared for the following advertisement which appeared the other day in our contemporary, *The Glasgow Herald*, or for the abject position of the profession thereby implied.

**MEDICAL**—Address Wanted of Medical Man willing to Advise Druggist in Difficult Cases and grant Certificates; district west of Kelvin. State terms per consultation. —5253, Herald Office.

In working-class districts it may be contended with some show of excuse or palliation that it is impossible to avoid advising in many trivial ailments, but it is noteworthy from this advertisement that our enterprising druggist friend is in a district "west of the Kelvin," where few or no working-class population exists, and that he does not limit his "advice and medicine" to *trivial* ailments.

**GLASGOW LADIES' ASSOCIATION FOR DAY NURSERIES.**—The second annual meeting of this Association was held on the 12th inst. in the Religious Institution Rooms, Glasgow. Mr. J. Cleland Burns presided, and among others present were Sir Michael Connal, Professors Gairdner and McCall Anderson, Revd. Dr. Lang, Dr. Russell, &c. The Chairman, in introducing the business, remarked that it was only in recent years that the subject of the welfare of children had received attention in Glasgow where there were now four institutions in which nearly 12,000 children had already been received. This was not a pauperising institution. Every one who sent children to the nurseries paid so much, and last year they received £103. When they saw the labouring classes willing to pay such a sum they could conceive of the vast amount of good that was being done. What with widowers, deserted mothers, and mothers who had to earn their daily bread, these day nurseries were a great blessing to the community. The report of the treasurer showed that there was a balance from last year of £10. During the present year there had been collected £350 11s. 4d.; received as the proceeds from concerts, £145 8s.; children's fees, £103 2s. 9d.; making, including bank interest, £611 1s. 4d. The expenditure has been £443 19s. 5d., leaving a balance of £167 1s. 11d.

**ACCIDENT TO DR. FARQUHARSON, M.P.**—While Dr. Farquharson, M.P., was driving from Crathie to Ballater on Wednesday, the 11th inst., his horse became restive and plunged about, kicking viciously. The shafts of the dog-cart were smashed, and the doctor and a gentleman who

accompanied him were thrown out. The horse bolted down the hill through the village of Ballater, and was caught two miles further on. Dr. Farquharson was slightly bruised on the right foot, but was able to address a meeting at Ballater in the evening.

## Edinburgh.

[FROM OUR OWN CORRESPONDENT.]

**EDINBURGH ROYAL INFIRMARY.—RECENT APPOINTMENTS.**—At their last meeting, the managers of the Edinburgh Royal Infirmary unanimously appointed Dr. Skene Keith, F.R.C.S.E., to be assistant to his father, Dr. Thomas Keith, in the special wards of the Infirmary, devoted to ovariectomy and abdominal surgery. Dr. Skene Keith has had considerable experience, both in diagnosis and operating, and has just published most satisfactory statistics of his first fifty cases. The managers also appointed Dr. Francis Caird, F.R.C.S.E., assistant-surgeon to the Infirmary, in room of Dr. John Bishop, who has resigned. Edinburgh students will learn with pleasure of this well-deserved honour to one, who, in the capacity of assistant to the Professor of Surgery, has already done much for the teaching of surgery in Edinburgh.

**APPOINTMENT OF PATHOLOGISTS TO THE ROYAL INFIRMARY.**—At their meeting on Monday, the Managers of the Edinburgh Royal Infirmary appointed Dr. G. Sims Woodhead and Dr. Alexander Bruce, Pathologists to the Infirmary, in room of Dr. Byrom Bramwell, after whose resignation the post was divided. Both gentlemen are well known to the scientific world through their contributions to medical literature, and the Infirmary is to be congratulated on having obtained their services.

## DR. LYONS, M.P.

THE determination of Dr. Lyons to contest the Stephen's Green Division of the City of Dublin, which we announced last week, will involve an expense to him of about £600, which, under all the circumstances, would be an unreasonable burthen upon his private resources. Feeling this, his friends have started an Election Expense Fund, of which Dr. Mapother, 6 Merrion Square, has consented to act as treasurer, and we hope for a liberal response on the part of Dr. Lyons' professional brethren. We have already maintained the necessity and propriety of every medical voter supporting a medical candidate, irrespective of politics, and that support ought to be, not only by vote, but by contribution towards his expenses if needful, for which reason we hope to see the proposed subscription very successful.

IT has been announced by the Registrar of the General Medical Council that a slip containing some corrections which are requisite in the new edition of the British Pharmacopœia may be obtained, by those who do not already possess it, by application to the Office of the Council, 299 Oxford St., or to Messrs. Spottiswoode & Co.

WE note with satisfaction that Dr. Louis Fitzpatrick, son of the well-known Irish author, Mr. W. J. Fitzpatrick, J.P., who emigrated to Queanbeyan but a few years ago, has been appointed by the Governor in Council a magistrate for the Australian colony.

## ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AT a meeting of the Council held on Thursday last, November 12th, the President reported the result of the meeting of Fellows and Members held on October 29th, (*Medical Press*, Nov. 5th, pp. 426-7), and the resolutions carried at that meeting were submitted to the Council.

The Council thereupon unanimously resolved:—

1. That the Council think it not desirable to diminish the privileges of the Fellowship of the College by depriving Fellows of the exclusive rights of electing to the Council, and of being eligible to become members thereof.

2. That in the opinion of the Council it is quite impracticable for the Council to act upon the second resolution passed at the meeting of Fellows and Members, namely, "That, in the opinion of this meeting, no alteration in the constitution or in the relations of the College, or in any of its By-laws or Ordinances, shall be effected without the consent of the Fellows and Members convened to discuss the same."

3. That it be referred to the President and Vice-Presidents to prepare a statement to be laid before the next meeting of Fellows and Members. That it is advisable that such statement shall clearly convey the Council's decided opinion that it would not be for the good of the College that the Members generally should vote at the election of Members of Council, and shall explain the reasons for their opinion; and that the statement shall also include the reasons why it is impracticable to give effect to the second resolution of the meeting of Fellows and Members.

It was also decided to call an Extraordinary Meeting of the Council for Tuesday (yesterday,) at 4 p.m., for consideration of the Report of the President and Vice-Presidents, and other business.

Mr. Jonathan Hutchinson gave notice of the following motion: That the Council do take into consideration the proposals for widening the basis upon which the Fellowship is obtained.

The Council, on the report of the Committee of Management of the Colleges of Physicians and Surgeons, agreed to the addition of the Ceylon Medical College to the list of Medical Schools recognised by the Colleges.

## Literature.

### THE CAUSES AND THE PREVENTION OF BLINDNESS. (a)

THE existence of "The Society for the Prevention of Blindness and the Improvement of the Physique of the Blind" is, we venture to think, far from being generally known among us. We must confess to a previous ignorance of even its "local habitation and name." Nevertheless, the Society appears to have issued five annual reports, and the hon. secretary informs us that during these five years of life and work over 100,000 papers, prospectuses, reports, and pamphlets have been gratuitously distributed to the public. Moreover, we are now called upon to notice an interesting prize essay from the pen of the well-known professor of ophthalmology in the University of Liege, Dr. Ernst Fuchs, "On the Causes and the Prevention of Blindness." This essay made its *début* in Germany, and was so well received there that the Society was induced to prepare an English edition, which is to be followed by others in the French and Italian languages. A sum of £80 was awarded to the author, and as the Society is seeking only the prevention of blindness, the volume was originally issued at something just over cost price. The motive that actuated the Society in this matter is, we must admit, a highly praiseworthy one.

There are in England at the present time upwards of 30,000 blind persons, and the proportion of blind persons to the population of all European nations bears very nearly the same ratio, 1 in 1,000. It is a fact that these afflicted people owe their blindness, for the most part, to ignorance and neglect—ignorance of the necessity for cleanliness both as regard mother and child, of neglect of the commonest precautions at the time of birth, and of the great im-

(a) "The Causes and the Prevention of Blindness." By Dr. Ernst Fuchs. Translated by Dr. E. E. Dudgeon. London: Rullière, Tindall and Cox. 1885.

portance of obtaining the earliest and best medical advice; the consequence is that a simple blennorrhœa is too often converted into a destructive one. Dr. Fuchs' essay, then, is the outcome of the fourth International Congress of Hygiene, which met at Geneva some three years ago. At this meeting it was suggested that a prize should be offered for an essay on the causes of blindness, and it was at the same time decided to restrict its nature and scope—first, to “the causes of blindness,” embracing—*a*. The influence of heredity, diseases of parents, and consanguineous marriages; *b*. Eye diseases of infancy, various inflammations; *c*. School period, progressive myopia, &c.; *d*. General diseases, diatheses, various fevers, poisoning, &c.; *e*. Influence of occupations, accidents, and injuries, sympathetic ophthalmia, &c.; *f*. Social and climatic influences, infectious eye diseases, unwholesome, over-crowded, ill-lighted dwelling places, &c.; *g*. Defective or total absence of treatment of eye affections. Second.—The most appropriate preventive measures for these several groups—*a*. Legislative; *b*. Hygienic and professional; *c*. Pædagogic; *d*. Medical and philanthropic.

This, it will be seen, is a fairly good programme to work upon, and Dr. Fuchs, turning the matter over in his mind, came to the conclusion that he should best fulfil the intentions of the founders of the prize by keeping closely to the “causes of blindness,” a thorough investigation and knowledge of which being absolutely necessary for the framing of a rational prophylaxis of blindness. The causes of unpreventible blindness it is for obvious reasons quite unnecessary to do more than take a cursory glance at, while treatment, although usually forming an important part of prophylaxis, is, the author thought, invariably treated of in all manuals of eye diseases. It is for these reasons that those subjects occupy no large amount of space in his “Essay.” The object throughout has evidently been “to arouse the interest of all classes, lay and medical, in the war to be waged against blindness.” The subject matter of the Essay is throughout suggestive, and the argument employed is irresistible.

The volume commences with a definition of blindness, statistics of the causes of blindness from birth to youth, the inheritance of constitutional eye affections by consanguinity or otherwise of the parents. It then takes us to diseases incidental to the educational period, and this is the most interesting part of the book, the hygiene of the school-room being exhaustively treated throughout. The prophylaxis of myopia, and the general measures to be adopted for its amelioration are clearly explained, and rules laid down for its prevention and for the guidance of those who have to do with education and the hygiene of the school-room. Far too little attention is paid to this point; the consequence is, that injury accrues to health from ill-ventilated, over-crowded rooms in which the young are taught. Dr. Fuchs is of opinion that no child under six years of age should be sent to a public school. Children of a tender age are for other reasons far better cared for at home. Their shyness in the company of strangers induces them to sit for hours with their books close to the face and eyes; this is a frequent cause of short-sight. It has been said that female children are less liable to myopia than the opposite sex; this statement on closer examination receives no confirmation, and there is really no difference in this respect between the sexes. It is a fact, however, that myopia prevails to a greater extent in middle-class schools, the defective, insanitary condition of many of which is a reflection on our civilisation. There is an urgent need for a thorough overhauling of the private and public middle class schools of this country, but this will only come about when medical supervision of all schools becomes a recognised fact to those in authority. Dr. Fuchs cites the example set in this matter of medical inspection by Belgium and other Continental states. In Brussels for many years a regular medical inspection has been made and a report periodically presented three times a month by the visiting surgeon of the Educational Minister. This excellent example has been followed in France, Holland, and Germany, and one is tempted to ask why it has not found favour in England, where both children and teachers possibly suffer less from overwork than from insanitary arrangements. With reference to infectious eye diseases, fixed rules have been laid down, but these require proper inspection and medical supervision. Dr. Fuchs dwells upon the necessity for preventive measures at all times, and in all cases; but

first and foremost he looks for a diminution of the causes of blindness, in the education of the people and a proper acquaintance with the fundamental principles of hygiene; in addition to which, he hopes by the spreading of knowledge among the heads of families as to the relative prevalence of certain important diseases, and which by proper care would become less destructive, if not altogether innocuous, or stamped out. The diseases more particularly referred to are blennorrhœa of new-born infants, trachoma, myopia, and school injuries of the eye.

As to the methods of study pursued in this and other countries, Dr. Fuchs is loud in his denunciations of a certain laxity which he has generally observed. No especial instruction is enforced by the medical schools because the examining bodies do not fully recognise the great importance to the student of a perfect knowledge of eye diseases. Every medical student should be required to show a practical, not a theoretical, acquaintance with ophthalmic surgery. This undoubtedly would be a step in the right direction. Dr. Fuchs is, however, mistaken in his supposition that, although there are eye departments in connection with the large hospitals of England, no regular lectures on ophthalmology are delivered. This is no longer the case, whatever it might have been some years ago. No better teaching can be had—no better surgery seen anywhere—than is now to be had and seen in the hospitals of Great Britain. The College of Surgeons of England, we believe, expects every candidate for its diploma to come prepared with a practical knowledge of the eye and of its diseases.

The introduction of the ophthalmoscope gave an extraordinary impetus to the study of ophthalmology in this as in every other country, and the student is naturally anxious to obtain a practical acquaintance with it, as he thereby secures a better knowledge of cerebral affections. Dr. Fuchs believes the public for many reasons to be a gainer by special eye hospitals, indeed, he is of opinion that these institutions are not numerous enough. Eye hospitals should be accessible to the poor in every crowded district, to ensure which any government would, he says, be wise in making liberal grants towards their support, or a paid oculist might be attached to each Poor-law dispensary throughout the metropolis and to all large centres of industry. This last suggestion would be the better; because parochial dispensaries come directly under the direction and supervision of the Local Government Board; the most rational organisation of sanitary matters with which Dr. Fuchs has become acquainted, since it unites under one directing authority a trained band of officials prepared at all times to carry out the behests of the head, acting in concert for the good of the community at large. This Board might be made one degree more perfect if “an oculist or specialist acquainted with the hygiene of the eye, had a seat and a voice on the board.”

The experience already gained by the “Society for the Prevention of Blindness” induces its members to believe “that the occurrence of certain eye diseases can be prevented with an almost absolute certainty.” The blennorrhœa of new-born infants, for instance. Efforts, however, are needed to induce the public to take up and fully discuss questions bearing on the prevention of blindness. This, indeed, is the *raison d'être* of the existence of the Society.

The State, or Government, has literally done nothing whatever for the prevention of blindness. Nevertheless, the question is not merely a humanitarian one, for it is to all intents and purposes a political economical one of the greatest possible importance. “The burden of the support of the blind falls, with few exceptions, on their seeing fellow-countrymen. This burden is by no means a light one. In Europe there is on an average one blind person to every 1,000 of the population, which will give a total of 311,000 blind. If the daily cost of these per head be only tenpence, this implies a yearly cost of upwards of £4,520,000. If, on the other hand, we allow that one-third of all the blind—that is, 103,666 persons—would, if they could see, earn 1s. 8d. per day, this, reckoning 300 working days, would give £2,480,000. Were we only successful,” adds Dr. Fuchs, “in preventing the certainly preventible cases of blindness, this would amount, following the least favourable estimate of Cohn, to one-third of all the blind, and there would be about 100,000 fewer blind persons in Europe. Who can estimate the amount of suffering and distress connected with those 100,000 cases of blindness? The philanthropist can set himself no more worthy task than to contribute to the diminution of this vast amount of misery. The State would

greatly gain thereby, for, according to the above estimate, it would save or gain more than £1,080,000 annually in the cost of maintenance of the blind, and this sum would pay twice over, the outlay necessary for prophylactic measures."

Dr. Fuchs is thoroughly imbued by the importance of his subject, and his essay is therefore essentially practical in its aim, and he is most anxious to impress upon his readers that the prevention of blindness is of primary importance, and he looks to the general practitioner to assist him in his warfare against ignorance, superstition, and prejudice. He also expects hygienists, philanthropists, political economists, and the State, to lend a helping hand in the work. We cordially commend Dr. Fuch's essay to the notice of the profession and the public. No one will rise from its perusal without having derived many useful hints and much profitable instruction from its pages.

One word as to the work of translation: this could scarcely have fallen into better hands than those of Dr. Dudgeon.

### Obituary.

#### DR. CAHILL, BALLINGARRY.

THIS estimable gentleman, who has frequently contributed to these columns, died suddenly on the 8th inst. He had long suffered from sleeplessness, for relief from which he had resorted to the use of chloral and sedative hypodermics, and it is supposed that he—inadvertently—repeated the doses too rapidly, and thus produced fatal coma.

Dr. Cahill was only four years in practice, but had already achieved success, and being in the enjoyment of independent means, had intended offering himself as a candidate for Parliamentary honours at the coming election.

He was an accomplished German scholar, and well forward in all subjects of medical literature.

### Correspondence.

#### ANDERSON'S COLLEGE, GLASGOW.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As a student of Anderson's College of last winter I can bear you out in your statement which appeared in the *Students' Number*, that "complaint is made by students that there is no regular demonstrator of anatomy to supervise the dissecting of junior students." I personally experienced this want, and if "you have been misinformed on this subject," it has been by your correspondent "Student" of the 4th inst., who endeavours to contradict your assertion. The "demonstrations" he alludes to were what is known as the Senior Anatomy Class, which had nothing whatever to do with the work of the dissecting-room.

I am, Sir, yours, &c.,

ANOTHER STUDENT.

### Medical News.

**Royal College of Surgeons of England.**—The following gentlemen, having passed the required examinations, were admitted Licentiates in Dental Surgery at a meeting of the Board on the 6th inst.:

Richard Saxter Booth, Edward Pymont Collett, Allan Lindsay Goadby, Albert Helyar, Louis Jeffery, John Maberly, Robert May, Harold Murray, William Palethorpe, Samuel Edward Pedley, George Oliver Richards, Robert Wynne Rouw, Louis Edwin Sexton, Tom Gill Williams.

**College of Physicians in Ireland**—At the October examinations the following candidates, having passed the required examinations, obtained the Licences in Medicine and Midwifery of this College:—

*Medicine.*—Clarinda Boddy, Ambrose Edward Ignatius Birmingham, William E. Le Fanu Hearn, Gerald Beatty Irvine, R. D. Purefoy.

*Midwifery.*—Joseph Thomas Daly, Ambrose E. Birmingham, John Cuthbert, Edward Wolfenden Gray, Gerald Beatty Irvine, William Edward Le Fanu Hearn, William Ross Knight, James Alexander Lindsay, Edward Leslie Pooler, Richard D. Purefoy, Thomas Walton Dwyer.

The undermentioned was admitted a Member:—

Theophilus William Trend.

**Royal University of Ireland.**—The following Exhibitions and Honours have been awarded by the Vice-Chancellor of the University:—First Examination in Medicine: Exhibitions—Second Class (£15), J. W. C. MacPherson. Honours—Second Class, J. W. C. MacPherson. Second Examination in Medicine: Exhibitions—Second Class (£20), Special Prize (£25), Wm. H. Thompson. Bachelor of Medicine: Exhibitions—First Class (£50 each), Ralph B. Mahon (disqualified by University standing), and John J. Redfern; Second Class (£25 each), Daniel McDonnell and Henry A. Cummins. Honours—First Class, Ralph B. Mahon and John J. Redfern; Second Class, Daniel McDonnell and Henry A. Cummins. Master in Surgery: Honours—First Class, W. J. R. Knight, Daniel McDonnell, and Benjamin Sumner. Master of Obstetrics: Honours—First Class and Special Prize of £20, John J. Redfern. Pass: W. S. H. Brand, Andrew Buchanan, Henry A. Cummins, M. H. Curtin, William A. Fogerty, John F. Haines, James S. Lyttle, Daniel McDonnell, John Menary, William R. Scott, Andrew S. Thompson, and William A. Whitelegge. Diploma in Sanitary Science: Robert Barry and F. H. S. Murphy. The Dr. Henry Hutchinson Stewart Scholarship for Proficiency in the Treatment of Mental Diseases: Patrick A. Daly. Special Prize of £25, William H. Thompson.

**Vital Statistics.**—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 19.9 per 1,000 of their population, and were—Birkenhead 23, Birmingham 16, Blackburn 24, Bolton 28, Bradford 16, Brighton 13, Bristol 20, Cardiff 19, Derby 16, Dublin 23, Edinburgh 14, Glasgow 24, Halifax 13, Huddersfield 17, Hull 16, Leeds 18, Leicester 15, Liverpool 24, London 18, Manchester 27, Newcastle-on-Tyne 22, Norwich 20, Nottingham 20, Oldham 26, Plymouth 26, Portsmouth 20, Preston 33, Salford 18, Sheffield 19, Sunderland 15, Wolverhampton 20. The highest annual death-rates in these towns last week from diseases of the zymotic class were—From measles, 1.1 in Manchester, 1.2 in Liverpool, and 2.7 in Newcastle-upon-Tyne; from scarlet fever, 1.1 in Leeds; and from "fever," 1.2 in Portsmouth, and 1.7 in Norwich. Of the 31 deaths from diphtheria, 16 occurred in London, 3 in Liverpool, and 3 in Birmingham. Small-pox caused 3 deaths in London and its outer ring, 1 in Glasgow, and 1 in Liverpool.

**The War in the Soudan.**—A Loan Collection of Egyptian and Soudanese arms, accoutrements, and relics was opened on Thursday last in the Grand Saloon of Drury Lane Theatre. Lord Wolseley has sent, among other things, the chain armour given him by the Khedive, and Arabi's pistols; Sir Gerald Graham contributes the kourbash given him as a parting present, and Osman Digna's Koran; Admiral Hewett exhibits his Abyssinian robes of honour; Colonel Kitchener (now on his road to Zanzibar) lends his Arab costume and a piece of carpet from Gordon's room at Khartoum; Lord Dundonald's and Colonel Paget's trophies; Mr. Villiers', Mr. Prior's, and Mr. Caton Woodville's sketches, and Colonel Eaton's famous medals; and Major Pigott's famous hog-spear which led the "D" company of mounted infantry to victory has been promised. There is to be a reproduction of Arabi's cell, with the original furniture, a field pump by Messrs. Merryweather, and a field post-office from Colonel du Plat Taylor. Hardly a Soudan hero, combatant or non-combatant, has failed to send his offering to the military show at the national theatre, which doubtless many will be glad to inspect, as it is quite free, when on a visit to the metropolis.

#### OPERATION DAYS AT THE LONDON HOSPITALS.

**MONDAY**—Hospital for Women, 2 p.m.—Metropolitan Free, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Orthopaedic, 2 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Mark's, 2 p.m.—Chelsea Hospital for Women, 2.30 p.m.

**TUESDAY**—Cancer Hospital, Brompton, 3 p.m.—Guy's 1.30 p.m.—St. Mark's, 9 a.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Westminster, 2 p.m.—West London, 3 p.m.

**WEDNESDAY**—Great Northern, 2 p.m.—London, 2 p.m.—Middlesex, 1 p.m.—National Orthopaedic, 10 a.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, .30 p.m.—Samaritan Free Hospital for Women and Children, 2.30 p.m.—St. Bartholomew's, 1.30 p.m.—St. Mary's, 1.30 p.m.—St. Peter's, 2 p.m.—St. Thomas's, 1.30 p.m.—University College, 2 p.m.

**THURSDAY**—Central London Ophthalmic, 1 p.m.—Charing Cross, 2 p.m.—Hospital for Diseases of the Throat, 2 p.m.—Hospital for Women, 2 p.m.—London, 2 p.m.—North-west London,



2.80 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.80 p.m.—St. George's, 1 p.m.—Chelsea Hospital for Women, 2 p.m.  
**FRIDAY**—Central London Ophthalmic, 2 p.m.—East London Hospital for Children, 2 p.m.—Guy's, 1.80 p.m.—King's College, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal South London Ophthalmic, 2 p.m.—Royal Westminster Ophthalmic, 1.80 p.m.—St. Thomas's (Ophthalmic Department), 2 p.m.  
**SATURDAY**—King's College, 1 p.m.—London, 2 p.m.—Royal Free 9 a.m. and 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic 1.80 p.m.—St. Bartholomew's, 1.80 p.m.—St. Thomas's, 1.80 p.m.

## Notices to Correspondents.

**LOCAL REPORTS AND NEWS.**—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

**DR. GRIFFITH.**—We will give your case the earliest publicity possible, having regard to others who have been long waiting for space.

**DR. JAMES (Edinburgh).**—The list of officers appeared in our last issue, page 459.

**DR. W. W.**—It looks simple on paper, but in practice it has been found very much the reverse.

**ENQUIRER.**—The "discovery" of Prof. Charcot may or may not be like a good many others that have preceded it; time and results alone will show. A Dr. G. R. de Stefano wrote us in December, 1878, that he had "discovered an efficient and permanent cure for hydrophobia," but nothing came of it.

### THE M.D. AND THE DOUBLE QUALIFICATION OF THE LONDON COLLEGE.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

**SIR,**—You will have observed that, at a recent meeting of the Fellows of the College of Physicians, the propriety of providing a diploma in medicine for English students was recognised by a formal and almost unanimous vote, and directions were given to prepare a scheme whereby this end might be attained. We are thus entitled to hope that the bases of such a scheme will shortly be laid before the profession. I am, however, informed on good authority that the measure is in no sense to be retrospective, and in view of the flagrant injustice which would result to those of us already qualified from the omission, it behoves us to unite to urge upon the united Colleges the propriety of making our admission part of the scheme.

I beg, therefore, to propose that a committee be formed for the purpose of organising a petition to this effect, the expenses connected with which would be met by a small subscription (6s. 7) from gentlemen who are prepared to adhere to the programme. Such committee would meet at an early date, and settle the *modus operandi*.

I am, Sir, yours, &c.,  
 ALFRED S. GUBB, L.R.C.P., M.R.C.S.

14 College Park Terrace, Kensal Town, W.,  
 November, 1885.

**MR. AVORY.**—The question is not one with which we can deal without first being supplied with complete details of the case which has given rise to it. No doubt the circumstances were a sufficient justification of the course pursued; but we must have an opportunity of forming a judgment in this connection before proceeding to comment on the occurrence.

**DR. LAWFORTH.**—The higher rate is the one more usually accepted. 180 beats in the minute would be unusually rapid, even in an infant; the normal rate of the heart's pulsation of the fetus *in utero* is 140.

**DR. GLAYTON.**—Strychnia is the most suitable medicine for restoring tone to the intestines. It may be prescribed either in pill or mixture. A useful prescription is the following:—

Ext. nucis vom., gr. vi.;  
 Ext. rhei, gr. ix;  
 Aloes Barb., gr. ix.

Mix well, and make twelve pills, one to be taken at bed-time.

**F. E. B.**—The rules of the hospital clearly define the qualifications which candidates for the vacant post must possess, and we do not see upon what grounds you can consider yourself aggrieved, since by your own showing you are ineligible to become a candidate. You will certainly be acting most unwisely to challenge the decision which has been pronounced.

**MR. FORDHAM.**—The operation is both difficult and dangerous in the extreme. The cases requiring it are likely to be such as are quite hopeless of cure by any means, and if seen when hopes of cure could be entertained a less formidable operation would offer equally favourable chances of success. For these reasons it is generally recognised that the one you mention is unjustifiable.

**MR. RIDEAL (Medical Defence Union).**—We have already drawn editorial reference to your Society. It now remains for the profession to support or disregard its aims and objects.

**MR. GARDNER (St. Bartholomew's).**—Received too late for present issue.

**MR. EASTHAM.**—The two Colleges are acting jointly in the matter, and are, of course, together finding the funds. The present is not the time to discuss the question you seek to raise; no decision arrived at now would be proof against criticism, and at any moment circumstances might arise to render a complete reversal necessary.

**DR. WHITEHEAD.**—We have purposely avoided all reference to the matter hitherto from a feeling that it would be improper to prejudice professional opinion pending the decision of the tribunal before which the question will ere long be necessarily discussed. In common with all who have considered it, we entertain the profoundest regret that such a circumstance should have arisen and become the subject of popular comment.

## Meetings of the Societies.

WEDNESDAY, NOVEMBER 18TH.

**HOSPITALS ASSOCIATION.**—At 8 p.m., Dr. J. C. Steele, Cholera and the Hospitals.

**SOCIETY OF ARTS.**—At 8 p.m., Opening Address by the President, Sir Frederic Abel, C.B., D.C.L., F.R.S.

THURSDAY, NOVEMBER 19TH.

**HARVEIAN SOCIETY OF LONDON.**—At 8.30 p.m., Harveian Lectures by Dr. T. Buzzard, On Some Varieties of Paralysis dependent upon Pheral Neuritis.

FRIDAY, NOVEMBER 20TH.

**ACADEMY OF MEDICINE IN IRELAND (Medical Section).**—At 8 p.m., Some Introductory Remarks by the President.—Papers: Deputy Inspector-General Burke R.N., Some Suggestions on the Treatment of Cholera.—Dr. J. W. Moore, An Instance of True Relapse in Enteric Fever.—Mr. Arthur Benson, Embolism of a Branch of the Central Artery of the Ectypa (patient exhibited).

**SOCIETY OF MEDICAL OFFICERS OF HEALTH.**—At 8 p.m., Dr. Heron Koch's Cholera Organism (with demonstrations).

WEDNESDAY, NOVEMBER 25TH.

**BRITISH GYNÆCOLOGICAL SOCIETY.**—At 8.30 p.m., Specimens will be shown.—Dr. Purcell, On a Case of Intra-Uterine Amputation of the Uterus.—Dr. R. T. Smith, On Trachelorrhaphy.

## Vacancies.

**Birmingham—Children's Hospital.**—Assistant Resident Medical Officer. Salary, £40 per annum, with board, &c. Applications, with testimonials, to the Secretary not later than December 1.

**Bristol General Hospital.**—House Surgeon. Salary, £120 per annum, with board, &c. Applications to the secretary before Dec. 2.

**Durham County Hospital.**—House Surgeon. Salary, £100 a year. Applications, with testimonials, to the Hon. Sec. not later than November 27.

**Manchester—Owens College.**—Lectureship in Medical Jurisprudence. Applications, with testimonials, to the Registrar not later than November 30.

**National Hospital for the Paralysed and Epileptic, Bloomsbury.**—House Physician. Salary, £100 per annum. Applications, with testimonials, on or before November 21.

**St. Marylebone General Dispensary.**—Resident Medical Officer. Salary, £105 per annum, with furnished apartments, &c. Applications, with testimonials, not later than November 30.

**Tiverton, Devon.**—House Surgeon for Infirmary. Salary, £100. Applications, with testimonials, to the Hon. Treasurer, Stuckey's Bank, Tiverton, at once.

## Appointments.

**BURD, E. L., B.A. Cantab., M.R.C.S.,** Clinical Assistant to the Royal Westminster Ophthalmic Hospital.

**BUSA, J. P., M.R.C.S., L.S.A. Lond.,** Assistant Surgeon to the Bristol Royal Infirmary.

**COLLINS, A. W., L.R.C.P. Lond., M.R.C.S.,** House Surgeon to the Liverpool Royal Infirmary.

**DICKSON, J. D., M.D. Q.U.I., M.Ch.,** Medical Officer for the Blaham District of the Cookham Union.

**GEMMELL, J. E., M.B., C.M. Ed.,** House Physician to the Liverpool Royal Infirmary.

**HARRIS, J. C., L.R.C.P. Ed., L.R.C.S. Ed.,** Medical Officer for the Aveyley District of the Orsett Union.

**LLEWELYN, D. W. H., L.R.C.P. Lond., M.R.C.S.,** Medical Officer for the Eighth District of the Tonbridge Union.

**NUNN, J. E., M.R.C.S.,** Medical Officer for the Stock and Bradley District of the Uroitwich Union.

**RANDALL, W., L.R.C.P. Ed., M.R.C.S.,** Medical Officer of Health for the Bridgend Urban Sanitary District, Glamorganshire.

**RICHMOND, S., M.D. Ed., M.R.C.S.,** Medical Officer for the Fourth District of the Dartford Union.

**SIMMONS, H., M.R.C.S.,** House Physician to the Royal Hospital for Diseases of the Chest, City Road.

**SOUTHCOMBE, A. G., L.R.C.P. Lond., M.R.C.S.,** Medical Officer for the Long Preston District of the Settle Union.

## Births.

**CORFIELD.**—November 14, at 10 Bolton Row, Mayfair, London, W., the wife of Professor Corfield, M.D. Oxon., of a son.

**JENKINS.**—November 10, at Waverley Road, Redland, Bristol, the wife of J. H. Jenkins, M.R.C.S.E., L.R.C.P., of a son.

## Deaths.

**ARMSTRONG.**—November 4, at Park Place, Gravesend, John Christopher Armstrong, M.R.C.S., L.S.A. Lond., aged 47.

**CAHILL.**—November 9, at Ballingarry, Callan, suddenly, Dr. Thos. Edmond Cahill.

**CAMERON.**—September 27, at Adelaide, South Australia, Surgeon-Major John Cameron, M.D., Bengal Army.

**CARPENTER.**—November 10, at his residence, from the effects of an accident, William B. Carpenter, M.D., C.B., F.R.S., aged 72.

**HENLEY.**—November 9, at Combe Down, Bath, Thos. Leaman Henley, M.R.C.S., L.S.A. Lond., late of Croydon, Surrey, aged 64.

**IRVING.**—October 22, at Rocklands, Silems, Malta, Geo. Clerk Irving, Surgeon-Major, Medical Staff, second son of the late Major-General Alexander Irving, C.B., R.A., aged 39.

**OLGIN.**—November 10, after intense suffering, at 45 Albany Villas, Brighton, Joseph Olgin, M.R.C.S.E., of Rosario de Sta. Fé, South America, deeply regretted.

**WELDON.**—November 13, at 227 Brompton Road, London, S.W., after a few days' illness, Beatrice Ellen, wife of George Weldon, M.D.

# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 25, 1885.

CONTENTS.		PAGE	PAGE
<b>ORIGINAL COMMUNICATIONS:</b>			
On Chorea By David Goyder, M.D., Hon. Physician to the Bradford General Infirmary; President of the Bradford Medico-Chirurgical Society .....	483	<b>TRANSACTIONS OF SOCIETIES.</b>	
The Etiology and Treatment of Cholera. By P. C. Little, F.R.C.S.I., &c. ....	486	<b>WEST LONDON MEDICO-CHIRURGICAL SOCIETY—</b>	
Notes of Cases of Scirrhus of the Breast in Private Practice, with remarks on the Etiology of Cancer, chiefly as to Local and Mental Causes. By Frederick H. Alderson, M.D., Vice-President of the West London Medico-Chirurgical Society .....	487	The Theory of Cancerous Inheritance ..	491
		<b>MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH—</b>	
<b>CLINICAL RECORDS.</b>		The Medical Arrangements of an English Army Corps in War, and the Shortcomings of the existing Volunteer Medical Service .....	492
Case of Hematuria in a Man, followed by Suppuration. By Alfred J. Gubb, I.R.C.P., M.B.C.S., late Resident Medical Officer, French Hospital, London....	490	<b>THE MEDICO-PSYCHOLOGICAL ASSOCIATION—</b>	
Hospital for Sick Women and Children, Pimlico.—Case of Glycosuria. Under the care of G. de G. Griffith, I.R.C.P., late Senior Physician to the Hospital for Women and Children, Pimlico: Physician to the Hospital for Sick Women and Children. (Reported by Miss Pearse, Clinical Clerk) .....	490	Some Points in Irish Lunacy Law.....	492
		<b>THE ABERNETHIAN SOCIETY—</b>	
		Varicella .....	492
		<b>LEADING ARTICLES.</b>	
		<b>THE GENERAL MEDICAL COUNCIL.....</b>	493
		<b>CHOLERA AND THE HOSPITALS .....</b>	494
		<b>A DOUBTFUL OPINION .....</b>	495
		<b>NOTES ON CURRENT TOPICS.</b>	
		Mussel Poisoning.....	496
		Church Collection for the Edinburgh Royal Infirmary.....	496
		The German Society of Naturalists and Physicians, 1886.....	496
		<b>ANTI-VACCINATION .....</b>	498
		<b>Criminal Charges against Medical Men ..</b>	498
		<b>Charcot on Hysteria.....</b>	497
		<b>The Medical Aid Society.....</b>	497
		<b>Royal College of Surgeons of England.....</b>	497
		<b>The Dead Letter Acts.....</b>	497
		<b>SCOTLAND.</b>	
		<b>GLASGOW .....</b>	498
		<b>NEW INVENTIONS.</b>	
		<b>New Aural Inflator, Evacuator, and Injector. By J. Ward Cousins, M.D. Lond., F.R.C.S., Senior Surgeon to the Royal Portsmouth Hospital, and to the Portsmouth and South Hants Ear and Eye Infirmary.....</b>	490
		<b>LITERATURE.</b>	
		<b>Barnes' Obstetric Medicine and Surgery..</b>	500
		<b>CORRESPONDENCE.</b>	
		<b>M. Pasteur's Prophylactic for Hydrophobia .....</b>	500
		<b>An Outbreak of Vaccinia .....</b>	511
		<b>The Tenure of Workhouse Appointments in Ireland .....</b>	501
		<b>NOTICES TO CORRESPONDENTS.....</b>	502

## Clinical Address

ON

### CHOREA. (a)

By DAVID GOYDER, M.D.,

Hon. Physician to the Bradford General Infirmary; President of the Bradford Medico-Chirurgical Society.

THE increase of nervous disorders during the last quarter of a century has been recognised by many medical observers and thinkers. Nor is there any mistake in attributing this increase to the hurry and worry, the wear and tear of commercial and professional callings. Success in any sphere implies intense activity of mind and body. The acquisition of wealth and of knowledge to that end having become the main purpose of life. This increase, moreover, does not terminate with those of adult age, but is transmitted to their offspring, whose nervous systems are rendered more sensitive, and their physical powers less capable of resistance, to the onset of such disease.

Whether in the special neurosis which forms the subject of this paper the foregoing causes are operating or not, it is certain that chorea has increased to my own knowledge within the last decade. The importance of the subject has been recognised by the British Medical Association, and its special committee of investigation has instituted a collective inquiry into the causes and nature of this affection. The occurrence of a series of cases in the in-patient department of this infirmary for the last two years has directed my attention specially to the subject and determined me to formulate in this address the views I have been led to entertain of its pathology and varieties.

It is not my intention to quote the past history of this affection further than to say that it was known in ancient times, and was attributed to demoniacal possession; it was epidemic in the Middle Ages, and as late as 1763 pilgrimages conducted by priests were made in Germany

(a) Presidential Address delivered before the Bradford Medico-Chirurgical Society, on October 6th, 1885.

to the shrines of saints, especially that of St. Vitus, in order that the evil spirits might be exorcised and the patients cured.

Sydenham was the first medical authority to describe the disease distinctly and to recognise its cerebral origin. The fact of its having been epidemic is worthy of notice; the motions in a seriously affected subject when witnessed by impressive children certainly upset the nervous control and excite the disease. An instance of this imitative effect I shall adduce hereafter.

I have already hinted at the possible hereditary transmission of neurotic tendencies. In the case of chorea, such tendency will take effect in early life, when the brain is tender, transitional, and impressionable, and whatever heightens the nervous sensitiveness will predispose the more certainly to such attacks.

The exciting causes of chorea are numerous, but by a careful study and differentiation of them they can mostly be classified under four heads. They are—*a*. The Rheumatic; *b*. The Anæmic; *c*. Purely Nervous; and *d*. Imitative.

The character of the exciting cause furnishes no measure of the intensity the chorea may assume, for it may be mild or severe, protracted or short, whatever the cause. As we shall see, the disease is mixed up sometimes with constitutional affections, and apart from the nervous element these may injuriously affect the after-health. Strictly speaking, the first two classes involve rheumatism and anæmia, and these being blood diseases, they act secondarily in inducing chorea. The two latter, which arise from shock and imitation, are primary in their action, because they affect the nervous centres directly.

The data from which I shall speak are furnished in 31 cases of chorea, which have been treated as in-patients of this infirmary. These cases have been tabulated by Dr. Phillips and Mr. Carter, the past and present house physicians, and to their care and attention I am indebted for the histories and particulars of the treatment of each.

Eleven of these 31 cases came under my own care, and to several of them I shall allude in the course of these remarks. Let it be understood, however, that these 31

cases constitute by no means one-half of all those treated at the infirmary in the last two years. At least 13 have been treated as out-patients for every one admitted, the severity of the attack being the ground of admission into the wards. The total number of cases treated during two years, as out- and in-patients, will therefore be nearer 120 than 30, and this fact will give you some idea of the prevalence and importance of the affection.

Leaving the statistics of text-books and other observers, let me glance at the general conclusions which a consideration of these 31 cases furnish:—

*Statistics*:—Of the 31 cases treated, 6 were males and 25 females, or an average of 4 females to one male. The ages varied from 5 to 18 years, 7 being above 15. The average ages were—for males 13½, and females 10½.

The total time over which the 31 cases were treated amounted to 171 weeks, the longest period being 20 weeks and the shortest 2, the average being 5½ weeks for each.

The periods of treatment of the others are as follows:

For 10 weeks	..	..	..	2
" 9 "	..	..	..	2
" 8 "	..	..	..	3
" 6 "	..	..	..	1
" 5 "	..	..	..	5
" 4 "	..	..	..	10
" 3 "	..	..	..	4
" 2 "	..	..	..	3

Of the 31 cases, 28 were primary attacks and 3 cases had had previous attacks.

The various causes assigned for the chorea are as follows:—

6 were purely of rheumatic origin, that is, about 1-5th, or about 20 per cent.

6 were without rheumatic history, but had heart murmurs, the causes being tabled as debility or anæmia. These also give an average of 20 per cent.

In 14 cases the causes were unknown, but the treatment was framed according to the state of the patients when first examined. A consideration of this permits their proportional division under the heads I have given, and does not alter the percentages already, or about to be, stated.

Of purely nervous causes 8 cases were returned. Of these 4 were from over-pressure, or fear of, or from, school duties; 3 were from fright; and 1 from imitation. The nervous cases thus show about 26 per cent.

The ages during which all these cases developed chorea—namely, from 5 to 18 years—marks the period of life when the nervous and bodily powers expand most quickly—the period from second dentition to puberty in the male, and menstruation in the female.

Of 31 cases, 8 had cardiac murmurs. 3 of these, or about 10 per cent., were mitral systolic of rheumatic origin; the other 5, or about 17 per cent., may be classed as anæmic bruits.

An examination of the cases individually discloses the fact that those complicated with rheumatism, if not the most violent, were the most prolonged, and involved the most serious consequences. The case under treatment for twenty weeks was one of acute rheumatism, with mitral insufficiency and albuminuria. Those under treatment for ten weeks had both cardiac murmurs, one of them acute rheumatism, and the other a history of the same. Of those under treatment for nine and eight weeks, all had cardiac murmurs, but the causes were referable to debility or anæmia. Thus also the existence of cardiac complication, whether rheumatic or not, tends to prolong cholera, and this fact should be noted. The results of treatment in the whole of the cases were the relief or cure of the chorea. There were no deaths, although, as we shall have occasion to show, some of the cases were of extreme violence.

**MOVEMENTS AND GENERAL SYMPTOMS.**—Let us now take a rapid glance at the movements and symptoms of cholera. Opportunity has been afforded to observe the order of the invasion of choreic movements in cases which

have been slowly developed; but it is questionable whether the same order exists in cases of sudden onset. The movements were first noticed in one hand, then twitchings occurred on the same side of the face; next the opposite hand became affected, then twitchings on the other side of the face. These motions gathering force, were followed by jerkings of the feet and legs, then by sudden twists of the upper arms and shoulders, and finally by contortions of the abdominal muscles, though these invariably suffered in a less degree.

The nature of the movement is an irregular contraction of one or a group of muscles, partaking of the character of a sudden spasm, and ceasing as quickly as it is initiated, to be succeeded by similar violent action in other parts. Thus the face and mouth are screwed into a grimace, the tongue is twisted and thrust into the cheek. The hand is pronated, and with fingers extended, and at all angles, the whole arm is jerked over the breast. The leg follows suit, and is lifted, let fall, or flexed over its fellow, &c., &c. The muscular spasms succeed each other in no definite order or continuance, but as the case proceeds the body is ultimately thrown into violent action and contortion. These movements, though often observed as unilateral, generally affect both sides of the body, but the special violence of those on one side obscures the lesser action of the other.

The muscles affected in chorea are the voluntary, those of involuntary life rarely suffer. It is to be observed also that the classes of muscles chiefly involved are those employed in operations of dexterity, in the expression of the sentiments and feelings, and in rapid locomotion and progress—just those, in fact, which answer most readily to the growing demands of the educational period of life; thus the fingers, hands, forearm, face, and the foreleg and feet.

Some observers say that the semi-voluntary muscles, those partly influenced by the pneumogastric nerve, viz., the heart and chest, are implicated, the latter being exhibited in irregular and jerky breathing, and the former by endocardiac mischief: but the irregular and sighing breathing is rather due to exhaustion, and endocarditis is rarely, if ever dissociated from rheumatic chorea. Moreover, in chorea the larynx is rarely, and the pharynx never affected. Yet the pneumogastric supplies branches to both. The immunity of the latter, therefore, argues the freedom of the former as well as the non-involvement of the pneumogastric centre at its situation in the medulla. Like the pharynx, the sphincters are also exempted from the irregular spasm, though the bodily contortions render micturition and defæcation difficult and trying ordeals.

An attack of chorea may consist of all the above movements partaking of the mildest possible character, or it may be intensified through varied gradations up to such violence as to wear out and destroy the life of the patient. The character of the spasm is invariably interrupted, or clonic, never continued or tonic. It seriously interferes with and almost renders abortive the performance of the ordinary and necessary duties of daily life, and reduces its subject, however willing to act otherwise, to dependence on the assistance and ministrations of those around.

The amount of exhaustion of the patient is of course in proportion to the extent and continuance of the movements; in some cases which I have witnessed it is extreme, and for purposes of voluntary locomotion the patient might as well be paralysed, in fact, there does exist some degree of paresis; speech also becomes impaired; and the remarks and wants of the patient can scarcely be made intelligible. When the power of locomotion is gone, the shoulders and upper arms retain sufficient power to roll the patient from side to side of the bed, precaution having to be taken to fix the coverlet to the edges of the bedstead to prevent the poor victim rolling out upon the floor.

The jactitations of chorea in very sensitive subjects are apt to be increased when they are observed, the will

losing still further control from the distress which observation excites—the quieter the patient is kept the less severe and frequent become the spasms. In the older subjects some control over the motions can be obtained by a strong effort of will: but the exertion is followed by increased jactitations. The duration of the motions varies considerably—in other words, from the invasion of the disease to its complete subsidence, periods of from two weeks to three or four months may elapse. The more slowly the symptoms are ushered in, the more prolonged the case generally is, as compared with the more sudden onset. One attack, moreover, does not prevent, but rather predisposes to a second. One patient within my own knowledge at this infirmary has had three.

Naturally where muscular action is so constant and prolonged, there must be great waste of tissue; the emaciation in severe cases is very observable, and if the urine be regularly examined it will be found varying in specific gravity from 1020 to 1035, and to contain an excess of urea and uric acid.

The violence of the jactitations also urges the blood in the veins with increased rapidity to the heart, so that in the acme of mild, and the main course of severe cases, the pulse is accelerated, and the circulation in the brain increased, a condition of things tending to augment the mischief, since the brain is the head and front of the offending.

Actual *pain*, except from accident, is not an attendant upon chorea, but when it is complained of, and especially if it be referred to the head, it demands prompt treatment.

I have already alluded to the possible occurrence of cardiac murmur in chorea. The heart should be examined in every case, and the significance of the murmur determined, if it be present, according to the rheumatic or anæmic character of the case.

Sufficient has now been said of the main symptoms and phenomena of this affection. Let us now turn to its pathology, and see whether from that, and from a knowledge of the cerebral functions, we can fix upon any portion of the brain which originates the movements; we might infer from the symptoms that this would be some centre independent of voluntary determination, such as the corpus striatum, but we will not anticipate.

**PATHOLOGY, &c.**—The pathological details of chorea are rather meagre, but they are sufficient to indicate that the lesions at least in one half of the cases are the result of vascular changes affecting the base of the brain. The post-mortem examinations in cases of this disease are limited, compared with the number attacked, for the very sufficient reason that the deaths are rare. No post-mortems of this kind have taken place at this infirmary. I have therefore had resort to books.

Aitken says that Rostan and Bright examined cases which had died after prolonged attacks of chorea without finding any lesion, but more recent examinations tell a different tale. A case is cited of a death which occurred at the period of menstruation, where uterine congestion and tubercular deposit in several organs, and notably the brain, existed. The cerebral condition was here more likely to be the exciting cause than that of the uterus, as the period of life presupposes uterine congestion.

As we proceed in the quest from authorities, evidence accumulates showing a distinctly abnormal condition of the vessels of the corpora striata and parts adjacent.

Aitken, again, in his larger work, "Practice of Physic," vol. ii., p. 335, quotes a case examined at the Glasgow Royal Infirmary, in which distinct lesions in the corpora striata and thalami optici were discovered. Later still Dickinson quotes post-mortems in which the state of things is defined as follows:—There existed (he says) hyperæmia of the ganglia at the cerebral base, and the medulla adjacent thereto, the hyperæmia being principally arterial. In extreme cases there were found slight hæmorrhages, with periarterial exudations, and in chronic cases distinct spots of *sclerosis*. Kirkes, Hughlings Jackson, and Broadbent attribute chorea in like manner to

lesions in the corpora striata and optic thalami—not merely to hyperæmia, but mainly to emboli carried as vegetations from the cardiac valves and becoming fixed in these ganglia. Broadbent localises these emboli in the corpora only, Jackson in the convolutions adjacent thereto. Now, the distinctly endocardiac element of emboli points to rheumatism, but where emboli are not present the hyperæmia, hæmorrhages, and sclerosis seem quite adequate to produce similar results. Such conditions are more from the blood disease, but what of chorea from shock and imitation? These are not from an altered condition of blood! Still the fact is most important; it fixes the chorea of blood diseases upon lesions of the only ganglia which seem likely or capable of giving rise to these movements, and if this is true of one form of the affection it must be true of the others, no matter how the loss of control over the nerve cells may originate.

In order to bring this conclusion plainly before you, let us allude to the functions of certain parts of the brain.

Recent experimental physiology has so far demonstrated the functions of the several parts of the brain as to leave little doubt as to the following general facts:—  
1st. That the voluntary powers, that is to say, the will, resides in those cerebral convolutions included in the parieto-occipital regions situated between the fissures of Rolando and Sylvius. This is the part, physically speaking, where voluntary determinations are originated.  
2nd. The executive power which carries out the volitions of the convolutions resides in the great motor ganglia, the corpora striata. Now these corpora acquire, whether governed directly or tacitly by the convolutions, a kind of vicarious function of performing muscular motions mechanically. They are, besides, independent motor centres, by virtue of the existence of a mass of cineritious nerve cells in their substance.  
3rd. It is also known and admitted that the muscular motions thus willed and acted out are coördinated and rendered efficient under the influence of the cerebellum, acting through its restiform tract.

Now chorea is a disease in which not only is the will not concerned, but one to the action of which it is decidedly opposed. The motions occur independently of the will; and when the will desires to perform a voluntary motion, or series of motions, the action is rendered so eccentric by spasmodic jerkings of the muscles as to become more or less inoperative and abortive. The influence of the cerebellum, too, however perfectly it may co-ordinate voluntary motions when chorea is absent, seems utterly powerless to direct and perfect them when chorea is present. We have thus a force or power operating on the muscles independently both of the organ of the will and the organ of co-ordination, and this force or power is exactly such as could be originated by the unguided action of the corpora striata. But what of the thalami optici? They, too, participate in the congestion, vascularity, and morbid changes of the corpora in this affection! One of the great functions of the thalami is to transmit bodily sensations to the convolutions, just as the corpora are conduits of the dictates of the will to the body in voluntary motion; but the thalami are also independent sensory centres, just as the corpora are independent motor centres, and the ganglia of each, thus constituted, are connected by communicating fibres. If so, what is more likely in the morbidly irritated condition of the thalami than that, without bodily intervention, its cells should originate sensational messages, transmit them to the corpora, and thus further excite the latter to the irregular discharges of nerve force characteristic of the disease. This action, supposing it to exist, bears some analogy to the incident excitor and reflex motor function of the spinal cord; but it must not be confounded with it, since no incident excitation exists, and as we shall presently see, it is not characteristic of the muscular spasm attending disease of the medulla spinalis.

The French physiologists of thirty years ago fixed upon the cerebellum as the *fons et origo mali*; but while there is proof of co-ordinating power in the cerebellum, there is none that it can originate muscular movements. Ablation of this organ does not prevent the creature operated on from initiating muscular action, but it renders its action unsteady—the creature staggers; or if one side of the organ be injured or removed it loses the capacity to regulate motions on the opposite side of the body. The recent investigations of Luciani (see *Brit. Med. Jour.*, Dec. 6, 1884) tend to show that besides being a great centre of co-ordinating power, the cerebellum is the great centre presiding over nutrition; and as nutrition is as active during sleep, or even more so than during wakefulness, we should expect that the influence of the cerebellum, were it the cause of chorea, would be exerted both night and day. Swedenborg also says that the cerebellum never sleeps. We know, however, that the cerebellum *does* sleep, and that all its functions, of volition, intellection, and vicarious muscular action, sleep with it; and what happens in chorea? During sleep the jactitations cease also. Thus we have evidence that the cause of choreic spasm is resident in some portion of the brain proper, and not in the cerebellum, and we accept the pathology which locates the mischief in the corpora striata because its action is consistent with the facts of chorea. But, it may be asked, are not the choreic movements reflex, and dependent on irritation of the spinal cord? We think not, for the reasons—first, that there is no evidence of hyperæmia of the cord proper; and second, because the character of the muscular action following irritation of the cord differs from that of chorea. Reynolds says that spasm arising from spinal irritation is invariably *tonic* or continued, whereas that arising from central or brain lesion is *clonic*, or interrupted. Movements from a central origin can, for a time, be more or less controlled by the will; spasm from spinal irritation can not be controlled or dismissed by the will; and he adds, in confirmation of what has already been advanced, that pause in muscular movements during sleep is evidence that the cause is central, and not excito-motor or reflex.

Concluding, then, that the phenomena of chorea depend upon irregular discharges of force from the nerve cells of the corpora striata, can we explain why the cells take on this action?

We can only conjecture that hyperæmia, especially of impure, irritating blood, must over-stimulate the nerve cells, and excite them to sudden discharges of their force upon the muscles.

Similar explosions may occur from weak, irritable cells, suffering imperfect nutrition from diseased, anæmic blood, the discharges being heightened because the blood is jerkily and irregularly supplied. The same condition will be induced by cutting the blood supply off altogether for a time, as in emboli blocking the vessels, and from sclerotic spots.

Shock and imitation, on the other hand, weaken the will power, and may dislocate the ganglia, so to speak, from the general equilibrium and influence of the other centres, leaving the corpora to fitful and independent action in the production of the phenomena of chorea.

(To be concluded in our next.)

DR. ABRAHAM has resigned his Examinership in Physiology in the Irish College of Surgeons.

At the adjourned meeting of the Council of the Royal College of Surgeons of England last week it was decided that the next meeting of Fellows and Members should be summoned for the 17th December. An election of Examiners for the Fellowship is announced in our *original communications*.

## THE ETIOLOGY AND TREATMENT OF CHOLERA.

By P. C. LITTLE, F.R.C.S.I., &c.

AN article on the above subject appeared in your journal of the 30th September, which, for want of time, I have been unable to notice until now. I should have preferred silence amidst the very numerous and learned contributions on Cholera which flood modern medical literature, but as some of the recent writers and scientists, especially on the Continent, have reproduced, no doubt unconsciously, and without acknowledgment or reference, portions of my long-published opinions, I consider it due to myself and to Irish medicine to place the matter in its proper light.

I must recall the fact that in your pages I ventured, nearly twenty years ago, to state suggestively my matured views on "The Nature, Pathology, and Treatment of Cholera," which will be found in the *Medical Press* of August 1, 1866. Subsequently, I more fully detailed those impressions in a paper read by me in the Medical Section of the British Medical Association, at its annual meeting, held in the University of Dublin, August 9, 1867, on which a very prolonged and interesting discussion ensued, and the general *consensus* seemed to be in favour of the reasonableness of my theory, and the unqualified success of the treatment based thereon, as illustrated in a considerable number of carefully-recorded cases. That production was, in a few months afterwards, issued in book form from the *Medical Press* office, and circulated amongst the profession at home and abroad.

In your number of the 30th September, 1885, while adverting to the late advances in cholera literature and treatment, you observe that "last year's epidemic of cholera was studied both in Naples and Paris by Professor Ganthier, of the former city. He arrived at the conclusion that the disease was not due to a microscopic living organism, but to a poison of a chemical nature, which attacked the nerve centres of the sympathetic. This view, we are told, is participated in by Semmola." How far those conclusions may be considered original, or not previously placed before the profession, may be learned from a few quotations from my paper referred to.

In pages 5 and 6, "I am disposed to consider cholera as primarily affecting the nervous system. . . . It is most likely a contagion, but of what nature is yet a matter of speculation. It is probably an animal poison introduced into the system through the media of water, food, or air. . . . Whatever may be the *modus operandi* of this poison, its chief effects appear to be a suspension of the sympathetic power over the capillaries. . . . From observation and the results of my treatment, I conceived that one of the greatest impediments to the action of the vasi-motor nerves in cholera is the presence in the *prima via* of the products of the disease. . . . In accordance with those views, I sought, *firstly*, to free the sympathetic nerves, especially those presiding over the gastro-intestinal mucous tract, from contact with the deadly *excreta* of the malady; and *secondly*, to renew the tonicity of those nerves." Again, at page 33, in summarising the results of my opinions and treatment, I add: ". . . The sympathetic phenomena are numerous and striking. Amongst the most remarkable are those of the circulation—that wonderful current of life which brings to each member of our organism requisites for its proper functional existence, and carries away effete material. Yet, what apparently weak means control this great vital stream! 'The pallid cheek of fear,' 'the blushing face of shame,' what are they? The expression in the one case of relaxation, in the other of great tonicity of the slender vasi-motor nerves. Throughout the economy their nature is the same. A blow over the epigastrium, a severe physical shock, or a great and sudden mental emotion, may at once and entirely destroy the sympathetic dominion over the capillaries of the alimentary canal, and with it life itself;

and in cholera that relaxation obtains in a consummate degree, even to the extent of permitting those minute blood-vessels to pour out into the stomach and bowels many of the constituents of the blood, along with the poisonous products of the disease. It is not my purpose to discuss the difficult problem as to the period or mode in which the sympathetic nerves are acted upon—whether it is in the process of elimination of the *materies morbi* and its results from the blood, or afterwards from contact with those irritating matters in the *prima via*. But I may remark, that the latter appears to me the more likely, for I have so constantly found the removal of those morbid deposits to be followed by healthy reaction that I could not refer the previous conditions of nervous depression to a more probable cause. . . . Here, too, I find some confirmation of my conclusions from recent pathological investigations. . . .”

It will thus be observed that many years ago an Irish practitioner indicated the sympathetic centres as chiefly assailed by the poison of cholera, and regarded that poison in the aspect in which Ganthier and Semmola now view it—as a chemical element, as may be gleaned from the passages quoted, and from the character of the chief means which he employed to combat the malady—viz., “mustard” (page 33) “which in its two-fold action as a *mechanical* agent—an irritant, and its *chemical* action, especially the production of volatile oil by the union of mustard with hydrogen, which abounds in the hypertrophied glands, follicles, and innermost lining of the stomach and bowels.” These extracts may be deemed sufficient to show that Professor Ganthier’s latest theory had been long previously proclaimed in our city.

Those discussions, however, are only valuable in proportion to the light they shed on the way to a successful treatment. I shall therefore pass no further comments on the very laudable efforts of our worthy *confrères*, Professor Ganthier and Semmola, who, with Parkes, Koch, Klein, Ferran, and a host of other enthusiastic students of cholera, deserve well of mankind for their persevering and disinterested labours to arrive at a definite and true idea of the plague of our race. It is only on a rational and fixed basis of etiology and pathology that we can conquer this disease, and as success in treatment is, after all, a very powerful factor in establishing the soundness of theoretical views, and as I have been very frequently questioned by members of the profession regarding the means and modes of application I employed so satisfactorily on all occasions during the epidemic in Dublin in 1866, and in cases of sporadic cholera more recently, I shall, with your permission, now give a short *résumé* of my treatment.

1. In all cases, and in every stage of the malady, I administer an active mustard emetic—the dose to be regulated by the effect upon each patient. In no adult case have I found less than an ounce of the mustard of commerce, dissolved in a tumbler of very warm water, sufficient. If you prefer it, two to four drachms of reliable fresh tincture of mustard, added to a tumbler of warm water, will be in most instances effectual. Should those quantities of either the tincture or the flour of mustard be not quickly operative, I repeat the dose in about two minutes. Care must be taken not to allow the emetic to remain *undiluted* in the stomach longer than two or three minutes. An abundance of very warm water should then be given, which will be found to be the best diluent, and a strong auxiliary towards raising the temperature and inducing reaction. Should the stomach seem regardless of the emetic, or when collapse with inability to swallow are present, irritation of the pharynx may achieve the desired effect, and if not, the medicine should be introduced into the stomach through the pump, and afterwards the organ should be freely washed out by the same instrument.

2. I have always applied counter-irritation to the abdomen, and sometimes to the feet. For this purpose I found sinapisms most convenient.

3. In cases in which severe cramps of the bowels and

lower extremities persisted after the emetic, I directed a copious enema of turpentine, oil, salt, and gruel, or warm water, to be thrown up the rectum and colon with the long tube, the unvarying result being a cessation of those most distressing conditions.

4. I prescribed, finally, an anodyne draught, usually of tinct. opii; ætheris chlorici; sp. ammon. aromat. ss. ʒj. in warm punch.

5. In all cases, from the invasion of the malady to its disappearance, the free use of ice, iced or cold drinks, soda-and-milk, &c., but no alcoholic beverages excepting in the draught, would I permit.

6. In convalescence—beef-tea, milk, farinaceous diet, &c., *ad libitum*.

7. A wide flannel binder to be worn for a long time after the attack.

Such are the general features of my treatment. That its principle is *primarily* emetic and *secondarily* stimulant or neuro-tonic, is evident from the facts that several of my patients, whose cases are on record, had, previous to my seeing them, been treated with heroic doses of alcohol in vain, whilst a like negative effect followed large doses of opium, astringents, and almost all the *nostrums* fashionable in the last visitation of cholera to Dublin. I must finally say with the utmost deference, that, in my hands, the application of the remedies above-mentioned was most gratifying, and left nothing either to be greatly dreaded in the disease, or to be desired towards successfully overcoming it.

#### NOTES OF CASES OF

### SCIRRHUS OF THE BREAST

IN PRIVATE PRACTICE, WITH REMARKS ON THE ETIOLOGY OF CANCER, CHIEFLY AS TO LOCAL AND MENTAL CAUSES. (a)

By FREDERICK H. ALDERSON, M.D.,

Vice-President of the West London Medico-Chirurgical Society.

MR. PRESIDENT AND GENTLEMEN,—A few months ago Mr. T. W. Nunn asked me for a few clinical “facts” as regards cancer. Subsequently Mr. Butlin wrote to me asking my co-operation in aiding the Collective Investigation Committee of the British Medical Association, by filling up a few of their forms with such particulars as I could gather of the influence of “inheritance, locality, and diet in the development of cancer of the breast.”

These requests from men whom I highly esteem, revived an interest I have always felt in this disease. I thought over my cases of mammary cancer, looked up a few notes, and, as in several instances my medical aid was continued for many months and even years, several facts bearing on the information asked, were impressed on my memory. I called on a few of the near relatives of patients whom I had formerly attended and who had died from cancer of the breast. I have thus collected a few clinical “facts,” that I thought interesting, and which may prove worthy of the attention of this Society. Such fragmentary notes, mere crumbs of clinical knowledge, I will, with your permission, lay before you with a few remarks on the etiology of cancer, chiefly as to local and mental causes.

In the *British Medical Journal* of October 10th, Dr. Herbert Snow, in his article on “Hereditary Cancer,” writes “For my part I should place far greater reliance in forming my opinion on this and kindred topics upon a moderate number of cases in which all the evidence has been judiciously sifted, and was not in the least degree hearsay, than upon any, however large, mass of statistics with these requisites unfulfilled.”

The cases I shall relate will bear this crucial test; all have occurred in this neighbourhood, and more than half are my patients now.

(a) Read before the West London Medico-Chirurgical Society, Nov 6, 1885.



**CASE I.**—M. D., *æt.* 58, wife of a private gentleman, scirrhus of right breast, general health good. Residence Barnes, no drainage (but cesspool), soil gravel, previously at Kennington, both residences near the river Thames, only ten or twelve feet above the mean level of the sea. Breast removed at home in October by Mr. Hilton, the glands not then involved, cancer reappeared in cicatrix in October, '68, recurrence due to injury, died September, '70, twelve years from first symptom, six years after operation. Mother died of cancer, 57, at Maidstone; a sister who lived at Chatham, died from cancer of the tongue, whose daughter also died from cancer of the breast. A younger sister (still my patient) has lost part of her right hand from scrofulous ulceration.

**CASE II.**—M. C., *æt.* 85, lady-housekeeper. Breasts large and pendulous. Residence, Brook Green, previously Hounslow. Brook Green is seventeen feet, and Hounslow is twelve feet above sea level. Noticed a lump in her left breast for twenty years. Cancerous ulceration three years before death, and occasional pain and inflammation in the affected breast about twelve years before death. No history of heredity. The soil of Hammersmith is gravelly, climate mild, and good main drainage. For twenty years had eczema of leg, this began to heal as cancer ulcerated, quite well before death.

**CASE III.** *Acute Scirrhus of Left Breast.*—C. W., *æt.* 52, officer's widow, healthy, breast large, married at 16, one child, lived in India after marriage, but for the last twenty years at Hammersmith. Noticed scirrhus nodule in March, '70, previously had noticed that her breast was getting uncomfortably large. December 25th, nodule was now a large ugly gaping wound with everted edges, suppuration profuse. Died November, 1877, from gangrenous sloughing and atrophy, operation refused. No heredity history, mother lived to 90. Cause, probably mental, but locality probable.

**CASE IV.** *Acute Scirrhus of Both Breasts—Operation—Quick Recurrence—Breasts Large.*—M. M., *æt.* 67, single, very healthy, independent, daughter of a medical man. Previous inflammation of right breast, but not left. First noticed lump in the spring of '80. The breast was removed at her own residence by a most able and experienced hospital surgeon, January 22nd, '81. The glands were free from disease and not removed. The incisions were free, extending even to some of the surrounding healthy skin. No fever after operation. The wound never completely healed, and the cancer very quickly reappeared in the course of cicatrix. In August M. M. had inflammation and abscess of right breast, which I opened and healed, and in the autumn she had a large indurated lump at the bottom of vertebrae, this also suppurred, was opened and healed quickly, six months subsequently cancer developed in right breast. M. M. died January 7th, '83, two years from operation. M. M. thought the suppuration was lessened and rendered less disagreeable by sulphide of calcium granules. No cancer in family, had attended *previously* a sister with lump in left breast, disappeared by painting c. tr. iodi., and internally pot. sulph. ʒj. ter die. c. liq. potassa. Swelling has never returned. Cause, probably mental, lost her means through depreciation of Turkish bonds.

**CASE V.**—M. P., *æt.* 50, single, housekeeper, scirrhus of left breast, operation, no return after seven years, considerable deformity from angular curvature of spine from childhood. When first noticed cancer, was living in Oxford Street, had previously lived in Hammersmith twenty years. Is a healthy, temperate, industrious woman. Has been a great meat eater, very fond of meat. In March, 1878, consulted me for a small nodule in her breast, had only noticed it two or three weeks. I diagnosed scirrhus, and told her to go to the Middlesex and have it cut out, the glands were not examined. The breast was removed by Mr. Hulke in the Examination Hospital, at time of operation was as large as

a small egg. Convalescent in a month. No recurrence, cicatrix is perfectly smooth and seems pale. Has since occasionally been under my care with slight bronchitis, intercostal rheumatism, last winter with pleurisy of left side, followed by a severe attack of herpes zoster. Family history good, except that maternal cousin died of cancer of the breast, whom I attended at death.

**CASE VI.** (*First-cousin to the above.*)—M. T., scirrhus of the right breast, operated by the late Sir W. Fergusson in King's College Hospital in '74. Cancer soon returned in cicatrix; died one year and ten months after operation.

**CASE VII.**—A. B., *æt.* 68, scirrhus of right breast, 12 years' duration, commencing cancer of left. Has always been healthy; breasts large. Lived all her life in Fulham; fine gravelly soil; drainage good, climate mild, 14 feet above the mean level of sea. No previous inflammation of right breast. Refused operation. No history of cancer; thinks cancer was caused by a blow from her first husband twenty years ago.

**CASE VIII.** *Cancer of Right Breast.*—M. H., *æt.* 70, single. House only about eight feet above the sea level. During high tides have seen a boat floating several feet up the street she lives in (Queen's Terrace), not far from her door. Cancer about 5 years. Scirrhus nodules commenced in a straight line below left breast, then ulcerated, the sore surface healed, coincidentally with development of cancerous lump in left breast and completely fixed the breast to sternum. Father's sister had a large tumour removed from abdomen, supposed to be cancer; her daughter had cancer of breast.

**CASE IX.** *Scirrhus of Left Breast.*—B. G., *æt.* 35, married, mother of two children. Residence 15 feet above sea level. At first confinement had inflammation of left breast. Twelve years ago—a year before marriage—had a lump form in the same breast; it was very painful, but soon dispersed. First noticed lump last June. Breast removed September 22nd; also axillary glands, which were much involved. Oct. 15th.—Wound nearly healed, and recovery satisfactory.

**CASE X.** *Scirrhus of Left Breast.*—B. C., *æt.* 76—looks much younger—mother of four children; only one living; very healthy. Has always resided very near the river; only about 12 feet above the mean level of sea; previous residence only 10 feet. Soil gravel, but no drainage (cesspool). First noticed cancer in '79. Has occasional sharp attacks of bleeding preceded by pain; these lately have been more frequent, copious, and painful; although for some time suffering much pain, enters with energy into her usual duties and pleasures of life.

Of the ten cases just read five were spinsters and five married; two had no children, the other three had six between them, and only three of these are now living; so much for fecundity as a cause. Whatever influence child-bearing may have in the production of uterine cancer, it has, I think, none in the development of cancer of the breast (as an obstetrician of some experience I speak with some confidence as to this). Five had previous inflammation of the affected breast, but two out of the five only when the second breast was attacked. There was no history of rheumatism in any; indeed, I believe that cancer and rheumatism are vicarious. I could give good reasons for this belief, but it would not come within the limits of this paper; cancer patients have frequently premonitory pains of a neuralgic type, but they do not develop rheumatism. In seven of the ten cases, it was the left breast that was attacked. Is this proclivity of the left breast to cancer accidental? I think not.

Five had the breasts removed; three privately, two in hospital. Of the two in hospital, one was most successful, and now, after over seven years (as I have shown), is in good health. She is much deformed by an angular curvature of spine from childhood. The cicatrix is perfectly smooth, and so pale that I am led to hope that she may live to prove an example of what has been considered "one of the rarest successes of operative surgery, i.e., when it is cut out and never returns." The other (her cousin), whose breast was removed in King's College

Hospital by Sir Wm. Fergusson, the cancer returned, and death occurred in less than two years.

Mrs. D. lived seven years after operation, four years with complete health, and then the recurrence excited by injury. M. M., Case II., derived very doubtful benefit from operation.

The fifth is of too recent date to mention results, but at present is hopeful. In the two very aged patients, 85 and 76, there was no history of cancer, both were particularly healthy, and both resided in a very low altitude, only about ten feet above the mean level of the sea; if the disease was the result of heredity cancer would probably have shown itself at an earlier period. I have not seen any cancer patient suffering from any other disease at the same time, and should like to know what effect, fever, acute rheumatism, or any zymotic disease, might have upon the cancerous breast, whether progress was retarded or quickened?

There is a history of inheritance in four, very strongly in three (Sir James Paget found amongst his private patients one in three), but I do not think this sad heritage when we meet with it ought to prevent us from giving, or at least, advising the inestimable blessing of operation in suitable cases, for we remember "that when cancer is traceable from parentage it is mostly a local disease."

In two, the cause was probably mental (excepting that of locality there was no other). When a student I was taught that the causes of cancer were heredity and mental; in 1865 Mr. C. H. Moore writes: "No given cause except local irritation is known from direct observation. Our cancer authorities of to-day, add with some reason locality, the abuse of stimulants, and the influence of a meat diet as probable causes, as to this last if a cause at all, it is a very secondary one; our cancer patients, as a rule, are very healthy and active, and need a more liberal and perhaps more animal food than other people. I have only been able to obtain any history in two of any excessive partiality for a meat diet.

Very different in importance is the question of locality. Four of the ten cases may be attributed to their living very near to the river Thames, the extreme nearness of most of them to the river is, at least, striking. Here in Hammersmith we are accustomed to very high tides both in spring and autumn, the river in November frequently rising four inches above high water mark. Now, not only these ten patients, but so far as I can recollect, all my cancer cases whether uterine or mammary, have resided more or less within an altitude of only 18 feet above the mean level of the sea, several as low as six, seven, or ten feet. I remember when house surgeon at this hospital attending cancer patients in Black's Road, Middle Mall, near the wooden bridge, but I do not think I ever attended any in Victoria Road, Starch Green, or even the right hand side of the Grove, which was specially my district, as it was also when I was a parish medical officer, and where I think I had even more patients with other diseases. I ask is there nothing in this? While writing this paper I met a waterman whose wife I attended three or four years ago suffering from scirrhus of the os uteri, now dead. I asked him how he was, "Oh! getting on nicely sir," and putting out his tongue, which (his tongue was on the table, as I was shown afterwards) I observed had been partly excised, he told me he had had his tongue taken out, the early part of this year in his hospital, and verified his statement by pulling out of his pocket his hospital ticket which was marked excision of tongue—epithelioma. This man and his wife both lived for over 20 years in a little cottage on the Hammersmith Lower Mall, and must, I am sure been flooded frequently at our high tides. I asked him the cause of his cancer, "Oh! smoking and chewing, sir," he had then some tobacco in his mouth. *Superos quid quæramus ultra*, says the believer in local against hereditary or constitutional causes. The man confessed he was a great smoker, and chewed almost as much as he smoked; but may there not be as likely a cause in the immediate proximity of his cottage to the river as in the mechanical irritation of his smoking and

chewing? for how many 10,000 of smokers are there, and thousands of men who chew tobacco, who never develop a cancerous tongue. Is it not also within a possibility that there may have been a transmitted germ received by a tainted breath through the close relationship of husband and wife? for I ascertained the man had no history of cancer amongst his relations, and that he may have acquired an antecedent predisposition to the development of cancerous disease.

Twenty years ago Mr. C. H. Moore pointed out the much greater prevalence of cancer in certain towns and counties than others. London, the healthiest city in the world, has the highest mortality from cancer, and Wales the lowest. He also gave mortality tables showing the excessive high death rate in several low lying districts and towns, as London, Norwich, Yarmouth, Bristol, Scilly Isles, and Newbury; the latter town had one death from cancer out of every 275 deaths, while Kingsclere, only a few miles distant, had only one in 414. I know Newbury well, its principal street lies almost in the centre of a low damp marsh, and the street is crossed by a bridge under which flows the river Kennet. I have known this river occasionally to overflow this street. A relative of mine who resided in Northbrook Street died from cancer of the bladder.

That this question of locality is something more than a theory we can hardly doubt, and we in this Society are well able to determine this point, hailing as we do our members from most of the suburban districts, some residing as low as seven or ten feet above the mean level of the sea, while others rejoice in an altitude almost as high as that of Hampstead Heath, of 416 feet.

Mr. Haviland, in a paper read by him before the Society of Arts in 1879, observed "that cancer-fields are situated along rivers that occasionally overflow their banks." To this it has been objected by Mr. Jessett that this is not the case, as, by comparing year with year, we find the increase of cancer is very steady and gradual; there are no high jumps in some years as against others; in wet seasons we do not find a very much higher death-rate than in dry. Now I would suggest that this increase is gradual only because the results and the cause do not follow in quick succession, as in acute rheumatism after exposure to damp or chill. Death from cancer does not indeed result for a long period after the dampness of soil may have produced the first germ of this fatal disease, that may, though latent, have long existed. Locality is not, and may never prove to be, a cause as evident or as important as heredity; but if locality be a cause, or even has any influence in the production of the disease, it is a preventable influence, and therefore claims consideration and attention.

From observation and inquiry I am led to think that a large proportion of our population, although unconscious of it, are by heredity prone to the development of cancer, and yet happily never develop this dire disease. Why is this? Probably, *because they do not live long enough*, but more likely the conditions necessary for its production never occur. A blow or injury received by a person of an untainted constitution would not produce cancer, and yet how often it precedes the cancerous breast! How often is it the exciting cause, as surely as it is the antecedent! The blow causes inflammation, so slight, that it is frequently almost forgotten, but the recipient has inherited or received previously the germ of the disease, and the slight injury is sufficient to cause that modification of an inflammatory process that results in abnormal cell growth, which in an untainted person would produce no permanent effect, or at the most only a healthy inflammation. I think, therefore, we have cause to hope that, if we cannot find the antidote for cancer, we may, by searching out the antecedent causes, prevent to a considerable extent the prevalence of this terrible disease, for, in the words of my revered teacher, the late Mr. Charles Hewitt Moore, "this question of antecedent causes is passing all description of importance as to the treatment of cancer"—and probably, I think, of its pre-

vention, too. Some of these antecedent causes are mental trouble, particularly if long continued, sudden shock. The only case I have known of cancer of the liver, was probably due to great excitement and mental worry, in one whose public duties were much increased by a political election. Mr. Moore, in his paper on the conditions preceding cancer, read before the British Medical Association in 1865, has mentioned that "Dr. Fenwick, of the Middlesex Hospital, found chemical and physiological defects in the blood of the mucous membranes of the stomach and intestines of fifty-seven patients who had died of cancer." That the blood may become altered by nervous emotions I can easily conceive. A reflex action, occasioned by some mental shock, and conveyed by the sympathetic system from the ganglionic centres to all parts of the body, especially, perhaps, to the liver, stomach, and intestines, by the vaso-motor nerves of the blood-vessels of those organs, and by the secreting fibres to the epithelium cells of glands, so that a chemical change in the blood results, capable of producing that excess of growth or such other condition necessary for the production of cancer. We have a member in this society as painstaking in research as he is profound in his chemical knowledge—Dr. Thudichum, who will, I hope, tell us as to the chemical changes in the blood that might perhaps result from severe mental emotion.

It has been my effort to-night to show by the histories of the cases of cancer I have read, and more particularly my hope to obtain information from many who are present whether locality may not at least be an antecedent cause of some importance in the development of cancer. Perhaps we may, with greater confidence, rank mental anxiety as a more proved and decided antecedent, if not actual cause, of cancer. To this cause most of us can give testimony. I have not noticed any previous melancholia in my own cases, and from observation I should judge that any great depression that existed was a sure proof that the disease was of lengthened duration, for it is remarkable how patients will keep this secret trouble from those who are nearest and dearest to them, and enter with zest and vivacity into all the social duties and pleasures of life with this skeleton rankling in their bosom. One of my patients had cancer for six years, and never told her daughter till a month ago. In brain work unsuited to a limited capacity we have a probable, though a more remote and infrequent, cause of cancer.

In conclusion, I would observe, that the busy life of the present age has produced much, very much mental tension, even as our School Boards excite much mental pressure. That they do excite mental pressure, as a School Board manager I could prove. High mental tension and high mental pressure may be future, if not present, causes of cancerous development. Our Creator made man the head of woman, as well as woman "a help-meet for man." The brain and nervous organism of woman are suitable for this noble, though lower, condition, and must not be gauged by isolated cases proving the contrary. The laws of Nature cannot be broken without serious consequences. Is, then, the unsuitable teaching of our School Boards to result in a still further increase in the statistics of cancer? "In the ten years ending in 1872 there were 9,993 deaths from cancer; in the decade ending 1881, 13,542, of which 8,931 were females."

## Clinical Records.

### CASE OF HÆMATURIA IN A MAN, FOLLOWED BY SUPPURATION.

By ALFRED J. GUBB, L.R.C.P., M.R.C.S.,  
Late Resident Medical Officer, French Hospital, London.

ALFRED B., æt. 24, labourer, a thin, but hitherto healthy man, attended a neighbouring fair on the 20th September last, and, contrary to his custom, indulged in several glasses of gin and water. He was subsequently carried home by his

companions in a state of alcoholic insensibility and put to bed. Early next morning he awoke with an urgent desire to make water, which he found himself quite unable to do. His suffering, however, was such that he sent for me, and I immediately passed a gum elastic catheter No. 7, when about a pint of bright red liquid was evacuated. He was much relieved, but complained of a nauseating pain in the hypogastrium, which was tender on pressure. He had no pain in the back, but was feverish and thirsty. His abdominal muscles were contracted, and his tongue was furred and somewhat dry. I was urgently summoned a few hours later to relieve the same train of symptoms, and drew off about half a pint of the same red liquid. His temperature was now 103.5 F., and his tongue was dry and covered with brown fur; sordes had formed, too, on his lips and teeth. He was ordered turpentine and stupes to the hypogastrium, and an acid mixture with ergot. On drawing off the urine the next morning it was of a natural colour, but contained an appreciable quantity of albumen. Later in the day the red colour had returned, and, under the microscope, numerous blood corpuscles were visible. Its smell was most offensive. His general condition was now very grave, the fever persisted, and he complained of general abdominal tenderness and thirst. Pulse rapid and wiry; profuse sweating towards evening. No delirium, pupils dilated and responded to light as usual. This condition improved about the fourth day after the commencement of the attack, the fever dropped, and he was able to pass part of his urine unaided, but it was still very dark in colour, and when allowed to stand, formed an abundant red sediment, and had still a very offensive odour. The abdominal tenderness was less marked, and the appetite returned.

He stated that he had never suffered before from anything of a similar nature, and had always been healthy though never robust. His father died a few months since of "inflammation of the kidneys" of short duration, and his brother also suffered "in his water." No history of stricture.

Patient recovered in the course of ten days sufficiently to come down stairs, but his urine, though no longer red, contained a large quantity of greenish yellow pus, but was not ammoniacal, though very offensive. The red colour subsequently returned for a day or two after a single glass of port wine. The appetite is now good, and his general condition is tolerably satisfactory, with the exception of the pus in the urine.

### HOSPITAL FOR SICK WOMEN AND CHILDREN, PIMLICO.

#### Case of Glycosuria.

Under the care of G. DE G. GRIFFITH, L.R.C.P.,  
Late Senior Physician to the Hospital for Women and Children,  
Pimlico; Physician to the Hospital for Sick Women and Children.

(Reported by MISS PEARSE, Clinical Clerk.)

Mrs. H., æt. 46, married 27 years, admitted June 13th, 1885. *History*.—Healthy as a child, but when 10 years of age suffered from inflammation of the eyes, which, however, subsided when the catamenia appeared about two years after. Has had one child, and no miscarriages. Last catamenia when 45 years of age.

*Symptoms*.—Dating from the spring of this year—(1) Intense irritation of vulva. (2) Tenderness about sacrum and iliac region. (3) Great languor and depression. (4) coryza and headache. (5) Sleeplessness at night. Bowels irregular as a rule.

*Examination*.—Vulvæ greatly inflamed, having a peculiar tough and leathery appearance and feel. Mucous membrane dry and glazed, and whitish, as if the parts had been sugar-castored with white sugar; the membrane in some places being also denuded, there was an appearance of ulceration. This was no doubt due to the rubbing of the parts to relieve the intolerable itching. The case clearly resembled the one of glycosuria which Dr. Griffith published some months since in the *Medical Press*. Vagina also greatly inflamed; the mucous membrane presenting the same dry glazed appearance, as also did the os and cervix altogether resembling eczema in the dry stage. *Urine*.—Specific gravity—diabetic on admission. Reaction, acid—on employing the test by liq. potassæ, large quantities of glucose sugar precipitated; the amount passed equal to, or rather less than, the

amount of fluid taken. *Present symptoms*, dating from the early spring of the year, as seen above, led her to consult Dr. Griffith in the beginning of May, and he immediately diagnosed *glycosuria*, advising her to become an in-patient, which she did, being admitted June 13th.

*Treatment*.—(1) Scarificator freely used, once and sometimes twice a week. (2) Aconite tampon inserted in vagina. (3) Dressing soaked in aconite or lot. plumbi kept constantly applied between labia. (4) Vaginal injections of hot water once or twice daily, as hot as could be borne; and enemata of the same to keep the bowels regular. (5) Liq. kali and pot. brom. in rather large doses were the drugs principally administered. After being in the hospital a month discharged to attend as out-patient, so as to keep down all the symptoms. Urine constantly tested; and before she left it had fallen to sp. g. 1020; and no trace of glucose sugar was to be seen.

Dr. Griffith pointed out that this is the third out of four cases which have come to the Hospital, that he has been able to at first greatly relieve, and subsequently cure by the line of treatment pursued in those two cases published. The case which died came in the last stage of diabetes, and would not faithfully carry on the treatment. In all the patients there were genital, as well as urinary, distress, and this he has found to be relieved by scarifying os and cervix freely from time to time, while at the same time administering liq. kali and brom. potass. in large doses and for some time. In his remarks on the former published case he adverted to the co-existence and co-relation of the vulvo-vaginal irritation and the presence of sugar. His words are:—"Pruritus vulvæ has been noticed in connection with glycosuria. Perhaps the term pruritus genitalis is more applicable, inasmuch as in a number of cases not alone is the vulval region hyperæsthetic, but the urethra, bladder, vagina, and uterus, and in some instances the entire pelvic organs, especially when the affection occurs before the menopause."

## Transactions of Societies.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

NOVEMBER 6, 1885.

W. B. HEMMING, M.R.C.S., President, in the chair.

Dr. ALDERSON showed three patients, victims of scirrhus of the breast, who had been under his observation and care more or less for a long series of years.

*Case I.*—M. P., æt. 50, was shown as a typically successful result of operation, the cicatrix now, after several years, being perfectly smooth and very pale—evidently fading. Dr. Alderson diagnosed this case very early, when it had only been noticed a fortnight, and was but the size of the kernel of a nut, but it grew rapidly in the interval of two or three weeks that elapsed before operation, and was then about the size of a small egg. The breast was removed by Mr. Hulke in the Middlesex Hospital in 1878.

*Case II.*—A. B., æt. 68. Large scirrhus cancer of right breast of twelve years' duration. Has frequent attacks of pain and bleeding (relieved by leeches). Large cancerous induration of left side, and commencing cancer of left breast. Now in good general health. A. B. refused operation years ago.

*Case III.*—M. H., æt. 70. About four years ago there was a cancerous induration in a straight line like a small cord, which the finger could roll about two inches below breast and to the left of the sternum. There was a slight ulceration in the centre of this induration, and subsequently that ulceration extended about four inches along the cancerous seam, which became a raw surface half an inch in width and with everted edges; it inflamed, and then gradually contracted and healed, coincidentally with the formation of a cancerous lump in the breast, and as it healed it fixed the breast to the sternum. The glands in the axilla are now enlarged, indurated, and tender. There is but slight discharge and little bleeding; a year or two ago the bleeding was frequent and copious. This case was shown as an example of the slow growth and comparatively little danger to life of cancer in elderly people, and Dr. Alderson thought that they did best without operation.

Dr. ALDERSON then read a paper on cases of cancer of the breast in private practice, with remarks as to locality as a cause of cancer. This paper will be found at page 487.

### THE THEORY OF CANCEROUS INHERITANCE.

Mr. DUNN read a paper under this title. Prefacing his remarks by a quotation from Bacon's Essay on Innovation, viz., "As the births of living creatures at first are ill-shapen, so are all innovations which are the births of time," he proceeded to say that he believed that the pregnancy, so to speak, of the non-identity of heredity with cancer had begun; that the metaphorical embryo was satisfactorily developing; that time would enable us to chronicle a new birth in the history of a foul disease; and that in the future we should be able to show unequivocally that there was no such thing as the hereditary transmission of cancer; and the facts in his opinion were accumulating to this end. Weighing calmly the direful results to which cancer as a disease gave rise, upon the grounds even of humanity it was right that every particle of evidence bearing upon its supposed hereditary transmission should be sifted and exposed to the pyralinistic effect of scientific research for the purpose of proving its value. Cancer was said to be hereditary. Upon what grounds? This demanded full investigation. The laws governing inheritance, as Darwin observes, are for the most part unknown. Heredity, nevertheless, was operative as a fixed principle in accordance with three definite and unvarying laws—there was direct, indirect, and atavic heredity. Cancer was held to be hereditary because it occurred consecutively amongst the members of certain families, and because its occurrence has been considered to be consonant with the principle of the hereditary transmission of structural peculiarities. Sir James Paget's statistics, which place the hereditary influence upon cancer as high as one person in every three with cancer, are well known. But apart from and beyond the consecutive appearance of the disease in certain families, cancer fulfils in no sense whatever the characters of an hereditary disease. Does cancer become an agent of variation? Is there such a thing as a cancerous diathesis equivalent to what we understand by the gouty diathesis, the tubercular, or the syphilitic? In the midst of a disease which is active is it not natural to expect some impress of it, if nothing more, to be visible in the offspring? But are we able to say, "Oh, here is a child who will become cancerous?" or because this child's parent was cancerous, therefore it will suffer in this way or that? No. Therefore the conclusion was obvious and indisputable that, whilst syphilis, gout, and tuberculosis, which were correctly described as constitutional diseases, permanently modify the structure and functions of the body, cancer could not be included in that category, for, commencing as a local disease its effects, it was true to say, were never transmitted. There was no such thing even in most recent text-books of medicine—of, say, a cancerous stomach, a cancerous neuralgia, a cancerous ache or pain, without cancer. A person was either cancerous or he was not, and he was not so until he became so by exhibiting in some organ or part the disease in its primary form. It is clear, then, that if he had inherited cancer he had not inherited much. For obviously cancer must be an exceptionally benign disease, before it becomes cancer in those cases, indeed, in which it is believed to be inherited. For a man with an inherited cancerous taint must patiently wait until the near approach of the last scene of all which ends his strange, eventful history, before his morbid patrimony can become an accomplished fact.

Mr. BUTLIN said that since he had left the West London Hospital great changes had taken place there, so much so, that upon this occasion he felt like a Rip Van Winkle. With regard to the subject under discussion, he had listened with great interest to the cases described by Dr. Alderson, with whom he agreed in many of his remarks in regard to the influence of locality upon the disease. Upon the theory of inheritance he did not think Mr. Dunn had left him anything to say. The memorandum which he (Mr. Butlin) had drawn out for the collective investigation committee, in which among other things certain questions were asked in regard to the inheritance of cancer, was not intended to convey the expression of any decided opinion upon the matter. It was merely for the purpose of eliciting facts. Of course he had his own views upon the subject. Speaking personally, he did not agree with the adoption of the hereditary theory of cancer. Amongst the upper classes it was looked upon as

a great calamity if a case of cancer occurred in the family. He was of opinion that the locality in which the person resided was most important, and that residence had a most powerful influence over the disease. But he also considered that there were other factors of great moment which predisposed to cancer, such as, amongst others, smoking, diet, good or bad, anxiety or worry—that it was from a combination of these rather than from any single cause that predilection arose. In addition to the above influences, he would also mention that important factor in health—viz., the soil of the locality and the way in which it was drained and manured.

Mr. KEETLEY said that in the investigation of cancer, as to its causation, hereditary or otherwise, great care was required, as it was an exceedingly complex question. In a collective investigation of the predisposing causes of cancer he considered that an inquiry in each district and in each neighbourhood should be considered separately.

Dr. ALDERSON, in reply, said that he thought the importance of the heredity of cancer was considerably over-rated, inasmuch as, whilst many families were undoubtedly tainted with the disease, it nevertheless occasionally did not manifest itself in any way. It was of the utmost importance that the predisposing causes should be fully investigated.

Mr. DUNN, in reply, thanked the members of the Society for the kind attention they had given to his paper.

Mr. DUNN showed a collection of specimens of sarcoma and carcinoma from patients who had died in the West London Hospital during the last fifteen months.

Dr. WELLS showed a specimen of colloid cancer of the colon.

Mr. KEETLEY showed a case of Gritti's operation.

#### MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH. WEDNESDAY, NOVEMBER 18TH.

The President, PROF. T. GRAINGER STEWART, in the Chair.

Surgeon-Major EVATT, M.D., A.M.D., on

THE MEDICAL ARRANGEMENTS OF AN ENGLISH ARMY CORPS IN WAR, AND THE SHORTCOMINGS OF THE EXISTING VOLUNTEER MEDICAL SERVICE.

Dr. Evatt gave a most vivid sketch of the present arrangements in the army for medical relief in time of war, and indicated how favourably these compared with the conditions under which such comparatively recent wars as the Crimean had been carried on. He maintained that the change had been accomplished by the awakening and enlightening of public opinion. And their duty was to educate that opinion still more. The great want in the system was the absence of opportunity for becoming practically acquainted with the necessary details in time of peace. He was of opinion that regular instruction and drill should be given in this department, as in the other branches of field exercise. Of all the European nations, the Germans had done most towards the development of an efficient army medical system, and they were to be especially commended for the time and resources they had devoted to the accomplishment of this end. He pointed out how lamentably deficient was the existing Volunteer Medical Service. Our volunteer forces should in this matter be equipped as well as the regular army, and frequent opportunity afforded of practising the manœuvres necessary for rendering ready assistance to the wounded. A movement in this direction had already begun in London, and had received considerable support. He hoped soon to see kindred movements all over the country.

Mr. CANTLIE, of Charing-cross Hospital, explained the nature of the operations in London, and suggested that Scotland should undertake the providing of four companies, two in Edinburgh, one in Glasgow, and one in Aberdeen. The medical students attending these Universities would form the nucleus of the company, as the medical students of the different London hospitals had so efficiently done in the metropolis, though in many respects the introduction of a lay element would not be disadvantageous.

Dr. WOLSELEY, Director-General of the Army Medical Department for Scotland, said that any movement in the

direction indicated by Mr. Cantlie would receive his warmest sympathy and best support. He was also authorised to say that it would be regarded with favour by the Commander-in-Chief for Scotland.

Dr. P. A. YOUNG, Edinburgh, as a Volunteer surgeon, spoke strongly in support of the proposal, and thought that the Society would do well formally to give its approval.

Dr. CATHCART, in seconding this suggestion, explained that already the students had shown an enthusiastic interest in the matter. Their chief difficulty was funds. But by the formation of an influential committee, willing to work for them, this obstacle could be overcome.

Drs. BATTY, TUKE, and CAVERHILL gave their experience as Volunteer-surgeons. The latter gentleman, as surgeon to a yeomanry company, asked what arrangements existed in the army for aid to cavalry wounded. He had tried to give his men help in this direction, and had instituted competitions, with the view of inciting them to training, but he should like to know to what extent it was provided for in the army.

Dr. EVATT, in reply, stated that, to the best of his knowledge, no provision was made. He thought the question a most important one.

Prof. GRAINGER STEWART, in the name of the Society, accorded a most warm vote of thanks to Surgeon-Major Evatt for having come to stir them up to this good work.

#### THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

The quarterly meeting of this Association was held at Bethlehem Hospital on Tuesday, the 17th November, Dr. H. RAYNER presiding, in the absence of Dr. Eames, the President for the year.

Dr. CONOLLY NORMAN read a paper

ON SOME POINTS IN IRISH LUNACY LAW,

in which he explained the different mode of procedure which existed in Ireland in regard to the admission and discharge of pauper lunatics, and urged the great desirability of assimilating the lunacy laws throughout the United Kingdom.

Dr. HACK TUKE read a paper "On a Recent Visit to Gheel." In the discussion which followed Dr. Savage and Dr. Pritchard Davies gave their experience on the subject, concurring with Dr. Hack Tuke's statements as to the somewhat dull appearance of the place, and the moral dangers and difficulties involved in the supervision of so large an area, but at the same time fully recognising the care and kindness of the authorities.

#### THE ABERNETHIAN SOCIETY.—ST. BARTHOLOMEW'S HOSPITAL.

An ordinary meeting of this Society was held on Thursday, the 12th inst.,

Dr. ROUGHTON, President, in the Chair.

Mr. C. B. INNES read a paper on

VARIOLA,

of which the following is a *résumé* :—

Before the days of vaccination small-pox caused from six to twelve per cent. of all deaths, and at the present day it is far from rare. Vaccination, thoroughly performed in infancy and repeated at puberty, reduces it from a terrible wide-spread pestilence to a rare and trifling malady. The failure of a re-vaccination to take, does not prove permanent immunity from small-pox, and the operation should certainly be repeated. Small-pox may run a regular course or may be modified, so that on the one hand it becomes less and less severe; on the other more and more malignant. *The invasion* is marked by high fever, headache, backache, vomiting, and epigastric pain, and sometimes by rashes of different kinds. These may be erythematous and resemble those of scarlet fever or measles, or they may be petechial. The latter form occurs chiefly on the hypogastrum and groins, is characteristic of small-pox. *The true eruption* follows, usually on the third day; shortly papules form, they become vesicular on the fifth day, and pustular about the eighth. The number of papules varies much, their

pustulation is accompanied by bright redness and great swelling of the skin. Drying begins about the tenth day. The mucous membrane of the mouth, pharynx, and larynx are also attacked. The fever, pains, and sickness of the invasion stage subside more or less rapidly as the eruption appears; but the latter soon causes burning and tingling, pains in the fingers and toes, and often great dysphagia. Violent delirium is not infrequent. As pustulation occurs the *secondary fever* sets in, it is of a remittent type, lasts from three or four days to a fortnight, and seldom runs higher than 104°. In *modified small-pox* the eruption may simply run a rapid course, or may abort in the vesicular or even in the papular stage. There may only be a very few papules and sometimes none at all. Secondary fever is generally absent and complications are rare. In *malignant* cases hæmorrhage occurs into the pocks, the skin and cellular tissue and from mucous membrane. *Complications of small-pox.* Bronchitis and pneumonia are the most important, and often are the chief cause of death. Laryngitis, pleurisy, and pericarditis also occur. Conjunctivitis is common, and keratitis going on to perforation may ensue. Boils are common. Erysipelas, gangrene, and pyæmia are much more rare. *Treatment.*—Good nursing is very important. Get the patient to take his food and try to secure sleep. Stimulants are often indicated. A free supply of fresh air is essential, but draughts should be avoided, and a temperature between 60° and 65° be maintained. Lung complications may thus be obviated. The eyes must be kept very clean. The skin, or at all events that of the face, should be oiled. Gargles of chlorate of potash and perchloride of iron are serviceable. Delirium generally yields to chloral and bromide. To relieve symptoms: For headache sponging the forehead with very hot water. For backache a mustard poultice. For pains in the fingers and toes do up the hands and feet in moist cotton-wool and envelope this in gutta-percha tissue.

The PRESIDENT thanked Mr. Innes for his paper, and remarked that what he had told us was particularly interesting, more especially as he had just come from the small-pox hospital at Brompton, and had therefore had great opportunities of study the subject.

In the debate which followed Dr. S. H. Habershon and Dr. A. E. Garrod, and Messrs. Lyndon, Spicer, and several other members of the Society spoke.

University of London.—The following candidates have passed the recent M.B. examination at this University:—

*First Division.*

Adams, Charles Edward, B.Sc.	Innes, Charles Barclay
Arkle, Charles Joseph	Jefferson, Arthur John
Barnett, Lawrence	Ranker, Herbert Henry
Batten, Rayner Derry	Marrion, John
Berry, James	Melson, George Hyde
Boswell, John Irvine	Pailthorpe, Mary Elizabeth
Brock, James Harry Ernest	Pearce, Walter, B.Sc.
Calvert, James, B.A., B.Sc.	Pilgrim, Herbert Wilson
Carr, John Walter	Price, Alfred Edward
Cave, Edward John	Randell, Reginald Maurice Henry
Childe, Letterstedt Frederick	Robinson, Henry Betham
Cocking, William Tusting	Sellick, James Henderson
Davenport, Arthur Frederick	Short, Thomas Sydney
Dingley, Arthur William	Sutton, Alfred Martin
Elliott, John, B.Sc.	Swain, James
Evans, Willmott Henderson, B.Sc.	Turner, Philip Dymock
Fisher, Henry Holditch	Vernon, John James Dean
Goodall, Edward Wilberforce	Whitcombe, Philip Percival
Hichens, Frank	Williamson, Richard Thomas
Hill, George William, B.Sc.	Wills, William Alfred
Hinds, Frank	

*Second Division.*

Brogden, Richard William	Pettifer, Edmund Cleaver
Cook, Augustus Henry	Tratman, Frank
Harsant, Joseph George	Wethered, Frank Joseph
Lever, Frederick, B.Sc.	Williams, Patrick Watson
Mourilyan, Edward Pain	Wood, Louis Edmund

Pharmaceutical Society of Ireland.—At the November stated monthly meeting of the Council the following gentlemen were appointed Examiners in the room of those retiring in consequence of their five years' term of office having expired:—*Examiner in Arts*, H. C. Tweedy, M.D., University of Dublin, F.R.C.S.I. *Examiner in Materia Medica and Botany*, W. Whitla, M.D., Queen's University, L.P.S.I. *Examiner in Pharmaceutical and General Chemistry*, H. C. Draper, F.C.S.

REGISTERED FOR TRANSMISSION ABROA

## The Medical Press and Circular

Is published every Wednesday morning Price 5d. Post free 5½d.

POST FREE TO ANNUAL SUBSCRIBERS . . . £1 2 0  
" IF PAID IN ADVANCE . . . . . 1 1 0

Post-office Orders and Cheques to be drawn in favour of—  
A. A. TINDALL, 20 King William Street, Strand, London, W. C.  
A. H. JACOB, 3 Molesworth Street, Dublin.

*Agents for Scotland:—*

MACLAUGHLAN & STEWART, South Bridge, Edinburgh.  
A & W. STENHOUSE, Hillhead, Glasgow.

*Sole Agent for the Continent:—*

JOHN F. JONES, 31 Bis, Rue du Faubourg Montmartre, Paris.

ADVERTISEMENT SCALE—Whole Page, £5 Os. 0d. Half Page, £2 10s. 0d.; Quarter Page, £1 15s. 0d.; One-eighth Page, 12s. 6d.

Small Announcements of Practices, Assistancies, Vacancies, Books, &c. of Seven lines or under, 4s. per insertion; 6d. per line beyond.

Considerable reductions are made from the foregoing Scale when orders are given for a series of insertions. Letters in this department should be addressed to the Publishers.

SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIÈRE, Rue Hautefeuille, Paris—post free in advance, £1 8s. 6d. per annum.

SUBSCRIPTIONS FOR RUSSIA are received by Messrs. RAJGHMAN and FRENDELER, 18 Senatoren Street, Warsaw—post free, £1 5s. 0d. per annum.

SUBSCRIPTIONS FOR THE UNITED STATES are received in New York by Messrs. WILLMER & ROGERS; Philadelphia, by Dr. BRINTON: post free in advance, 5½ dollars (£1 8s. 6d.) per annum or direct from the Offices in this country for the same amount, if remitted by International Post-Office Order.

## The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 25, 1885.

### THE GENERAL MEDICAL COUNCIL.

THE recent meeting of the General Medical Council has, for several reasons, excited but a small amount of interest in professional circles. For one thing, the time, even of medical men, or that portion of it they can afford to give to questions outside their daily routine, is mainly occupied just now with subjects bearing on the great problems of politics; and, further, it is felt that no matters of pressing importance were likely to engage the attention of a council ostensibly summoned to discuss the details of a grievance put forward by three colleges in Ireland. Possibly because of the want of general interest in the proceedings of the Council, the address of its President on the opening day of its deliberations was marked by a more than usual impressiveness. Scholarly and instructive Sir Henry Acland is at all times, but on the present occasion he utilised the opportunity presented to him by delivering a speech which most thoroughly deserves the careful perusal which Mr. Marshall recommended it should receive. One of the principal points considered by the President was the desirability of holding two sessions of the Council regularly in each year, for the transaction of general and legal business, thus enabling the succeeding issue of the *Register* to be purged of all names not



entitled to be included in it, by virtue of decisions of the Council. The remarks which Sir Henry indulged in on the subject of central teaching, suggested by Mr. Marshall's report on statistics of the profession, possess an unusual degree of interest, the conclusions arrived at being additionally important as coming from an authority who has been for a long course of years peculiarly placed so as to enjoy opportunities of forming judgments at once weighty and decisive. Later on we may expect important development in this connection, and especially when the inquiry commenced under Mr. Marshall's superintendence shall have assumed those larger dimensions to which it is his intention to extend it.

Several cases of professional misconduct involving the offenders in judicial penalties, and followed by their being deprived of the diplomas entitling them to practise, were duly considered, and with the result that their names were ordered to be removed from the *Register*. In connection with this part of the business before the Council a good deal of animated discussion arose, owing to the refusal of Dr. A. Smith to detail the circumstances which led to the withdrawal of the diploma of a licentiate of the King's and Queen's College of Physicians in Ireland. This was the first occasion on which the Council had been asked to remove a name from the *Register* without the full facts being laid before it, and it was very properly thought by several members that such an unprecedented course ought not to be pursued. Ultimately Dr. A. Smith undertook to obtain leave from the College to explain the reasons for the application.

The Society of Apothecaries having now instituted an examination in surgery as part of the final examination for its diploma, the Council was applied to by the Local Government Board for information as to whether such licence was to be considered as conferring the right to practise surgery as well as medicine. Naturally the question offered some difficulty of solution, and it was ultimately decided to leave it for later consideration.

In reply to a question addressed to him on Thursday by Dr. P. H. Watson, the President of the Council said the Royal College of Physicians of London had under consideration the conduct of a registered medical practitioner, a member of the College, whose professional conduct had recently been severely censured by one of the English Judges, and that it would rest with the Branch Council to decide what action, if any, should be taken in reference to the case, after the decision of the College of Physicians had transpired.

The prime cause of the Council's meeting at this time was the claim of the Queen's Colleges of Belfast, Cork, and Galway, to be restored to the list of bodies whose preliminary examinations are recognised by the Council; and after considerable discussion the matter was finally settled on Thursday by the passing of a resolution to recognise the rights thus insisted on. The three Colleges are therefore reinstated in the heterogeneous admixture of schools, colleges, and universities supposed to examine students in the subjects of general education.

### CHOLERA AND THE HOSPITALS.

In his paper on the above subject, read by Dr. Steele at a recent meeting of the Hospitals Association, he discussed the general question from two points of view—namely, the theoretical and the utilitarian. It will therefore be convenient, in the remarks which follow, to adopt a similar order.

Dr. Steele observed that in 1832, and again in 1866, cholera prevailed on the Continent before it reached the United Kingdom; when, therefore, he notices what he calls "a roving distemper" in the sense of epidemic cholera on these several occasions, his own facts show that the expression is inexplicable. Cholera then advanced, as it always does, along certain defined lines, exactly like any other natural phenomenon, say, for example, a cyclone, or other atmospheric perturbation. He lays much stress upon "sanitary science for the suppression of disease," but, at the same time, notes the circumstance that in 1854 cholera in London attacked a larger number of persons than it had done in 1849, and in 1866 a very much smaller number, although the improvements indicated by the Sanitary Commission of 1848 could not have then taken effect. Thus, surely his own facts are against his theory. It is an easy matter to refer epidemics of cholera, as of other diseases, to such palpable causes as foul water, bad drainage, filth, and so on. All these things are in themselves most objectionable, and should be remedied by all possible means; but when we come to analyse the evidence upon which the endeavour is made to connect epidemics with those conditions alone, we find that the data given do not, as a rule, support the conclusions so drawn. Epidemics come and go; conditions, sanitary or insanitary, remain unaltered. On the subject of contagiousness of cholera, Dr. Steele expresses a very qualified opinion. The fact is, that, under certain conditions, the disease appears to be so propagated; in others, and they the large majority, not.

It surely requires no "science" to know that, in the treatment of patients affected with cholera, as with any other disease, the greatest possible cleanliness is necessary. The theory which would assign the occurrence of such an epidemic to "organisms" is neither supported by facts, nor does it account for occurrences of that nature. With regard to disinfectants in cholera, we naturally ask, What is it that we are to disinfect? and we note that nobody has yet answered the question. Then comes the alarm-cry about bacteria, regarding which it need only be said that, in regard to measures to be taken for the treatment of cholera cases, they had best be altogether left out of account.

According to former arrangements, the hospitals and county infirmaries received cases of contagious diseases into their general wards, and during an epidemic into wards specially prepared for them. In 1832 provision of this kind was extemporised by the appropriation of work-houses, warehouses, and empty lodging houses; these were converted into temporary hospitals, and in addition, many cases were treated in their homes, the Poor-law medical officers, in all instances, providing the necessary professional attendance. In 1865-6 patients were brought in such numbers to the hospitals that the authorities of

those institutions were unable to cope with the epidemic ; there were certain obvious objections against the treatment of patients at their homes ; workhouses and other buildings were used as before, but so incomplete were the general arrangements, that superadded to the cholera epidemic, there was that of panic. It was to avert so unfortunate a state of things that, under the operation of Gathorne Hardy's Act, special hospitals were erected for the reception of patients affected with infectious diseases. At the present time, under the superintendence of the Metropolitan Asylums Board, tentative arrangements exist by which 1,500 beds are now available, exclusive of 300 more procurable within a fortnight, should the necessity for them arise. It is pointed out that so large a number of beds will not, in all probability, be required, for the reason that, as on former occasions, any future epidemic of cholera may be expected to be limited to one or more localities, and there, according to present arrangements, hospital accommodation would be insufficient.

The method now proposed is to fix the hospital centres within the radius of a mile of each district, an arrangement which meets with opposition only in South London. Hence the necessity of one controlling authority whose orders in regard to such matters should be absolute. Ready and easy means of transit to hospital is of cardinal importance to the sick ; and for this purpose the ambulance corps of the Asylums Board is admirably suited. As was observed by Dr. Steele, it would be well at the outset of any future epidemic to inform the poor what to do in cases of cholera ; to this we would add to impress upon them the necessity of early treatment, and inform them where attendance, attendants, and medicines can most readily and speedily be obtained. We would, in reference to medicines, suggest that every druggist's shop should be supplied, and issue *gratis* and to all applicants in times of cholera, the necessary medicine, the cost being defrayed by the several vestries. House-to-house visitation by qualified men is no less necessary ; not only should the Poor-law medical officers be reinforced for the purpose, but arrangements organised whereby nurses, male as well as female, be made available in sufficient numbers, bearing the fact in mind that, in many instances, the services of two, and even three, attendants are taken up by one patient.

A DOUBTFUL OPINION.

ON Friday last, during the hearing of a case before the Lord Chief Justice and a special jury, a medical witness was examined respecting the grounds on which a patient, subject to hallucinations of hearing, ought to be placed under restraint, and the following conversation is reported to have taken place :—

The Lord Chief Justice—What made you think she was a proper person to be placed in a lunatic asylum ?

Witness—Well, there was the unpleasant symptom of her hearing voices.

The Lord Chief Justice—Is that sufficient ?

Witness—Where they act on it.

The Lord Chief Justice—And for doing that should they be placed in a lunatic asylum ?

Witness—I do not think so.

The Lord Chief Justice—Nor do I. (laughter.)

Now, with every feeling of respect for the Lord Chief Justice of England, we cannot refrain from deploring the fact that he should have thus put the weight of his authority to an opinion which, if generally acted on, must be followed with most disastrous results. It is to be remembered that the statements reproduced above had reference, not to the particular case under consideration at the time, but to the general principles of treatment ; and we are struck with amazement at the spectacle of a medical man, presumably competent to decide on a question of such deep import to society, declaring his conviction that persons acting in response to imaginary voices should be permitted to go freely at large. Every member of the profession is surely aware of the fact, either through experience or by reading, that some of the most dangerous among the insane are those whose insanity is associated with the hearing of voices instructing them to commit all kinds of offences, and often to direct their proceedings with a view to the destruction of fancied enemies. In the most recent published work on insanity, that by Dr. Savage, chief superintendent at Bethlem, this truth is again and again insisted on and illustrated, and he emphatically states that " If the voices direct and control the actions they render the patient highly dangerous." And yet in the face of the accumulated evidence to this effect, amassed by skilled experts of vast experience and of admitted eminence in the profession of medicine, we are required to accept the dictum of a lay authority that restraint is not to be tolerated under the circumstances detailed. Suppose, for instance, that a person hears voices which direct him to put a bullet through the first one who contradicts anyone of his assertions—and such an example of hallucination may be found in every large asylum. Would the Lord Chief Justice of England, in the absence of any other evidence of insanity, regard the detention of that person within an asylum as unjustifiable ? It is impossible to think that he would, after reflection, insist on a proposition so monstrously opposed to public safety ; and yet this is just the effect conveyed by his words as they are reported in the columns of the newspapers containing an account of the trial in question, and the circulation of which throughout the country cannot fail, as we conceive, to create a most false impression in the minds of the people.

With the particular case in the hearing of which the incident we have quoted occurred, we have nothing at all to do ; the questions and answers on which our comments are based referred to principles and not to the special instance in hand ; and it is for this reason that we have felt it incumbent on us to draw attention to an opinion which, if allowed to go unchallenged, may not improbably be appealed to hereafter with lamentable results. It is worthy to quote further that the witness in the above dialogue directly contradicts himself, first admitting and then denying the sufficiency of his reasons for suggesting seclusion.

## Notes on Current Topics.

### Mussel Poisoning.

AN unfortunate instance of poisoning by mussels (*mytilus edulis*) recently took place at Wilhelmshaven. Two vessels were taken into dry dock on October 17th for the purpose of cleaning, the sides of which were covered with the common mussel. The dock workpeople collected large quantities and took them home, where they were prepared and eaten. Very shortly after partaking of them, symptoms of poisoning set in, nineteen people being attacked—thirteen men, five women, and one child. Nine of the cases were serious. Within one and three-quarter hours after eating the mussels the first death took place, and three others followed within four and a-half hours. The Kreisphysikus Dr. Schmidtman made a post-mortem examination in the last case. The condition met with corresponded to irritant poisoning—redness and swelling, and in many places complete detachment of the mucous membrane of the intestine. The remains of mussels were among the intestinal contents, but no older masses. The spleen was swollen and thickened. Dr. Schmidtman attributed the poisoning to a ptomaine, but Virchow could not agree with this. He is, however, inclined to the view that it was due to an alkaloid. Portions of the bodies and various quantities of the mussels were submitted to Professors Virchow and Koch for examination, and these gentlemen, supported by Professors Eilhard, Schulze, Salkowski, and Wolf instituted experimental investigations with them, the result of which they have reported. Both the flesh and decoction contain the poison, which is weakened neither by heat nor by alcohol. Small animals were killed by it in a quarter of an hour. The poison is said to act like curare, by paralyzing the motor centres. Virchow places the poison in the series of fish poisons that develop in both dead and living fishes. He also reported that Koch had discovered several characteristic bacilli, but that he had not succeeded in propagating them, so that no definite judgment could be pronounced upon them.

Professor Salkowski reported that all the active extracts of the poison were at once rendered inactive by moistening with a drop of sodium bicarbonate. From this he concludes that the poison is a fugitive alkaloid that had as yet not been isolated. The ships were not copper-bottomed, so that there could be no question of the mussels being rendered poisonous by metallic absorption.

### Church Collection for the Edinburgh Royal Infirmary.

A GENERAL collection was made in all the churches of Edinburgh last Sunday, on behalf of the Edinburgh Royal Infirmary. Although it is impossible to state accurately how much money was thus contributed, it was evident from the interest awakened by the announcement that the Infirmary coffers must have been substantially enriched. It might be well, however, if Edinburgh were to follow the example of the larger English towns and have a united collection for all the different hospitals of the city, suitably apportioning the money so obtained to the different institutions.

### The German Society of Naturalists and Physicians, 1886.

THIS Society, as is known, will meet in Berlin next year, and the managers selected, Professors Virchow and Hofmann, have determined that the congress shall be worthy of its place of meeting. Active steps have already been taken to secure the co-operation of ministers, the magistracy of the city, the rectors and professors of the various high schools and the scientific and medical institutions. Prince Bismarck and Ministers Maybach and Lucius have assured the managers of their support, as well as all the municipal and scientific bodies applied to. There is some difficulty in the choice of a building suitable for the purpose. Some 3,000 participants are expected, and twenty-five sections will require accommodation, so that it is no easy matter to find a building capable of answering all the requirements of the occasion.

### Anti-Vaccination.

A LARGELY attended meeting of the profession was held last week at the instance of the Nottingham Medico-Chirurgical Society, "to consider if any and what steps should be taken by the medical profession of Nottingham in view of the persistent attempts which are being made to impair the efficiency of the Vaccination Laws." The following resolution was adopted, with the request that it should be signed by the President on behalf of the meeting:—"That the medical practitioners of Nottingham, being convinced that vaccination is the only security against small-pox, and that the evils incident to the operation are, as compared with the immunity against the disease which it confers, so slight as to be practically of no importance, are of opinion that the only way in which small-pox can be eradicated is by vaccination being universally adopted."

### Criminal Charges against Medical Men.

THE case of Dr. Bradley, of Brimington, with which our readers are familiar, is not the first in which an ill-disposed or half-mad woman has made criminal charges against a medical man, and the opportunity and the temptation to make such accusations are so great that it is not to be expected that medical men will ever be free from them. A short time since Dr. Trestrail, of Aldershot, was charged with having committed rape on an hysterical patient. The case was tried a few days since, at Winchester, before Mr. Justice Pollock. Under the New Criminal Law Amendment Act, Dr. Trestrail was called as a witness; and his evidence, supported as it was by that of Dr. Robert Barnes, was so convincing of his innocence of the charge, that the jury summarily terminated the proceedings by returning a verdict of "not guilty." We have another case before us in which a woman charged a Poor-law medical officer with having committed a rape four times in an open boat at mid-day in June, and even so preposterous a charge might have been listened to, but that the doctor was able to prove from his books that he was ten miles away on duty at the time indicated by the woman. As the woman is now awaiting her trial for perjury we cannot further comment on the case, simply quoting it as an illustration

of the liability of medical men to such abominable charges.

### Charcôt on Hysteria in the Male.

WE purpose commencing in our next issue translations of a series of valuable lectures by Professor Charcôt, of la Salpêtrière, Paris, on "Hysteria in the Male," which recently appeared in *Le Progrès Médical*. This disease, in the male, seems much more frequent among our emotional neighbours than with us. Professor Charcôt is one of the greatest living authorities on nervous diseases, and we trust these lectures will prove interesting and instructive to our readers.

### The Medical Aid Society.

THE experiences of medical practitioners often make them acquainted with cases of illness among persons whose means are inadequate to meet the expenses incident to their proper treatment, but who have formerly occupied a much higher social position than is evidenced by the reduced circumstances by which they are surrounded. Too often, indeed, these victims of misfortune are delicately nurtured women, reduced to poverty through losses incurred by the speculation of those on whom they have been dependent, or whose personal fortune has been swamped through similar causes, or too-confiding trust in unworthy guardians of their interests. It is such as these who help materially to swell the lists of invalids suffering diseases incident to deprivation and to the want of early remedial treatment; and, unfortunately, their instincts lead them to shrink from obtaining relief through means provided by hospital and similar endowments, so that they frequently suffer on, uncomplaining and bravely struggling against adversity and ill-health until their condition compels the notice of others, often, alas! too late to be of service. To meet this class of cases a most excellent organisation—"The Medical Aid Society"—was founded about six ago, and during its existence it has been instrumental in doing a vast amount of unassuming but sterling work in alleviating the sufferings of ladies in reduced circumstances. Subscribers of one guinea or more to the funds of the Society are entitled to nominate patients, who are attended by the members of the medical staff, and receive also such special comforts as may, in the opinion of the attendant, be necessary. An attempt is now being made to extend the limits of the Society's beneficence, and to this end an energetic appeal is made to the benevolence of the public; The office of the Society is at 2 East India Avenue, E.C., and the Secretary, Captain Hamilton. The consulting staff includes Drs. Wilson Fox, W. Playfair, Sir Spencer Wells, and Mr. Erichsen, among others; and the ordinary staff numbers well-known members of the profession in various places, whose labours are well bestowed in ministering to the needs of those whose claims to consideration are beyond all question or dispute.

THE Lord Lieutenant of Ireland has appointed Dr. P. M. Rice, of Millbrook House, Galway, to the Commission of the Peace for the Borough of Galway.

### Royal College of Surgeons of England.

AT an extraordinary meeting of the Council of the Royal College of Surgeons of England, held on the 17th inst., the resolutions passed at the meeting of Fellows and Members held on October 19 again came under discussion, in connection with a statement on them prepared by the president and vice-presidents, for communication to a future general meeting of the College. This statement, after receiving several immaterial amendments, was then approved and adopted, subject to confirmation by another extraordinary gathering of the Council summoned for November 24th. At the same time it was fixed that the meeting of Fellows and Members demanded at the last general meeting should be called for December 17th next, at 3 p.m., when the Council will offer the arguments it has devised against acceptance of any proposed alterations in the mode of electing its members. On the day above mentioned, the 17th, also, Mr. Hutchinson moved his resolution to the effect that the Council should take into consideration proposals for widening the basis on which the fellowship of the College is obtained, and he had the good fortune to secure for a seconder no less a champion than Mr. Bryant; time, however, did not admit of doing more than thus formally introduce the question, consideration of which was at once postponed. The date which has been selected for what is practically an adjourned meeting of Fellows and Members, though less convenient than the latter would probably desire, is still sufficiently distant from the holiday week to justify the expectation of at least as large a gathering as assembled on the last occasion when the College was summoned to meet the Council; and it is to be hoped that the timely warning given will ensure that this shall be the case.

### The Dead Letter Acts.

AT the annual meeting of the Royal Albert Hospital, Devonport, on the 16th inst., some figures were quoted by Mr. J. May, which, in their bearing on the effects produced by the suspension of the compulsory clauses of the Contagious Diseases Acts, may well afford food for instructive cogitation. He found, on a comparison between the year before the metropolitan police were withdrawn from the administration of these Acts and last year, that in the former year the numbers admitted were 565, and during last year only 237. These latter were said to be voluntary cases—voluntary in the sense that there was no compulsion, and that the Acts were known to have become, as it were, a dead letter. They were, however, not really voluntary applications, they were forced to go. They held out until they could carry on their course no longer, and what was their condition when they were induced to go to the Hospital? He was informed by those who had the efficient charge of those wards that their condition was appalling. The statement was borne out by another fact. Of the 566 formerly admitted, the average stay in the Hospital was twenty-six days; now the average was forty-seven days. The inference to be drawn from this startling result needs no enforcing; and it is but one of many evidences which have been accumulating to show the huge misfortune following from the silly outburst of hysterical excitement to which

the present state of things owes its origin. That the women themselves are heavy sufferers, as well as the unprotected public, was clearly shown by Port-Admiral Phillimore, who, speaking on the same occasion, said that he had heard on authority which he did not doubt that at Portsmouth the man who contracted for burying these unfortunate women, before the Contagious Diseases Acts were in force, used to bury forty a year from a certain place. When the Contagious Diseases Acts were in full working the number was reduced to five. He (Admiral Phillimore) believed an excessive cruelty had been inflicted on those poor women by tampering with the Contagious Diseases Acts—such as the fanatics who insisted on that being done had no idea of.

A KNIGHTHOOD has, we hear, been bestowed on Dr. James Sawyer, Senior Physician to Queen's Hospital, and Professor of Materia Medica and Therapeutics in Queen's College, Birmingham.

At the last meeting of the Royal Medical and Chirurgical Society, on the 24th inst., Mr. Barker's paper on the "Distribution of Bacillus Anthracis in the Human Skin in Malignant Pustule" was read, and also one by Dr. John Harley on a case of "Tubercle of the Liver," in which the appearances of actinomycosis are presented. In this paper the question was raised as to the reality of the so-called actinomycosis.

## Glasgow.

[FROM OUR OWN CORRESPONDENT.]

MR. JAMES A. CAMPBELL ON UNIVERSITY REFORM.—In addressing a portion of his constituents at Glasgow on the 19th inst., Mr. Campbell, M.P. for the Universities of Glasgow and Aberdeen, in referring to the question of University Reform, said: After waiting for several years they had been disappointed in not having legislation in regard to the Universities. The last University Commission reported in 1878, and what they wanted and claimed was that the Universities should be legislated for in a generous and appreciative spirit, and should recognise the close connection that had always subsisted between the Scotch Universities and Parliament. There was too much disposition on the part of those who took their ideas from English Universities to look upon their Universities as institutions that would do better if placed on an independent footing, and left entirely to themselves. He, however, did not think it was the wish of the friends of these Universities to see them placed outside the sympathy, support, and control of Parliament. The legislation that was wanted was upon the lines recommended by the last University Commission, and he was disposed to stand up for their recommendations until they had been proved to be inefficient and mistaken. The general character of these recommendations might be described as involving the increase of the University Court, with a larger representation upon the University Council, an addition to the chairs of the University, lectures and additions to the teaching staff, alterations in the curriculum in the Degree of Arts, so as to give a larger choice of subjects to candidates for a degree. These questions would require to be taken up in connection with University legislation, and other subjects had

been put forward by the associated members of the General Council which deserved to be included in any measure of University reform, one being the extension of extra-mural teaching, and another being the question of the transference of the executive and administrative power from the Senate to the Court. For these improvements in the Universities money would be required. They did not expect that all the money should come from Government, but they did expect Government to treat the Universities generously, which would evoke private liberality. The funds of the University must not be liable to fluctuating changes, such as payment for retiring pensions or compensation for interference with vested interests. With regard to the University of Glasgow, they claimed a grant towards the upkeep of the buildings of the University similar to that given to others, Glasgow being the only University that received no grant for this purpose. This was not claimed for the sake of the four ancient institutions as teaching institutions, but for the sake of the higher education in Scotland. In conclusion, he would only say that if again honoured by being their Parliamentary representative, he would fulfil the duties of the position to the best of his ability. As a member of a political assembly he should have to take a side and act in the way most consonant to the political principles he held; but he should always remember the interests which, by their favour, he was sent to Parliament to watch over.

THE HEALTH OF GLASGOW.—During the fortnight ending 7th of November, 1885, there were 514 deaths registered, representing a death-rate of 25·7 per 1,000 living. The death-rate in the first week of the fortnight was 27·3. After adjusting the balance between deaths registered in institutions without and within the municipal boundary, the deaths properly belonging to Glasgow, are found to number 513. The number of deaths of persons aged below one year was 123 in place of 85, and of persons aged sixty years and upwards 80 in place of 53. Of the total deaths 49 per cent. in place of 43 per cent. were of persons aged below five years. Of children at school age (*viz.*, five to thirteen years inclusive) there were 23 in place of 18 deaths, *viz.*, 5 from scarlet fever, 1 diphtheria, 2 consumption, 1 acute disease of lungs, and 14 from miscellaneous causes. The number of deaths from diseases of the lungs was 197, representing a death-rate of 10 per 1,000 living, and constituting 38 per cent. of the total deaths. The number of deaths from diarrhoeal diseases was 18, and of these 15 were of persons below five years of age. There was 1 death from small-pox—a vaccinated adult belonging to the Parkhead series of cases. The number of deaths from fever was 4, *viz.*, 2 from typhus, and 2 from enteric fever. The number of deaths from infectious diseases of children was 34, *viz.*, 19 from scarlet fever, 13 from whooping-cough, and 2 from measles. There were 12 cases of small-pox registered. This is the largest number returned since April, 1884. There were registered, 151 cases of scarlet fever, 32 of whooping-cough, 19 of measles, and 17 of diphtheria—of which 67 were removed to hospital, and the remainder supervised at home. During the fortnight 44 children were vaccinated at the office; and 4 adults re-vaccinated; while 130 persons were re-vaccinated and 6 vaccinated at home in connection with the cases of small-pox reported. There are at present in the hospitals, Belvidere, 205 cases of scarlet fever, 3 of measles, 67 of enteric fever, 15 of whooping-cough, 14 of small-pox, and 6 of typhus—in all, 310 cases. During the fortnight 108 cases were admitted to the Fever Hospital, 85 dismissed well, and 11 died. 12 cases were admitted to the Small-pox Hospital, 2 dismissed well, and 1 died.

## New Inventions.

### NEW AURAL INFLATOR, EVACUATOR, AND INJECTOR.

By J. WARD COUSINS, M.D. Lond., F.R.C.S.,

Senior Surgeon to the Royal Portsmouth Hospital, and to the Portsmouth and South Hants Ear and Eye Infirmary.

THE new aural inflator represented in the engraving is a contrivance designed to fulfil several important purposes in the practice of everyday aural surgery, and it is, in fact, a combination of several instruments, admitting of many useful applications. 1. It serves for inflating the middle ear as an ordinary Politzer's bag. 2. It can be used as an evacuator for the withdrawal of fluid by the Eustachian tube; or as a pneumatic tractor applied to the external auditory canal. 3. It can be employed also for the injection of medicated air charged with the vapour of deodorisers or other volatile fluids. When the instrument is to be applied for tubal inflation the nasal piece should be adapted to the orifice of the nostrils by means of the wire loop which unites the vulcanite balls. The Eustachian catheter may be substituted for the nasal piece in those cases in which it is desirable to operate upon one ear only. The hand ball is especially fitted with very small valves and a central recoil spring. The end of one of the tubes attached to it must be fixed on the nasal piece for inflation, the end of the other tube for evacuation. Very gentle compression of the hand ball is sufficient for the withdrawal of fluid from the Eustachian tube and tympanic cavity; but the bag must be forcibly and rapidly manipulated for successful inflation. When medicated air is to be injected, the fluid selected must be dropped upon the pledget of cotton-wool placed in the conical vulcanite receptacle, which should then be adjusted on the end of the injecting tube. By the action of the hand ball the air is drawn through the perforated lid, and thus charged with vapour. Now, it has been often asserted, and perhaps not without some truth, that aural surgery is both tedious and troublesome in practice; on the other hand, it must be admitted that there is no class of minor surgical operations which yields in the long run more satisfactory results. The success which follows the early treatment of catarrh of the middle ear by inflation is very gratifying to the practitioner, and sometimes astonishing to the patient. Already the timely application of Politzerisation has done much to reduce the frequency of permanent deafness, and this simple and invaluable method of tubal inflation is fortunately serviceable in many forms of aural disease, and also in association with other important methods of treatment. Even in cases of long closure of the Eustachian tube and collapse of the tympanic membrane, it sometimes succeeds in restoring the normal communication between the tympanum and the pharynx, and this reopening of the tube is soon followed by great improvement in the hearing power. Sometimes the air-douche produces temporary deafness with a sensation of fulness and singing in the ears, but these symptoms gradually subside as the air confined in the tympanum becomes absorbed. This increased tension is especially liable to occur whenever the inflator is used too frequently, or with too much force; it can, however, be relieved at once by using my instrument, and evacuating the imprisoned air by simply reversing the action of the hand-ball. The gentle action of the evacuator is also useful under many other conditions. In young children suffering from earache the bag may be employed

for the withdrawal of pent-up fluid into the pharynx. In acute suppurative inflammation of the middle ear, with bulging of the tympanic membrane, evacuation in this way may sometimes succeed, preventing the spontaneous rupture of the drum and removing the necessity of puncture. In chronic aural catarrh attended with deafness and tinnitus aurium the treatment by inflation may often be combined with evacuation with very excellent results. In many of these cases the Eustachian tube is narrowed and blocked with secretion, at the same time the contents of the tympanum are altered in structure and covered by a layer of thick and tenacious mucus. The air-douche alone is of little service. It aggravates the aural discomfort by increasing the abnormal pressure within the cavity, or else it fails to dislodge the pent-up secretion by the tube, so that the membrana tympani becomes unduly tense, and in this condition a repetition of the operation may cause serious injury.

Now the treatment by alternate inflation and evacuation of the tympanum is certainly theoretically sound, and in my hands it has proved of great benefit in many chronic cases. It promotes the discharge of the inspissated secretion into the pharynx and aids in maintaining the drainage of the cavity. By the injection of air the mucus is disturbed from its position, and by reversing the action of the hand-ball of my instrument it can then be drawn into the tube, and its passage to the pharynx greatly accelerated. This double action is also capable of exerting a salutary influence over the bony chain. The mobility of the ossicles

has long been impaired by the morbid condition of the tympanum, but by gently and repeatedly agitating them in both directions, their adhesions to each other are loosened, and their normal oscillation is re-established, by which alone vibrations can be transmitted from the drum to the fluid within the internal ear. But the instrument can be used for many other purposes in aural surgery. The injecting tube can be readily connected with Ker's inhaler for the application of chloride of ammonia vapour, in cases of disorder of

the mucous passages attended with profuse secretion. The injection of air charged with volatile vapours, such as carbolic acid, creasote, alcohol, iodine, eucalyptus, and other substances, is suggested as an auxiliary measure in chronic middle ear catarrh, requiring more active treatment than the air-douche, and also as a substitute for the injection of fluids into the tympanum.



**Vital Statistics.**—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 19·4 per 1,000 of their population, and were—Birkenhead 15, Birmingham 17, Blackburn 22, Bolton 23, Bradford 15, Brighton 16, Bristol 19, Cardiff 22, Derby 20, Dublin 29, Edinburgh 17, Glasgow 24, Halifax 16, Huddersfield 16, Hull 14, Leeds 15, Leicester 13, Liverpool 24, London 19, Manchester 22, Newcastle-on-Tyne 18, Norwich 16, Nottingham 12, Oldham 23, Plymouth 20, Portsmouth 20, Preston 26, Salford 18, Sheffield 17, Sunderland 18, Wolverhampton 25. The highest annual death-rates in these towns last week from diseases of the zymotic class were—From measles, 1·1 in Liverpool and 1·8 in Brighton; from scarlet fever, 1·5 in Leicester; from whooping-cough, 1·4 in Brighton; and from "fever," 0·8 in Leicester, 1·4 in Bolton, and 2·0 in Newcastle-upon-Tyne. Of the 42 deaths from diphtheria, 26 occurred in London, and 2 each in Edinburgh, Glasgow, Liverpool, and Cardiff. Small-pox caused 3 deaths in London and its outer ring, 3 in Liverpool, and 1 in Bristol.



## Literature.

### BARNES' OBSTETRIC MEDICINE AND SURGERY. (a)

It need scarcely be said that the volume of the Drs. Barnes' work on Obstetric Medicine and Surgery now before us quite fulfils the expectations raised regarding it by the perusal of the first volume. It was then expected that vol. ii. would complete a work on obstetrics destined to take a first place in the literature of the subject, and a careful reading of this volume convinces us that the expectation then formed was correct.

The present volume commences with Labour, to which 36 pages are devoted. The puerperal process, a subject of not less importance succeeds, in which the whole of it is discussed in a careful and thoughtful manner. We note, by-the-by, that the Drs. Barnes have a good word to say of the obstetric binder. The New-Born Infant and the Factors of Labour afford the subject-matter for the next two chapters. Those who take pleasure in the abstruse problems connected with the mechanism of labour will be amply rewarded by a careful and thorough study of the latter of these, Chapters v. and vi. are devoted to Accidents during, and following, Labour. Hæmorrhages of all kinds, rupture of the uterus, of perineum, traumatic injuries, are embraced in these, also laparotomy, Porro's operation, various injuries of pelvic viscera and organs, inversion of the uterus, and retained placenta. Chapter vii. is devoted to sudden death in gestation, labour and puerpery, and embraces the subjects of embolism, entrance of air into veins, tetanus, ileus, necrosis, &c., whilst Chapter viii. takes in the accidents of lactation. One of the most important chapters and, at the same time, one of the most interesting, is the next (Chapter ix.), which embraces the Puerperal Fevers. The authors do not consider that there is one puerperal fever only, but that there are many, and that all are more or less modified by the puerperal state, and some so much so that the original fever is almost or even completely masked by the puerperal part. Some of the greatest advances of recent years belong to this part of the subject, and our authors have evidently devoted a good deal of critical study to it. We cordially agree with every word in the chapter, Chapter x. describes the obstetricist's armamentarium. Chapter xi. takes the subject of Dystocia, in which difficult labour from every cause, maternal and foetal, is fully discussed. The next chapter is devoted to the Forceps, the various forms of instrument are described, their power discussed, and the indication for their use clearly pointed out. Version or Turning forms the subject of Chapter xiii. This is a subject which Dr. Robert Barnes has made peculiarly his own, and in which he has thus a special claim to be heard. Embryotomy, Cæsarean Section, in its various modifications, and Premature Induction of Labour are fully treated of in Chapters xiv., xv., and xvi. In the chapter on Cæsarean Section the most advanced gynaecologist will find that our authors are quite abreast of him, and that the immense strides made of late years in abdominal surgery have been duly appraised by them and taken into account, so that Cæsarean section in its various modifications is advocated in suitable cases with a boldness and confidence quite characteristic of our times. The faults of the work, if there are any, are quite overshadowed by its general excellence. We do not believe, for instance, that any woman will be benefited by delivery under the spray either in hospital or out of it. The longer we live the more we see that antiseptic midwifery, as well as surgery, resolves itself into cleanliness and quick removal of devitalised discharges. If these desiderata are attained, no spray will be required; if not, even the spray will fail to prevent the diseases called into existence by dirt and pent up secretions. Still the spray will probably not do much harm, so long as it does not draw off attention from more vital points. On page 30 the authors recommend that the examining finger be lubricated with carbolised vaseline, 1-30. Koch, on the other hand, asserts that oily preparations of carbolic acid are inert. On page 36 we are told to use the catheter, but we are not told to first cleanse the vestibule, and to avoid forcing mucus and dirt into the bladder in front of the catheter, thereby running a risk of setting up a cystitis that may prove troublesome. On page 107 it is said that a new-born child may have a little sugar and water,

cane sugar being not easily digestible, and requiring to be converted into grape sugar before it can be disposed of. On page 298 the statement is made that "2nd. The red blood globules help to reconstitute the blood;" recent researches, however, show that any red blood globules transferred into the system are immediately destroyed, and that it is the volume of fluid alone that acts beneficially by assisting "the dynamic action of the heart." These are inconsiderable trifles, however, and do not in the least take from the great value of the work.

The style is clear and aphoristic. An illustration taken at random will suffice to show this. On page 53 we meet with the following pithily expressed passage, which may be taken as a sample of the whole. Speaking of the condition after the placenta is cast off, the authors say, "The blood is called elsewhere. A new form of developmental energy is set up in the breasts, and the vessels supplying these organs undergo a physiological hypertrophy. The breasts have superseded the uterus; the child has shifted the source whence it draws its sustenance. But the full establishment of the activity of the new developmental focus is rarely effected until the third day. To the first or mechanical process succeeds the *Involution-process*."

The illustrations, fully half of which appear to be new, are numerous and well executed. The printing, paper, and general get-up are all that can be desired.

## Correspondence.

### M. PASTEUR'S PROPHYLACTIC FOR HYDROPHOBIA. TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Before making up our minds that a prophylactic for hydrophobia has been discovered, would it not be well to wait a little, until we get satisfactory answers to a few questions suggested by the accounts we have received of Pasteur's experiments? 1. What proof have we that the dog which bit Meister was rabid? All that your Paris correspondent says is that "the dog's mouth was covered with blood and foam" and that "the autopsy revealed the presence of the virus." I have read elsewhere that fragments of straw were discovered in the dog's stomach. Now blood and foam on a dog's mouth is not, as far as I am aware, a sign of rabies. We are told that mad dogs sometimes foam at the mouth, but certainly they as often do not, and blood at the mouth is, as far as I can find, not pathognomonic of the disease. Foreign bodies in the stomach of a dog are certainly often found in the stomachs of dogs free from all taint of rabidity. I lately lost a most affectionate and choice little dog, which exhibited no symptoms of rabies, in consequence of its swallowing a piece of slate, which stuck in its pylorus and caused ulceration there, and stoppage of the passage into the duodenum. What does your correspondent mean by saying that the autopsy revealed the presence of the virus? Has anyone been able to isolate and identify by characteristic marks the virus of rabies? If so, it would only be right to tell us what these characteristic marks are, for any works I have been able to consult are silent on the subject. Bollinger, in Von Ziemssen's "Cyclopaedia" (iii., 468) gives a long list of dog's diseases which present "symptoms resembling those of rabies," and he says further that an accurate diagnosis cannot be made from the post-mortem appearances alone. Until we are satisfied that the dog in question actually had rabies, we must hesitate to accept Dr. Vulpien's opinion that the boy was in danger of getting hydrophobia. 2. Supposing the dog was rabid, must we conclude from that the boy it bit was necessarily doomed to die of hydrophobia? We read elsewhere that the boy's wounds were cauterised and washed with carbolic acid soon after he was bitten. Must we, contrary to the notion as generally prevalent, consider these prophylactic measures as absolutely useless in Meister's case, and if so, why? Then we know that many persons have been bitten by rabid dogs and have not got hydrophobia. Why may not Meister belong to the fortunate insusceptible ones? 3. Is it not premature to say that the boy is safe from all risk of getting hydrophobia because he has not yet, four months after being bitten, shown any symptoms of the disease, when we are told that many months, and even a year or more, may elapse after the bite before the disease shows itself? 4. Is there any evidence to show that the inoculations made with the spinal marrow of rabid rabbits have any effect whatever on

(a) 'A System of Obstetric Medicine and Surgery, Theoretical and Clinical.' By Robert Barnes, M.D., and Faucourt Barnes, M.D. Vol. II. London: Smith, Elder & Co. 1885.

the human being? Until all these questions are satisfactorily answered, I think we must suspend our judgment in respect to Pasteur's supposed discovery of a prophylactic for hydrophobia.

Yours, &c.,  
R. E. DUDGEON.

53 Montagu Square, London, W.,  
Nov. 19, 1885.

### AN OUTBREAK OF VACCINIA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR.—The following unique and interesting outbreak of vaccinia I think worthy of noting, for during forty years of military and civil practice I have not seen it occur in so strange a manner, the usual mode being inoculation by virus into the blood, this attack being brought about by introduction of the germs through milk into the intestinal lacteals, contrary to the views of Jenner and Wertheim, of Vienna.

A few weeks ago I was sent for to see the child of Colonel —, affected with an eruption somewhat between herpes and vaccine pustules; the concomitant febrile disturbance was what excited my suspicion. In a few days another child sickened, and became covered with the same eruption. I would have looked upon it as variola, only that I had efficiently vaccinated these children. In a few days more all the children were down—eight. The eruption went through all the phases of vaccine pustulation, and the constitutional disturbance was pretty severe. I at once saw I had to deal with a zymotic malady of the variolous type, and set about inquiring the cause, and soon discovered that the cows supplying the nursery with milk had been ill, and showed some pimples on their paps; but strange that the woman who milked them was not affected, only the children, who had no contact with them, and drank their milk only, were affected, contrary to all theory and experience. Some curious questions now present themselves. Why did not vaccination protect these young children from evident vaccinia? Would vaccine virus introduced into the alimentary canal produce vaccinia? Would variola virus introduced into the intestinal canal produce small-pox? Jenner did not consider the milk of a pustuled cow as infecting or protective, and Wertheim, in his beautiful series of experiments, quite overlooked this mode of inoculation or ferment production; but we now know from this outbreak that the milk of a cow affected with vaccinia may produce the malady in those who drink it, as surely as if inoculated with the virus from the pustuled pap.

I am, Sir, yours, &c.,  
HENRY C. GARDE, Surgeon-Major.

Youghal, Nov. 20.

### THE TENURE OF WORKHOUSE APPOINTMENTS IN IRELAND.

THE case of McGuinnan v. the Belfast Guardians, in which, as we informed our readers, the Irish Medical Association contested the right of a Board of Guardians to dismiss its officers, was argued last week in Dublin before Lord Chief Justice May and Justices O'Brien and Murphy. The Association was represented by Mr. John Gibson, Q.C., the new Solicitor-General for Ireland, and McGuinnan by Mr. Monroe, Q.C., who was then Solicitor-General, and is now the Judge of the Land Court.

The argument turned, to some extent, upon whether the assistant-schoolmaster was within the rule which gives the guardians power to dismiss a "porter or assistant," for if he be included within that rule the Association does not dispute the right of the guardians to deal with him; it is only in the case of superior officers that they challenge their authority.

Judgment was reserved, and was expected to be delivered on yesterday (Tuesday).

WE learn with much regret that Mr. Joliffe Tufnell, of Dublin, to whose serious indisposition we referred last week, is by no means so well as we then reported him. The symptoms are those of gastric ulcer, and his strength is not so well maintained.

WE are in a position to state that Mr. Corley, Surgeon to the Richmond Hospital, and Lecturer in Surgery in the Carmichael College, Dublin, who occupied the Vice-Presidency for a brief period in 1884, will present himself to the Fellows of the Royal College of Surgeons in Ireland at the annual election in next June for the Vice-Presidency of the College.

WE are pleased to hear that Mr. H. S. Wellcome, of the firm of Messrs. Burroughs, Wellcome and Co., has been awarded the Humane Society's medal for his gallant efforts in saving the life of a lady in Boulter's Lock a few weeks since. The affair was one of exceeding difficulty and danger, and we congratulate Mr. Wellcome on his well-merited distinction.

THE Guardians of the Kinsale Union, we are gratified to observe, have voted to Dr. Dorman, recently medical officer of the Kinsale Dispensary, the highest superannuation which the regulations allow. Dr. Dorman has well earned this pension by his long, conscientious, and efficient service to the poor of the district, and it is infinitely to the credit of the Kinsale Guardians that they have not, like their *confrères* elsewhere, sought to cultivate a cheap popularity with the ratepayers by cheating their officer of his well-deserved superannuation. The Kinsale Board has indeed earned a character for fairness to its officers by having similarly provided for Dr. Hornibrook, and we fully believe that in thus treating their officers they not only act justly and honourably, but they do the best for the ratepayers.

**The Mortality of Foreign Cities.**—The annual death-rates per 1,000 in the principal foreign cities, according to the last weekly returns communicated to the Registrar-General, are as follow:—Bombay 22, Madras 32, Paris 21, Geneva 21, Brussels 17, Amsterdam 22, Rotterdam 19, The Hague 16, Copenhagen 13, Stockholm 20, Christiania 20, St. Petersburg 24, Berlin 20, Hamburg 23, Dresden 20, Breslau 25, Munich 26, Vienna 22, Prague 27, Buda-Pesth 22, Trieste 22, Rome 23, Turin 19, Venice 30, New York 20, Brooklyn 19, Philadelphia 17, and Baltimore 19.

### Notices to Correspondents.

✉ 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.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

MR. E. H. FENWICK.—Your case of "Idiopathic Extra-peritoneal Rupture of the Bladder" shall appear, if possible, in our next.

MR. C. W. is thanked for his communication, which he will see has been utilised.

G. F.—The mistake has been rectified. It arose out of a misconception on your part.

**DR. FRANCIS JAMES.**—The new university so magnificently endowed by Senator Stanford is to be built at Palo-Alto, about thirty miles from San Francisco. It will be modelled on the plan of the Johns Hopkins University.

#### PAYMENT OF DISPENSARY SUBSTITUTES.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—On the 10th October, at a special meeting of a dispensary committee, a resolution was passed—seven out of the eight members present supporting it—agreeing to grant leave to the medical officer for two months, and voting a payment of £3 per week to *locum tenens* for one month. The dispensary minutes came before guardians nine days afterwards in the usual manner, and the guardians rejected the portion of resolution granting payment, approving of the leave and *locum tenens* at the same time. Now the case has been brought before the Chairman of Quarter Sessions, in the form of civil bill process, by *Locum tenens v. Guardians*, and the Chairman has decreed the latter body not liable. This decision is contrary to your opinion given in issue of September 2nd. Will you kindly say if the claim can be made good, and how? Would it be well to have it appealed to Assizes? It might be well to explain that a previous leave of two months also had been given, the dispensary doctor stating he would himself pay the substitute, but in the second application payment for a month was asked for. Medical certificate was handed in with the requisition requesting the leave. The leave asked for and granted in the second instance was a continuation of the first leave, the same *locum tenens* acting uninterruptedly four months.

In a case—same plaintiff *v. guardians*—the Chairman gave decree for two guineas for attendance on midwifery case, and one guinea costs, which the guardians refused to pay. The distance to court is over ten miles. Should not a medical man have been allowed more than one guinea expenses?

November 14, 1885.

I am, Sir, yours, &c., THE L. T.

[We very much regret that we did not hear of this case in sufficient time to advise our correspondent. We could have put in his hand the judgment of Mr. Justice Murphy, who, at the last Galway Assizes, reversed the unfavourable decision of Mr. Henn, the Recorder of Galway, and gave a decree for full amount claimed by the *locum tenens*, holding that, if the dispensary committee pledge themselves to pay a given sum, they thereby pledge the guardians, and are entitled to do so. We give the report of the case in our Irish Supplement of this day, it being too long for this column.—ED.]

**DR. BUZZARD** will please accept our best thanks.

**DR. TAYLOR.**—The secretary acted strictly within the province of his duties in refusing to receive the nomination; and we venture to think that any appeal against the decision would be unsuccessful. But, of course, there is no rule to prevent it.

**MR. SMITHSON.**—The work is by an American surgeon, Dr. Stephen Smith, and is published in this country by Messrs. Sampson Low and Co. You are correctly informed as to its character and value.

**STUDENT.**—Yes, if for the first M.B.; otherwise the book is not sufficiently copious.

**DR. WINNINGTON.**—The case is probably one of chronic bronchitis with emphysema; but nothing short of a most careful physical examination of the patient will enable a definite line of treatment to be pursued successfully. The work you mention is not a recent one, and since it was published much less has been done and suggested in connection with the subject it discusses.

**MR. ABEL MATTHEWS.**—We cannot give you any information on the subject. The facts are still uncertain, and until the investigations now in progress are completed, nothing is likely to be done in the way of definite action. The circumstances are peculiar.

D. L. R.—We shall be very glad.

**DR. C. B. ILLINGWORTH.**—Paper received.

**MR. H. H.**—Sorry we cannot regard your communication in the same light as you do, and would advise you not to carry out your idea of sending it to other journals, being convinced that many instead of one disappointment will await you.

#### A FEW THINGS IN WATER.

But if from man's vile arts I flee,  
And drink pure water from the lea,  
I gulp down infusoria,  
And quarts of raw bacteria,  
And hideous rotatoria,  
And wriggly polygastrics,  
And almy diatomaceae,

And hard-shelled ophryocercinae,  
And double-barrelled kolpodae,  
Non-loricated amoebae,  
And various animalcules  
Of middle, high, and low degree,  
For Nature just beats all creation  
In multiplied adulteration.  
—*Chemist and Druggist.*

M. R. M.—After careful consideration of your letter, we feel compelled to decline the proposal you make, not only because it would appear to reflect on individuals, but also because it would give the appearance of suggesting a necessity for improvements where none exists. We feel sure your conclusions are not justified by facts.

#### MEDICINE A LA MODE!

RECENTLY we have heard from correspondents of an American lady driving in a carriage and six horses through some of our provincial towns, attracting "all and every" by the noise of her accompanying brass band, to accept her advice and medicine as from "the world-renowned American lady doctor," both of which were worth all the old-fashioned English doctors and their medicine put together. We suppose it paid—most frauds do for a time; and we suppose the next honour in store for us will be from another itinerant *so-called* doctor, who is now travelling America with a very lovely young woman, whom he exhibits to an admiring multitude as a fair specimen of the results of his patent medicine, which, he declares, causes the perfection of her complexion. He sells a tonic, too, to which he attributes the abundance of her hair, and drugs for the increase or reduction of

fish to her standard, according to the aspirations of his ignorant victims.

## Meetings of the Societies.

WEDNESDAY, NOVEMBER 25TH.

**BRITISH GYNÆCOLOGICAL SOCIETY.**—At 8.30 p.m., Specimens will be shown.—Dr. Purcell, On a Case of Intra-Uterine Amputation of the Uterus.—Dr. R. T. Smith, On Trachelorrhaphy.

**HUNTERIAN SOCIETY.**—At 8 p.m., Dr. Herman—(1) Cases in which Turning is facilitated by Amputation of the Proximal Arm; (2) Cases of Disease of the Female Urethra.—Dr. Cotman, Two Cases of Sudden Death.—Dr. Turner, Specimens of Traumatic Emphysema.

THURSDAY, NOVEMBER 26TH.

**HARVEIAN SOCIETY OF LONDON.**—At 8.30 p.m., Harveian Lectures by Dr. T. BUZZARD, On Some Varieties of Paralysis dependent upon Peripheral Neuritis.

FRIDAY, NOVEMBER 27TH.

**CLINICAL SOCIETY OF LONDON.**—At 8.30 p.m., Mr. Barwell, A Case of Gastrostomy.—Mr. Dent, A Case of Gastrostomy.—Mr. John Morgan, A Case of Gastrostomy.—Mr. Golding Bird, Jejunostomy in Cases of Cancer of Pylorus.—Living Specimens: Dr. Felix Semon, A Case of Congenital Malformations (web between vocal cords, and coloboma of eyelid).—Dr. C. R. Walker, A Case of Myxœdema.—Dr. T. D. Savill, A Case of Myxœdema.

## Vacancies.

- Birmingham**—Children's Hospital.—Assistant Resident Medical Officer. Salary, £40 per annum, with board, &c. Applications, with testimonials, to the Secretary not later than December 1.
- Borough of Portsmouth.**—Medical Officer of Health, Port Sanitary Medical Officer, Medical Officer to the Infectious Diseases Hospital, and Public Analyst. Salary, £500 per annum. Applications, with testimonials, to be addressed to the Municipal Offices, Arundel Street, Portsmouth, on or before November 27.
- Bristol General Hospital.**—House Surgeon. Salary, £120 per annum, with board, &c. Applications to the Secretary before Dec. 2.
- Durham County Hospital.**—House Surgeon. Salary, £100 a year. Applications, with testimonials, to the Hon. Sec. not later than November 27.
- Manchester**—Owens College.—Lectureship in Medical Jurisprudence. Applications, with testimonials, to the Registrar not later than November 30.
- Victoria Hospital for Children, Chelsea, S.W.**—House Surgeon. Honorarium of £50 per annum, with board and lodging. Also Registrar. Honorarium of £68 per annum. Applications, with testimonials, to the Secretary on or before December 7.
- Wandsworth and Clapham Union.**—Assistant Medical Officer to the Infirmary and Workhouse. Salary, £120 per annum, with apartments, &c. Applications to the Clerk by November 30.
- Whitechapel Union.**—Assistant Medical Officer to the Infirmary. Salary, £150 per annum, with furnished apartments, &c. Applications, with testimonials, to the Clerk not later than December 7.

## Appointments.

- CHURCHOUSE, W. J. F., L.R.C.P. Ed.,** Medical Officer of Health for the Urban District of the Daventry Union.
- HARE, F. W. E., M.B. Dur., M.R.C.S.,** Assistant Resident Surgeon to the Brisbane Hospital.
- HARPER, A., M.B. Dur., M.R.C.S.,** House Physician to the West London Hospital.
- HARRIS, V. D., M.D. Lond., F.R.C.P.,** Physician to the City of London Hospital for Diseases of the Chest, Victoria Park.
- HARSANT, W. H., F.R.C.S. Eng.,** Surgeon to the Bristol Royal Infirmary.
- KEMP, J. R., L.R.C.P. Lond., M.R.C.S.,** Assistant Surgeon to the Central London Ophthalmic Hospital.
- LEES, W., M.R.C.S. Eng., L.S.A. Lond.,** Visiting Surgeon to the Chester General Infirmary.
- MACDONALD, W. C. C., M.B., C.M. Glas.,** Resident Surgeon to the Hospital for Pacific Islanders, Ingham, Queensland.
- MICKLE, G., M.B., C.M. Aber.,** Medical Officer for the Kirklington District of the Bedale Union; also Medical Officer for the Pickhill District of the Thirsk Union.
- RICE, R., M.R.C.S., L.S.A. Lond.,** Medical Officer for the Blewbury District of the Wantage Union.
- WOODHEAD, G. S., M.D., F.R.C.P. Ed.,** Pathologist to the Royal Infirmary, Edinburgh.

## Marriages.

- REES-PHILIPPS**—ELKINGTON.—November 12, at St. Stephen's, Cheltenham, Sutherland Rees-Phillips, M.D., Medical Superintendent, of St. Ann's Heath, Chertsey, to Agnes Emms, younger daughter of Alfred J. Elkington, of Lansdown Place, Cheltenham.
- TAIT**—GREENWAY.—November 12, at St. Andrew's Church, Plymouth, William Tait, M.B., B.N., H.M.S. Cambridge, to Emma, eldest daughter of John Greenway, Esq., of Shaftesbury Villas, Plymouth.

## Deaths.

- BLACKWOOD.**—November 12, suddenly, at Wednesbury, Thomas Blackwood, M.D. St. And., L.R.C.P. Ed.
- BLAND.**—November 14, at Grays, Geo. Bland, L.R.C.P. Ed., L.R.C.S. Ed., late of Minister, Isle of Sheppey.
- CAMPBELL.**—November 17, at 9 Lower Leeson Street, Dublin, Dr. Kenneth Joseph Campbell, aged 25.
- CONRY.**—November 15, at Melville Hospital, Chatham, Thomas Conry, Staff-Surgeon R.N., of Clonryn, Co. Longford, aged 45.
- MANGET.**—November 2, on board the Royal mail steamer *Est*, at Barbadoes, Etienne A. Manget, M.D., late Surgeon-General of British Guiana, aged 70.
- FIGOTT.**—November 11, at Davos Platz, Switzerland, Peter Figott, M.R.C.S., L.S.A. Lond.

# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 2, 1885.

CONTENTS.		PAGE	PAGE
<b>ORIGINAL COMMUNICATIONS.</b>			
Hysteria in the Male. By Prof. Charcot, Salpêtrière Hospital, Paris .....	503	Ulceration of the Trachea and Innominate after Tracheotomy .....	513
On Chorea. By David Goyder, M.D., Hon. Physician to the Bradford General Infirmary; & President of the Bradford Medico-Chirurgical Society .....	505	Abscess of the Spleen occurring in Enteric Fever and Exhibition of Specimen	513
Notes on the Development of Specific Fevers. By Chas. H. Willis, M.D., B.Sc., Resident Medical Officer, Borough Fever Hospital, Sheffield .....	508	Removal of Right Eyeball and Lids for Rodent Ulcers .....	513
<b>CLINICAL RECORDS.</b>			
Sheffield Public Hospital.—A Case of Bell's Paralysis of Central Origin. By W. R. Thomas, M.D., M.R.C.P., Physician to the Sheffield Public Hospital, and Lecturer on Medicine, Sheffield Medical School .....	509	<b>SHEFFIELD MEDICO-CHIRURGICAL SOCIETY—</b>	
<b>TRANSACTIONS OF SOCIETIES.</b>			
<b>CLINICAL SOCIETY OF LONDON—</b>			
Gastrostomy .....	510	Passage of Steel Splinter through the Cornea, Lens, and Posterior Wall of Eyeball .....	513
Gastrostomy in a Boy, <i>set.</i> 4 .....	511	Acute Necrosis of the Hip-joint, Ossification in Muscles about the Hip .....	513
Jejunostomy .....	511	Bell's Paralysis of Central Origin .....	514
<b>LIVERPOOL MEDICAL INSTITUTION —</b>			
Aneurism of the Aorta .....	512	Antiseptics in Dental Surgery .....	514
Foreign Body in the Bronchus .....	512	Notes on the Development of Specific Fevers .....	514
		A Club foot Family .....	514
		<b>THE ABERNETHIAN SOCIETY—</b>	
		The Experiences of a Midwifery Assistant	514
		<b>LEADING ARTICLES.</b>	
		GASTROSTOMY .....	514
		THE DECISION OF THE COUNCIL .....	515
		THE MEDICAL COUNCIL AND THEIR DOINGS	517
		<b>NOTES ON CURRENT TOPICS.</b>	
		The M.R.C.S. England .....	517
		Cantor Lectures on the Microscope .....	518
		The late King Alfonso .....	518
		A Distressing Fatality .....	518
		The Death-rate in Japan .....	519
		Hospital Saturday Fund .....	519
		The British Pharmacopœia .....	519
		Death from Nitrous Oxide .....	519
		A New Medical Knight .....	519
		The Gulstonian Lectures .....	519
		Artificial Colouring Matters .....	519
		Proposed Army Medical Institution .....	520
		Painful Scene at an Execution .....	520
		Vaccination Shields and Erysipelas .....	520
		<b>SCOTLAND.</b>	
		<b>GLASGOW—</b>	
		Dr. Charles Cameron's Re-election to Parliament .....	720
		<b>OBITUARY.</b>	
		Mr. Joliffe Tufnell, of Dublin .....	521
		Medical News .....	521
		NOTICES TO CORRESPONDENTS .....	522
		Births .....	522
		Marriages .....	522
		Deaths .....	522

## Clinical Lectures

ON

### HYSTERIA IN THE MALE. (a)

By Professor CHARCOT, Salpêtrière Hospital, Paris.

GENTLEMEN,—To-day we shall consider the subject of hysteria in the male, and with a view to a better circumscribing of the subject, we will consider male hysteria as occurring in adolescents of full maturity, viz., between the ages of 20 and 40, and further, we will examine that special form of it which is most accentuated, that which corresponds in the female with the *grande hysteria*, or hystero-epilepsy, with mixed crises. In deciding upon this subject I am inclined to it by the fact that I have already on many occasions treated of the subject, and because we have now in our wards a collection remarkably unique of such subjects, which I shall be enabled to submit to you, and subject with you to critical examination. It is my special intention to familiarise you with this subject, that you may be enabled, so to speak, to put your finger on these cases and identify this striking neurosis in both sexes. In the comparison which we shall institute especially will it be incumbent upon us to isolate the most striking analogies, and here and there only some differences which, as you will see, are of a subservient order.

Further, the question of hysteria in the male has been a popular one of late. In France, during the past few years, it has engaged the attention of many physicians. From 1875 to 1880, at the Faculty of Medicine of Paris, five inaugural dissertations have been dedicated to the subject of hysteria in the male, and M. Klein, the author of one of these theses, written under the supervision of Dr. Olivier, has been enabled to collect 80 cases of this affection. Since that time have appeared the important publications of MM. Bourneville and his pupils,

of MM. Debove, Raymond, Dreyfus, and some others; and all these works have tended to demonstrate that male hysteria is encountered with tolerable frequency in ordinary practice. Quite recently the subject of male hysteria has been studied in America by Drs. Putnam and Walton, (a) principally as a consequence of injuries, and especially of railway accidents. They have discovered, with Page, (b) who also studied this question in England, that "many of the accidents called *nervous* and designated *railway spine* should rather be termed *railway brain*, and are rather, both in male and female, simply manifestations of hysteria. Hence we can easily understand the practical interest which such cases possess for our American *confrères*. The subjects of railway accidents raise actions for pecuniary damages against companies, and large sums of money may be at stake. I repeat, however, that hysteria is frequently the basis of such actions. Those grave and obstinate nervous conditions which result from railway collisions of such a nature as to render the subjects of them for many months, or even years, unfitted for their usual occupations, are frequently neither more nor less than hysteria, and nothing but hysteria. The subject of male hysteria is thus well worthy of being studied in its medico-legal relations, seeing the great interests which are submitted to legal tribunals, and which may be impressed perhaps—a circumstance which renders the task most difficult—by the prejudices attaching at present to the term hysteria. A profound knowledge of the subject, and of the conditions under which it may originate will be all the more useful, seeing that the nervous complications may arise independently altogether of traumatism, and are simply the consequences of nervous psychical commotion arising from the accident, and that frequently they do not appear immediately, but after the lapse of a considerable interval since the receipt of the injury. Thus, one who may have received a fracture of the thigh may be incapacitated for

(a) L. Putnam, *American Journal of Neurology*, 1884, p. 507. Walton, *Archives of Medicine*, 1883, vol. x.  
(b) "Injuries of the Spine and Spinal Cord, &c." London. 1885.

(a) Translated from *Le Progrès Médical*.

work for only three or four months, while another, who may have sustained nervous injury apparently of much less gravity, may be incapacitated for work for six months, or a year, or more. In such cases it is easy to comprehend how delicate is the duty of the medical jurist, and it is from this point of view that the question hitherto somewhat neglected seems to have engaged the attention of our American colleagues.

To the extent that the disease has been thus better studied and better known, as always happens in similar circumstances, the cases apparently become more frequent, and at the same time more easy of analysis. I have already mentioned to you that four or five years ago M. Klein in his thesis had collected 80 cases of male hysteria. At the present time M. Batault, in a special work on the subject, has collected 218 cases, 9 of which occurred in our own *clinique*. Male hysteria is very far, then, from being rare. But, gentlemen, if one can judge from what we see daily in our wards, these cases are frequently unrecognised, even by distinguished physicians. It may readily be conceded that a young man effeminated by excesses, by chagrins, or other strong emotions, may manifest hysteriform phenomena, but it is quite otherwise with a vigorous artisan, not enervated by culture; a railway fireman, for example, not previously subject to emotional excitation. It is striking that after an accident, or collision, such an one becomes hysterical in the same manner as a female. Nothing, however, is more satisfactorily demonstrated, and this is an idea which has to be conceded. It has become a recognised fact, like many other propositions, which have encountered for long only scepticism or ironical opposition. A prejudice which without doubt contributes much to obstruct the diffusion of knowledge relatively to the subject of hysteria in the male is the relatively false idea which is entertained of the clinical tableau of this neurosis in the female. In the male, indeed, the disease frequently manifests itself as an affection remarkable for the permanency and obstinacy of the symptoms by which it is characterised, while in the female, on the contrary, and this seems to be doubtless the capital difference between the two sexes for such as do not know the real nature of the disease in the female—that which one believes to be the characteristic feature of hysteria, viz., the instability and the mobility of the symptoms. In hysteria, then, it is said, naturally founding on the phenomena as they occur in the female, the symptoms are transient, their progress capricious, and frequently varied by outbursts the most unexpected. But, gentlemen, that mobility, that transitoriness of symptoms, is far from being, as I have frequently demonstrated to you, an unequivocal characteristic of hysteria even in the female. Yes, even in the female there are phenomena of hysteria which are durable, permanent, extremely difficult to modify, and which sometimes resist all remedial interference. And even if it be true that these do not constitute the generality of cases, they are yet very numerous. This is a point on which I will revert in the sequel. For the present I will content myself by remarking to you only that the permanence and obstinacy of hysterical symptoms in the male render difficult the recognition of their real nature. Some, in presence of phenomena which resist all therapeutical agencies, believe that they have to deal with, especially if there exist sensorial troubles with nervous crises, a central organic lesion, an intercranial neoplasm, or if simulating paraplegia, an organic lesion of the spinal cord. Others will voluntarily recognise or even affirm that there can be no doubt in such cases as to an organic alteration, a dynamic lesion simply existing; but in presence of symptoms whose tenacity does not accord with the theory which they entertain of hysteria, they consider that they have here to deal with a special malady not yet described, and which merits treatment apart.

An error of this nature seems to me to have been committed by MM. Oppenheim and Thomsen, of Berlin, (a) in a treatise which contains a great number

of interesting and well observed facts, if not, as I believe, always properly interpreted. These gentlemen have observed sensitive and sensorial hemi-anæsthesia analogous in all respects to that observed in hysteria by Drs. Putnam and Walton. This occurred in the cases of stokers, train conductors, and labourers, the subjects of railway accidents, or of other accidents causing shock to the head, or general concussion. Neither alcoholism, nor lead-poisoning, fail to be considered in these cases, and according to all appearances there exists in them no organic lesion. Witness, then, patients resembling those of MM. Putnam and Walton; but contrary to those authors, the German authors do not recognise that they have to deal with hysteria. According to them there is a special malady not yet relegated to its proper pathological place. The principal arguments on which MM. Oppenheim and Thomsen base their conclusions are the following: 1st. The anæsthesia is persistent; there are no capricious modifications such as are characteristic (?) of hysteria; it remains as such for months, or even years. 2nd. Another feature is that the psychological condition is not that of hysteria. The perversions of this nature are not the mobile changing behaviour of hysteria. The patients are rather depressed, and permanently melancholic, and without more or less variation one way or the other.

It is impossible for me to assent to the conclusions of MM. Oppenheim and Thomsen, and I hope to convince you: 1st. That the sensorial perversions may, even in the female, present a remarkable obstinacy, and that in the male this frequently obtains; 2nd. That in the male in particular the depression and melancholic tendency are observed most frequently in the cases less accentuated. We do not observe in the male, it is true, but this should not be regarded as a distinctive character of the first order, these caprices, these variations of character and of humour, which belong more habitually, though not necessarily invariably, to the hysteria of the female. But it is time, gentlemen, to cut short these preliminary observations, in order to enter upon the subject proper of to-day's lecture. We will proceed by a clinical demonstration to study together in detail a certain number of perfectly characteristic cases of male hysteria. To begin with we isolate the analogies and differences which exist between the hysterical phenomena observed in man and those which we daily witness in the corresponding affection in the female. Finally, I purpose to present to you in the manner of a *résumé* some general considerations on *grande* hysteria as it exists in the male sex.

But before entering upon this subject as affecting the male, I wish to recall to you in a summary manner from two examples to what extent, in the female, the permanent symptoms of hysteria, the hysteric stigmata, as we are in the habit of calling them for convenience sake are capable of remaining fixed, obstinate, and consequently exempt from that proverbial mobility which is regarded as characteristic of this affection. I will not speak to you of six or eight cases of *grande* hysteria in our wards. Some of them are characterised during months, or even years, by a simple or double hemi-anæsthesia which the most approved therapeutic agents have been unable to influence but for a few hours. I am about to present for your examination two females, truly hystero-epileptic veterans, who for some years have enjoyed an immunity from their grand attacks, and since that time discharged from special hospital treatment, but who within it perform the duties of domestics.

*To be continued.*

M. D'ARSONVAL has shown that the nerve of the frog, hitherto regarded as the most perfect of galvanoscopes, is 200 times less sensitive than the telephone. In consequence of this property several physiologists now employ this instrument in their researches.

## Clinical Address

### ON CHOREA. (a)

By DAVID GOYDER, M.D.,

Hon. Physician to the Bradford General Infirmary; President of the Bradford Medico-Chirurgical Society.

(Concluded from page 436.)

LET us illustrate these opinions by their application to the different kinds of chorea we have tabulated; and firstly, of *Rheumatic Chorea*.

Rheumatism is credited with the production of about a fourth or fifth of the cases of chorea, but though acting as an exciting cause, it is not an essential element of the disease, because it occurs where there is no rheumatic taint. There are those who maintain, and with some appearance of truth, that rheumatism, like chorea, is of purely nervous origin, that under the influence of cold, exposure, or privation the nervous energy becomes impaired, especially that of the sympathetic system, and suffers the carbonaceous elements of the food, instead of being converted into assimilable blood, to become degenerated into lactic acid, and thus to furnish the morbid element of this disease. Whether the alliance of the two diseases is to be accounted for thus, further investigation must determine, but there is no question that the rheumatic and choreic states co-exist, and apparently as cause and effect. Given a tender growing and impressionable subject, whose nervous system is the most sensitive portion of the organism, there is little wonder that the brain supplied with rheumatic blood should suffer irritation, and the more so if instead of the poison expending itself upon the joints it should attack the fibro-serous structures of the heart and the serous coat of the arteries. Hyperæmia of the cerebral base, with some degree of inflammatory action of the vessels of the corpora are the conditions essential to the excitation of intermittent discharges of nerve force, the escape of lymph from the cardiac valves and the production of emboli in the vessels of the corpora adding to the mischief by impairing the nutrition of the cells. Whether this be the explanation of rheumatic chorea or not, it must be evident that the effects are much more likely to be serious and prolonged than under the other forms of the affection, and for the reason that these effects involve not merely functional derangement, but organic injury to structure, whether of the heart or brain. These, indeed, are just the effects with which experience of such cases furnishes us, and it is just such that are likely to form the ultimate subjects of post-mortem examinations.

Secondly, as to *Anæmic Chorea*.

This form is generally found in girls about the commencement of menstruation. The anæmic character of the case will be distinguished by the patient's chlorotic appearance. Like simple anæmia, it is usually associated with a bellows heart-murmur, which, it is of the greatest importance, for obvious reasons, should be distinguished from the presystolic murmur of mitral and the systolic bruit of aortic valvular disease. Now anæmia does not so much mean want of blood as want of good, perfect, nourishing blood; it does not so much mean a want of red corpuscles as a want of perfectly formed undegenerated red corpuscles. The blood may justly be considered as diseased, and incapable of imparting appropriate nourishment to the tissues; the red corpuscles, too, lose their perfect disc-like form and become bad oxygen carriers. The causes operating to produce this state are—imperfect digestion and assimilation of food, coupled with want of pure air and physical exercise. The condition of blood thus induced becomes the first factor in a series of causes inducing chorea. The brain tissue is imperfectly nourished, and the nerve cells lose energy and power of continence, leaving them open to irregular

action from emotional or externally disturbing influences. The altered character of the blood becomes itself a source of irritation, either exciting irregular discharges of nerve force in the manner already described or inducing hysteria, especially at the period when uterine action should operate in establishing the catamenial flow. This hysterical connection, indeed, is not to be overlooked at the period of puberty in the female. The significance of the bellows-murmur in anæmia resides not alone in the passage of thin poor blood through the heart and greater vessels, but in the fact that the heart muscle loses contractile power, its tissue is reduced or attenuated by insufficient nourishment, whence there inevitably follows enfeebled, irregular, uncertain, and churning action. Thus, with poor, badly formed, imperfectly oxygenated, unnutritious blood, and that blood feebly and irregularly served to the most important organ of the body, the brain, you have just such conditions as will excite the great motor ganglia, the corpora striata, to the fitful and eccentric discharge of the nerve force characteristic of chorea.

Thirdly, as to the chorea of *Fright* and *Imitation*, for they may be considered together. It may be said that both result from mental disturbance, though each may be excited in a different manner.

Fright partakes of the character of *shock*, and it may be noted here that, though fright is a mental shock, yet physical shock, as a blow upon the head, has been returned as one cause of chorea. The chorea in this case, however, arises from direct injury by *contre-coup* to the ganglia at the base, the function of the nerve cells becoming irregularly exercised as the effects of concussion, and the irregularity being increased by congestion of the vessels in the same situation.

Mental shock, on the other hand, influences these ganglia from above, the effects of terror being communicated, possibly to from the whole surface of the cerebral convolutions upon the lower ganglia, and even beyond them upon the body below. The profound influence of mental shock is seen in other effects, and other neuroses beside chorea. It may, as we know, act so directly and powerfully as to kill its subject by arrestment of the action of the heart. It may so convert or pervert the normal functions of the cerebrum as to induce insanity or idiotcy, or the scarcely less miserable affection, chronic hysteria. Its influence may be insufficient permanently to injure its subject, and yet may strike the fœtus *in utero* through that subject, and render the child permanently choreic and imbecile. Aitkin records a remarkable case of this kind related by Mayo, in which a woman at the fourth month of pregnancy was frightened by the throwing of a disgusting object against her breast. She did not recover the effects for months, but notwithstanding went forward to her full time, remarking that the child was unusually lively. Upon delivery the child was found to be choreic, and continued so during life. It was, however, quite imbecile, and had a head little larger in size than that of an idiot.

Under the head of mental shock may be classed all those cases of chorea which (other things being eliminated) can be traced to fear or dread operating in any form; the cause may either operate suddenly or arise as a continued nervous tension, as is the case in over-pressure of children during education; thus, the fear of punishment for imperfectly prepared lessons, the dread of failure in examinations, with the usual attendant study and over-strain, will operate as exciting causes. It must be remembered that the results of nervous shock are not to be measured so much by the intensity of the operating cause as by the susceptibility of the subject—the more delicate and finely strung the nervous organisation, the greater the influence likely to be exerted upon it. Of a hundred children subjected to fright or over-pressure, only one may become choreic; but of every hundred cases of chorea at least twenty per cent. can be traced to over-pressure or nervous excitement in connection with education. This, at all events, is the proportion of the cases



which have presented themselves for treatment at this hospital during the last two years, and it is noteworthy in connection with chorea from over-pressure that in none of the cases recorded was there any history of acute rheumatism, and no trace of cardiac murmur, such as chorea from rheumatism and anæmia commonly present. The cause assigned was either "overworked at school," or "strictness at school," or "dread of school from punishment," &c.

We are most of us so convinced of the existence and evils of over-pressure that we need not discuss the matter here; it is not too much to say, however, that the vicious system of payment by results is responsible for increasing and extending chorea, that, in fact, it has added another, a modern fresh cause, to the too many other causes previously existing, and the sooner "payment by results" is disengaged the better.

Some of the severest cases of chorea are certainly those arising from the sudden operation of fear—from fright properly so called. Of the 31 cases under review 4, or about 12 per cent., are classed under this head.

In the first of these, that of a boy of 13, who had had an attack two years previously, the fresh attack was excited by a dog flying at him. The spasms were rapid and violent, but quickly yielded to arsenic and iron, the case being cured and dismissed within a month.

In the second case, that of a girl of 9, Alice Dodds, who also had suffered from a previous attack, to be presently alluded to, the symptoms began immediately on her reaching home after dismissal as an in-patient of the Infirmary. Her mother had died suddenly in the meantime, and the corpse still remained in the house. It became necessary, therefore, to inform her, and the shock at once re-excited the chorea. Application for re-admission was made in a few days, and she continued in the Infirmary two months before she could be dismissed cured. In both this and the previous case heart murmurs were present from mitral disease, although no rheumatic history was made out in the boy's case.

In the third case, that of a girl of 18, who was under treatment as an out-patient for gastric derangement, the fright was occasioned in the out-patient room by witnessing a man brought in for a severe accident. The girl began almost at once with choreic spasm, and was admitted some days afterwards as an in-patient. She was dismissed cured within a month, the treatment being simply tonic and restorative. There was no history or evidence of rheumatic or cardiac disease, but the girl was of evidently delicate constitution, and exceedingly emotional.

The fourth case was that of a girl of 15, who for a period of ten days after admission exhibited the most severe spasms and contortions ever witnessed in the Infirmary; not only were the motions violent, but the mental condition became excited and almost maniacal. Her condition was greatly relieved by chloral, bromide, and conium. The spasms and mania gradually subsided, the chorea disappearing at the end of a month; but when dismissed the mania had sunk into a kind of dementia. I regret that I do not possess any information respecting the ultimate history of this case; nor could the exact nature of the cause be ascertained further than that it originated in fright. No cardiac murmur was present.

The last cause of chorea I have tabulated is *Imitation*, which is not a prevalent cause at the present day, though common in the Middle Ages, when its victims were legion, and gave rise to those remarkable pilgrimages to the shrines of saints, which have furnished the best known name of the disorder. Rhythmical motions, such as the measured and graceful dance on the one hand, and on the other the not less rhythmical but uncouth motions of the Shakers and votaries of the modern Salvationists, exercise a powerful influence on excitable beholders, of whatever sex or age. The imitation thus excited is, however, different in its origin and character to that of the movements of chorea. The will

controls, directs, and can suspend the former, and they are strictly regular; whereas, as I have already shown, choreic movements are spasmodic and irregular, and can only for the time and by the strongest effort be influenced by the will. In this respect the term "Chorea," a dance, is singularly inappropriate as a scientific term for the disorder.

Be that as it may, the imitative chorea of the past is proven by the occurrence of cases of a similar kind at the present day. An instance of this occurred in this Infirmary, where it was observed from first to last, and as the case was remarkable for its severity and extreme results, I will detail it.

Alice Dodds, æt. 9, was admitted as an in-patient on Aug. 9, 1884, labouring under debility. For the first fortnight she improved rapidly, and was permitted to run about the ward. In this ward were two or three cases of chorea, to the subject of one of which Alice became attached, and assisted to adjust the clothes on the bed, which were apt to be displaced by the jactitations of the patient. In a very few days Dr. Phillips, the then house physician, observed that Alice began to exhibit choreic movements; these rapidly developed, when she was at once isolated and placed in bed and under treatment. Notwithstanding the use of strong nervous sedatives, the movements increased to such an extent as to require the special care of the nurse to keep her covered. The general health suffered greatly, and it was extremely difficult to supply her with sufficient sustenance. The mind also became dulled, and she could scarcely be made to understand remarks which were addressed to her. The tongue was alternately thrust out of the mouth and drawn in, or at other times would hang out. She slavered, and at last exhibited the appearance of a drivelling idiot. When the tossing about the bed became so extreme she was ordered 10 grains of chloral, and 15 grains of bromide every six hours. Gradually the spasms relaxed, became less frequent, and ultimately subsided into very feeble movements. She had now been fourteen days affected, and had every appearance of impending death. The chloral and bromide were given less frequently as the spasms subsided, and she was fed frequently with beef tea and milk. She remained in this condition for another week, when she was ordered teaspoonful doses of Fellows' syrup four times a day. Her digestive organs, which were greatly deranged, were treated with grey powder and rhubarb. She improved as rapidly under this treatment as she had sunk under the chorea, and was discharged apparently quite well on Nov. 7, 1884, or two months after admission. Unfortunately she received a shock after leaving the hospital on hearing of her mother's death, and had to be readmitted and treated as already stated for a fresh choreic attack. The only commentary I will make upon this case is that it has taught me the necessity of isolating all cases of chorea from the observation of other children.

#### *Diagnosis and Prognosis.*

The *Diagnosis* of chorea is so obvious as to require little if any remark. The eccentricity and irregularity of the muscular movements are its chief characteristics. Watson gives some instances of diseased muscular movements of a most extraordinary character which he differentiates from chorea. The muscular efforts in these cases savour more of those of the professional gymnast than the possible actions of diseased and delicate women. The perusal of Watson's graphic account will repay those of you who are sufficiently interested, but for purposes of diagnosis it is not necessary further to allude to it.

The *Prognosis* of chorea can also be dismissed in a very few words. It is generally favourable except in very extreme cases. The tendency of the disease is to wear itself out in from four to eight weeks; but in extreme cases, especially the rheumatic, complicated with endocarditis, the prognosis is grave, and the effects, not the chorea, likely to be lasting. Chorea, moreover, is apt to recur, and this fact must be borne in mind, that the avoidance of

of all exciting causes may be impressed upon parents. The cardiac murmurs present in chorea generally persist during life. This is intelligible enough where there is organic mischief dependent upon rheumatic endocarditis, but not so intelligible when the chorea is the result of anæmia only. Still anæmia impairs the cardiac muscular structure somewhat, and it is possible that the murmur may be lasting as an exaggerated *bruit musculaire*. Of one thing I have satisfied myself, that a prognosis of early recovery may be predicted in the majority of uncomplicated cases, the disease is decidedly amenable to treatment, and that treatment will be the more rapid and effective the earlier the case is undertaken, and the more accurately the exciting cause is ascertained.

These remarks would be incomplete without a sketch of the treatment appropriate to the varied classes of chorea. The indications to be fulfilled are—

- a. To remove as far as possible the exciting cause.
  - b. To lessen and subdue the irregular nervous action.
- And,
- c. To improve the general nervous and constitutional tone, so as to prevent a recurrence of the attack.

By the removal, as far as possible, of the exciting cause, we may refer, in the cases of imitation and fright, to the isolation of the patient from all excitement, noise, and observation, and the calming of the mind by assurances of needful care and protection.

In chorea, in which rheumatism and anæmia are the exciting causes of irritation to the nerve centres, the rheumatic and anæmic states must be specially treated. These two causes combined constitute from the cases observed in this Infirmary at least one-third of the whole. It is useless to administer sedatives to subdue spasm so long as an actively rheumatic state of the blood persists. The administration of bicarbonate of potash and salicylate of soda, attention to heart complications, and the correction of the secretions and excretions of the *prima viæ* must be attended to in the first place, and when the pulse, temperature, and tongue indicate the necessary improvement, then bromide of potassium and henbane or conium will act with effect. During the administration of anti-rheumatic medicines, small doses of grey powder and Dover's powder will not only act favourably in endocarditis, but assist to soothe the nerve centres and procure sleep. Watson lays down an excellent rule, that wherever *pain* is persistent, whether in the head or over the cardiac region, the application of leeches relieves not only the pain, but lessens the jactitations; and he cites a case in which no other cause for the chorea could be found than a fixed pain on one side of the head, where the application of half a dozen leeches at once relieved the head and cured the chorea.

In anæmic cases the first duty is, as far as possible, to improve the surroundings of the patient, to secure good air and suitable food. In these cases the digestive organs are generally in a feeble and disordered condition, and the thorough action of the liver and intestines is also a prior step to pouring in iron and sedatives: aloetic aperients, and where menstruation is impending, enemata of turpentine and assafœtida should be made to assist. When the digestive organs are improved, assimilation may be helped by giving lactopeptine with the food, which food should be at first light, and ultimately generous. The great food, however, in anæmia is iron, and the best form is bromide of iron, combined with digitalis and henbane as sedatives. If the chorea persists after such treatment has been continued for a time, arsenic (which is one of the most potent tonics in chorea) may be added to the iron in the form of 5 drops of liq. pot. ars. and ʒj. doses of succ. conii, given three times a day. The secretions must be attended to, and iron continued throughout the treatment of the case till the chorea ceases, and the recovery should be established by change of air and scene. In patients of the female class, arrived at the age of menstruation, the establishment of that flow will secure the disappearance of the chorea, and the appropriate

efforts necessary, beyond the treatment alluded to, should be made to that end.

In the treatment of cases of chorea, arising from whatever cause, the free use of aperients, not to the extent of diarrhoea, but to secure daily copious evacuations, is not only a great factor in the cure, but it assists the after-absorption of more direct remedies, as sedatives and tonics, appropriately chosen, according to the nature of the case. Aperients may get rid of worms, or remove other irritating intestinal matters.

In the treatment of chorea from fright and imitation, and those of a specially severe form of spasm, nervous sedatives and tonics play the most important part. Different practitioners and authors laud the virtues of one or the other of these remedies, which include henbane, digitalis, conium, cannabis indica, chloral, belladonna, cimicifuga racemosa, and last, not least, bromide of potassium as sedatives; and iron, zinc, arsenic, and nitrate of silver as tonics. I have been accustomed to choose my remedies in accordance with the nature of the case, and from those the action of which I have the greatest experience. I have indicated those I employ in rheumatic and anæmic chorea. Where, on the other hand, the cause is purely from nervous shock or impression I have found the most powerful sedatives to be bromide of potassium, hyoscyamus, conium, and chloral, and the best tonics, iron and arsenic. In giving sedatives small doses are of little value. Beginning with 10 grain doses of bromide, and 20 minim doses of henbane or conium, the quantities may be increased to 20 of the former and ʒss. up to ʒj. of the latter. In mild cases the custom has been to add 5 drop doses of solution of arsenic, which, in consequence of its cumulative effects, should never be exceeded. The bromide and henbane may be given every three hours in severe cases, lessening the frequency to three times a day as improvement follows. The Fowler's solution should never be given oftener than three times a day. Tincture of digitalis should be given in from 5 to 10 drop doses three times a day, where there is rapid, weak, and irregular action of the heart, and withdrawn when those conditions are removed. Zinc and belladonna is a favourite combination with some practitioners, given in solution of 1 or 2 grains of the sulphate and 5 to 10 drop doses of the tincture of belladonna 3 times a day, and is said to have excellent effects. Chloral I reserve for excessively severe cases, and I discontinue it for milder sedatives when the spasms are relieved.

It is impossible on this occasion to enter upon a consideration of the physiological and therapeutic action of these remedies. The best ascertained effects are those of bromide of potassium, which I administer in every case. It is not inapplicable to chorea from whatever cause it may arise. It subdues nervous action by lessening the calibre of the cerebral vessels, and this property renders it especially valuable. The sedatives dull the nervous sensibility in proportion to the quantity and frequency of their administration.

When the muscular spasms are so far controlled as to cause little annoyance to the patients, hæmatics and tonics, assisted by good assimilable food and fresh air will complete the cure. Smaller, say 2 drop doses of Fowler's solution, with bromide of iron in 5 grain doses three times a day may be continued for three or four weeks, or until no trace of jactitation can be observed, and the strength and colour of health are perfectly restored. In this restoration tepid, and ultimately cold douches and bathing, both of fresh and salt water, will greatly assist. The continuous current has been recommended as a curative agent in chorea, but I have no experience of its use. I should rather be afraid of its exciting the spasms it is intended to allay.

And, now, gentlemen, I fear I have tired your patience with this long address. I sincerely thank you for your indulgent attention, and trust that this attempt to clear up the obscurities which have surrounded the pathology of chorea may assist you to check what is one of the

growing diseases of the time. I shall look forward with interest to the Report of the Collective Investigation Committee of the British Medical Association in the hope of a confirmation or authoritative correction of these views.

## NOTES ON THE DEVELOPMENT OF SPECIFIC FEVERS.

By CHAS. H. WILLIE, M.D., B.Sc.,

Resident Medical Officer, Borough Fever Hospital, Sheffield.

THIS short paper consists mainly of notes of a few anomalous fever cases, occurring in the Fever Hospital, interesting from their bearing upon the question of the evolutions of specific fevers.

These anomalous and indefinite fever cases must frequently occur in a general practice, and my idea in this paper is to call forth the experience and opinions of members of the Society on this question.

As regards the term "specific" as applied in the classification of disease, the term arose from certain clinical characters observed in some diseases. The old idea of specificity was very rigid; a specific disease, a fever for instance, could only descend from a parent exactly like it, and from nothing else, and could only give rise to identically the same thing in every particular. Species among zymotics or other "specific" diseases arise by a process of evolution in the same way as those of the animal kingdom; and similarly it is the result of the cultivation of the lower forms on a favourable soil, and by a process of natural selection; and inasmuch as the process of evolution and variation in type, in the case of disease-poison or germs is infinitely more rapid than in the case of the animal kingdom, it seems now somewhat strange that this great biological principle was first recognised in the case of the latter. In the case of the animal kingdom, we must arrive at our conclusions in regard to the origin of species by the *results* of the evolutionary process. In the case of the evolution of species of germs or disease poisons, we have, as evidence, not only the results of the process in the past, but also rapidly accumulating evidence as to the working of that process at the present time and under our eyes; we must admit now-a-days that evidence is rapidly accumulating against it.

After these preliminaries, I will quote from one of the latest medical works, viz., Quain's "Dictionary of Medicine," what is therein stated in regard to the etiology of scarlatina. Dr. Squire, who writes the article on this disease, says as follows: "Some product of the sick, however conveyed to those hitherto unaffected, especially the young, always reproduces the disease, which again gives off infected material with identical properties. *No other origin for scarlatina can now be admitted, its extension to any new locality is traceable to an imported infection.*"

This statement carries a point-blank denial of the possibility of the evolution of the disease, or its origin from any other source than a previous case of scarlatina. I suppose by analogy those who uphold this belief would apply it also to other fevers.

Undoubtedly, very many instances of zymotic disease do arise from pre-existing cases, it is our common experience; but to the statement that all cases must necessarily arise from a previous one of the same species, I think we must take exception.

A perusal of health officers' reports and of the work done in this direction by Drs. Griffith, Milikin, and Collins, I think must convince all that "specificity" in its most rigid sense, *i.e.*, the doctrine of the absolute specificity of disease is now untenable.

We have learnt in the organic world to trace the origin and differentiation of species under the influence of evolution, and why should not our views concerning the species of disease undergo a similar modification. For

without accepting the theory of evolution in disease, how can we account for many disorders which frequently occur, the so-called anomalous cases, where disease does not breed true or where hybrid symptoms are developed?

As regards the poison or organisms themselves, it will scarcely be contended that they are exempt from the ordinary laws of development and evolution. We would rather expect that in common with the lower forms of life, they would illustrate them in an exaggerated form under varying conditions of soil and nutrition. In fact, direct experiment has shown this to be true in the case of the poisons of anthrax, tubercle, and rabies. Under cultivation, as explained by Pasteur, Greenfield, and George Harley, disease poisons may be intensified or attenuated at will. Such a highly specific virus as tubercle has even been bred in the laboratory on a series of animals from non-specific inflammatory products produced in the first instance by a chemical irritant.

Records of cases are fast multiplying in which one source has given rise to different manifestations altogether in different individuals. Dr. Dickenson in the *Brit. Med. Journal*, May 24, 1879, mentions cases of diarrhoea, purulent ophthalmia, erysipelas, laryngeal diphtheria, and croup, in which all arose from one cause.

Very closely connected with this question are those cases in which two specific infectious diseases run concurrently in the same individual. I have had under my care several such cases, and they are to me some of the most interesting as well as the most significant, in a study of the etiology of specific fevers.

When a patient has what is called two diseases concurrently, for instance diphtheria and scarlet fever, I believe that the phenomena are often set going not in consequence of the patient "catching" the specific virus of both diseases, but by the action of one and the same poison.

The following, I think, illustrates this case well, it is the case of a child who had been living in one of a group of houses which, for many months past, had been notorious for typhoid fever, and was admitted to this hospital suffering from concurrent typhoid fever and scarlatina.

Elizabeth L., *æt.* 7, was admitted on Nov. 26, 1884, from Starcer Street. At that time two of this patient's brothers were in hospital, and both had undoubted typhoid. That the child in question also had typhoid there was no doubt, but at the same time she showed also unmistakable signs of scarlatina. On admission the temperature was 102.4, there was the usual dull heavy mental phenomena and sleepiness so characteristic of children with typhoid, the only abdominal signs then were some amount of tympanitis with tenderness in the right iliac and hypogastric regions. But there was in addition to this a typical scarlatinal sore throat, and after a hot bath the skin was unusually red, but the rash was ill-defined. The pillars of the fauces and the uvula were much inflamed, and the tonsils somewhat swollen. I could find no rash next morning.

On Nov. 29th, three days after admission, the typhoid condition remaining the same, the throat commenced to improve, the nurse in attendance suffered from sore throat.

On Dec. 2, the temperature still ranged from 102.4 to 103.8, diarrhoea of a typical enteric character commenced.

On Dec. 6, the temperature was the same as last recorded, diarrhoea continued, the typhoid symptoms being unmistakable, desquamation commenced on face, fingers, and toes, and there was a discharge from the left ear, there were at this time too some typical rose spots on the abdomen. I am quite satisfied that this patient had, as we should put it, typhoid fever and scarlatina running together. The evidence for the typhoid element is quite conclusive; her brothers had the disease, the neighbourhood had been notorious for it for months, and the clinical phenomena were characteristic. That for the scarlatina element was also very good, *viz.*, the remains of a rash on admission, followed by copious desquama-

tion, and a typical scarlatinal sore throat followed by a muco-purulent discharge from one ear.

We cannot account for the scarlatina by any evidence of infection. I inquired minutely as to the possibility of the child getting it in this way but could find no clue. I can only look upon this case as one in which all the symptoms arose from the same insanitary conditions, and that the dual character of the morbid phenomena was due to the particular tendency of the patient's constitution, and to a poison of low specificity derived from the insanitary surroundings.

In January of this year a second case was admitted; the circumstances of the origin and those of the clinical features were exactly the same. In this case too, the rest of the family had typhoid purely.

Another case, a more remarkable one, occurred also among the hospital cases. A child, William F., *set.* 2½, had an attack of scarlet fever in the house of his parents. I was assured of this by the gentleman who attended him. Now ten days after commencing with scarlet fever, he commenced with what afterwards proved to be small-pox, and he was then admitted to hospital on June 26, 1884.

The first attack was well-marked scarlatina, besides the evidence of the medical attendant there was the fact that, after he had been removed to hospital, on account of small-pox, another child of the same family died from typical scarlatina.

Now, there being just ten days from the commencement of scarlatina in this case to the commencement of small-pox, and the incubative period being often but one day in the case of scarlatina, and being eleven days in the case of small-pox, it seems almost certain that this patient received the virus of both at one and the same time, and that consequent on the particular length of incubation in each fever as just mentioned, scarlatinal symptoms showed themselves in 24 hours and the variolous symptoms ten days later.

There were a few cases of small-pox in Sheffield at the time, but, after minute inquiry, I could obtain not the slightest clue of any exposure to the disease.

It appears either that this patient contracted two fevers independently, on the same day—a very unlikely coincidence—or that the hybrid disease produced was the result of scarlatina occurring during the prevalence of a wave of small-pox influence.

In great probability this patient was never exposed to small-pox itself. I think it very possible that when an individual is attacked by one fever during the prevalence of an epidemic-influence of another fever, that he is sometimes rendered liable to have the character of the fever modified by this wave-influence, although not exposed to direct infection to the second one. For I have seen cases of scarlatina which have been contracted from typical cases of the disease, exhibit the bronchitis, and running of the eyes and nose, the characteristic coryza of measles, when occurring during the prevalence of a measles epidemic.

I mentioned that I had a second case of concurrent typhoid and scarlatina, a very curious circumstance occurred in reference to it, especially interesting in the light of Pasteur's inoculations with attenuated virus for the prevention of specific diseases. The general circumstances of this case were very similar to those of that which I have already detailed.

Alfred H., *set.* 4, was admitted in January of this year, the typhoid element of the illness prevailed during the earlier part of the time, a temporary red rash was noticed, however, on the first day. By the end of the second week the fauces were considerably inflamed, cervical glands on each side of the neck swollen, pus running from one ear, but no desquamation was apparent. The patient left quite well on Feb. 8. The more interesting part of this case now commences. For some reason this child was taken to the house of a friend (the mother being still in hospital with typhoid) and was there ex-

posed to three children who were desquamating from scarlatina.

Here now was an unintentional experiment. The question must have occurred to many, Will a mongrel attack of two concurrent fevers protect against either of its component elements? German measles appears to be a mixture of measles and scarlatina though it is said not to protect against true measles or scarlatina.

In our present case the question is, Will this patient, having had concurrent typhoid and scarlatina, be protected against an attack of genuine scarlatina? It proved that there was an unmistakable partial protection. He was discharged after his first dual illness on February 8th, and from that day till the 14th lived in the same room with three convalescents from scarlet fever. On the 14th the father applied for his readmission. He was then very ill with a temperature of 100 F., pulse fast, no rash, no abdominal symptoms. Next day his fauces were red, temperature 102; on the 16th temp. 101-102½, copious mucoid discharge from nose and fauces. Ten days afterwards the patient had entirely recovered without rash or desquamation.

Here is a boy who had never had real scarlatina, exposed to its infection and has but a modified disease, with no rash, but active nose and throat symptoms, and a re-enlargement of his cervical glands, in consequence of his previous hybrid illness which as it were dosed his system with an attenuated cultivation of scarlatinal virus.

I think a study of cases such as these shows one that the characters of disease are not fixed and unchangeable, and that they do not necessarily arise from, or give rise to, others of identical properties. It has been too much the habit to study each disease as an entity with firmly fixed specific characters than as a force, always liable to variation according to the reaction of its surroundings, viz., the constitutional disposition of the individual.

I will conclude by quoting from Sir Thomas Watson a passage written by him before the reign of bacterial pathology and when the development of disease was probably little thought of. He says, in the seventeenth Lecture of his "Practice of Physic," "there is nothing absurd or unlikely in the supposition that disease may first arise from some other source than contagion, and then become capable of spreading by contagion; and that in all cases even when the contagious principle is most manifest, there seems to be something else required besides the presence of contagious matter, there must be readiness to receive it, a susceptibility of its influence on the part of the person exposed to it, a predisposition which is less common in regard to some diseases than to others, but without which there is scarcely any complaint that can be so propagated."

## Clinical Records.

SHEFFIELD PUBLIC HOSPITAL.

*A Case of Bell's Paralysis of Central Origin. (a)*

By W. R. THOMAS, M.D., M.R.C.P.,

Physician to the Sheffield Public Hospital, and Lecturer on Medicine  
Sheffield Medical School.

BELL'S paralysis is not by any means a common disease, but that arising from a very central cause is but very seldom met with. The celebrated Dublin physician, Dr. Graves, in his work on Clinical Medicine, says, "I have seen two cases of seizure evidently apoplectic, in which the only paralysis that followed the seizure was seated in the muscles supplied by the portio dura."

As I happen at the present time to have two cases which appear to me to be depending upon some central cause, I thought I would introduce them to the notice of the members of this society. Unfortunately one is not well enough

(a) Read before the Sheffield Medico-Chirurgical Society, Nov. 5th.

to attend this evening, but I trust I shall be able to present him to you on some future occasion.

Trousseau says that, when examined with great care, using Burq's dynamometer, these patients invariably have slight want of power in arm or leg, of which they are not conscious, and adds in another part, "It is conceivable, therefore, that if a small hæmorrhage occurred in a very limited spot of the pons, it could give rise to the symptoms of Bell's paralysis exclusively. But such cases are so very rare that in the course of a very long practice I have not yet met with a single instance of the kind."

*Bell's Palsy.* Right.—Patient, a man, married, æt. 24; a tanner.

*Family History.*—Good.

*Previous History.*—Injury to left side of head when seven-teen, frequent headaches since; had epileptic fits for two years and a half, until five weeks ago, two or three a month, but not any since.

*Present attack.*—Five weeks ago fell down insensible in the street; for three weeks afterwards suffered from headaches. A fortnight ago a peculiarity about his face was noticed and laughed at by his friends. Did nothing for one week, and then presented himself as an out-patient at the hospital.

*Present State.*—Muscles supplied by the portio dura paralysed. Right orbicularis palpebrarum not much affected, but closes, a little later, and less firmly than the left. There is also slight epiphora from implication of the tensor tarsi.

*Uvula.*—Point turns to the paralysed side, drawn to the left. Soft palate and arches hang in the mouth on the right or in other words, the left is more arched and roomy.

*Taste.*—Taste and sensation on left side of tongue normal; acid solution applied to the right side gives rise to a burning sensation, but no taste.

I should like to draw your attention to the following interesting facts relating to the case:—

1st. The temporal masseter and pterygoids supplied by the motor branch of the fifth, and the muscles of the tongue supplied by the hypoglossal are not affected in this case, as they are often in hemiplegia, where so frequently the tongue, when protruded, points to one side. This shows that the portio dura only is affected, as in Bell's, wherever the lesion may be.

2nd. As in facial paralyses with hemiplegia, the orbicularis palpebrarum has not been much paralysed. In Bell's it is.

3rd. The paralysis of the muscles of the face was not quite complete, and contractility not quite gone as in hemiplegia. In Bell's the paralysis is generally gone and Faradic contractility gone.

4th. The paralysis of uvula and soft palate on right, and impairment of the sense of taste, show that the great petrosal and chorda tympani nerves are involved, and that the mischief must be above where they are given off. In this case we have not had any ear symptoms whatever, neither intensity of hearing nor obtuseness; so the disease probably is higher than the bony canal.

5th. This patient has suffered for two years and a half from about three epileptic fits a month, probably owing to some central cause. He has not had an attack now for five weeks, but at the end of three weeks from the last one paralysis came on. This, to my mind, decidedly points to some central cause.

9th. Ever since the attack came on his memory and his mental power have been very much impaired, whereas they were not so before.

## Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, NOVEMBER 27TH, 1885.

The President, THOMAS BRYANT, F.R.C.S., in the Chair.

Mr. BARWELL on a case of

GASTROSTOMY.

The case I report was one of malignant stricture of the œsophagus. In such cases, unlike traumatic or syphilitic stricture, the operation secures the patient against death by

starvation, but cannot prevent the fatal progress of the original disease. Emily Parker was admitted into Charing Cross Hospital under my care 19th March, 1885, for malignant stricture of the œsophagus. After due precautions exploration with the bougie showed the stricture as commencing  $6\frac{1}{2}$  inches from the upper dental arch, *i.e.*, a little distance below the upper border of the cricoid. Only a bougie, size of No. 14 catheter, could be passed. A good deal of induration without swelling was detected on the left side of the thyroid cartilage; it appeared to be a hardened portion of the gland. 25th.—A funnel-ended tube, No. 10 catheter gauge, having been procured, was passed and left *in situ*. After a few hours the resultant irritation ceased, and she was so much relieved that she went out at her own request on 4th April. On 11th she returned in much distress. The tube, which had been cleaned only the day before, was clogged with thick muco-pus, and had been ejected during a fit of coughing. She had a rigor the same evening, and the temperature rose to 103.2°. Some deep fluctuation was detected on the left side of the thyroid. April 15th.—An exploratory trocar, and then an incision, let out a quantity of very foetid gas and pus. Fed entirely *per rectum*. A few days afterwards she was told to swallow a little milk. Very little, if any, passed the stricture; but some came through the abscess opening. 25th.—Gastrostomy was performed (1st stage). The stomach was found retracted under the liver. It was drawn down with the finger and thumb, and by means of straight Glover's needles and Chinese silk an inner and outer ring of the stomach sewn to the abdominal walls. This was followed by neither pain nor fever. Highest temperature, 98.4°. 28th.—Stomach-wall punctured, a No. 7 catheter introduced, and 4 oz. of strongest soup passed into stomach. Ordered that no food exceed 4 oz. Nutritive enemata to be continued. May.—The allowance of food slowly increased. She took during last three weeks of this month 4 pints daily of the strongest soup, arrowroot, eggs, and brandy. In June she had 8 pints of the same nutriment, and was gaining flesh; but the enlargement at the side of the trachea increasing, she had occasional attacks of dyspnoea. Examination with laryngoscope by Dr. Mott showed the arytenoid cartilages to be motionless. July.—Dyspnoea became distressing. On the 21st Mr. Stedman, house surgeon, performed tracheotomy. In consultation, extirpation of the larynx and neighbouring parts was rejected, partly because the disease seemed too extensive, partly because the patient was not in a condition to bear so severe an operation. Sept. 18th.—The patient has continued in much the same state. She probably gained rather than lost flesh, and on the 15th of this month, when I left town, seemed fairly well; but either that night or the following appeared to catch cold. Bronchitis of a very rapid character caused her death at the above date. *Post-mortem.*—In removing altogether the tongue, larynx, trachea, and œsophagus, the mass of neoplasm had to be cut through. It extended back to the spine, and all but filled the œsophagus from a little below the cricoid cartilage to a level with the tracheal bifurcation; also it had grown into the trachea opposite the fourth cervical vertebra. In both lungs were secondary deposits. Around the gastrostomy wound the parietal peritoneum was firmly adherent to that of the stomach, and to a small extent to that on the left lobe of the liver. There was no trace of peritonitis elsewhere. The stomach-wound looked at from within was barely perceptible. The body was thin, but by no means emaciated. The immediate cause of death was purulent bronchitis. *Remarks.*—Gastrostomy is never undertaken with the object of curing a disease, but simply by preventing death by starvation, to permit that disease to run its course. In the case just narrated that course was inevitably towards death. The widespread ravages of the destructive neoplasm show how fully the object aimed at was obtained. The author, therefore, claims for his operation complete success. The irritation, inflammation, and abscess resulting from the use of the funnel-shaped tube show that this device will not supersede gastrostomy. [Mr. Durham, in his article in the "New System of Surgery," vol. I., p. 804, expresses the conviction that the use of such tubes will cause gastrostomy to be employed very exceptionally.] It may be that the high position of the stricture had something to do with these results; on the other hand we must consider how much more serious they had been if occurring within the thorax. Gastrostomy has been performed very much oftener than appears to be known in England. The latest edition of the work above



quoted gives only 63 cases. A recent article by Dr. Zesas [*Archiv für Klinische Chirurgie*, vol. xxxii., hft. 1] records 163 cases—viz., 129 for carcinomatous, 32 for traumatic, and 2 for syphilitic stricture. Of the first category 111 died, of the second 20, and of the third both. But among other cases overlooked by Dr. Zesas is one recovery from syphilitic stricture (Mr. Colley). In abstracting the results I must differ from Dr. Zesas' method, since it appears incorrect to count such as have died from spread of malignant disease from phthisis or other alien cause, three months or more afterwards, among deaths due to the operation. I also add certain other cases. Thus, of 166 cases of all classes, 107 died chiefly of exhaustion or collapse (43), and of peritonitis 26. These numbers may teach a great lesson, if taken with the following consideration. Before the period of anti-septics, and before the invention of the two-stage method, 31 cases afforded but 1 recovery; since that epoch 155 cases have yielded 58 recoveries—*i.e.*, 3.22 and 44.5 per cent. respectively. I submit that if we take from these numbers the hint that gastrostomy is not so formidable an operation, that it should be postponed until the patient is exceedingly weak, we may save a large proportion of the deaths ascribable to exhaustion, and that far more favourable results may be hereafter obtained.

Mr. C. T. DENT on a case of

#### GASTROSTOMY.

The patient, a man, *æt.* 44, had suffered for about four months from symptoms of malignant disease of the œsophagus. When admitted he could only swallow fluids with difficulty, and had occasional attacks of vomiting. A bougie, passed a long way down, met with an obstruction, and struck against something hard. Gastrostomy was advised, but the patient did not consent to the operation till nearly two months later. The first stage of the operation was performed by means of a curved incision in the left linea semilunaris; the stomach was easily recognised, and the part lying beneath the wound was attached to the surface. This part was subsequently proved to be rather near the pyloric end. The stomach was opened on the fifth day. For the first few days subsequently the man improved, but then the stomach became very intolerant of food, and constant thirst was complained of. The patient died on the eighth day after the second operation. Post-mortem, extensive malignant ulceration was found, seven inches and a half below the thyroid cartilage. A large part of the wall of the œsophagus was destroyed, and the edges adhered to the spine. The right bronchus and lung were involved. Lower down still, a second malignant growth completely blocked the œsophagus. There was no trace of peritonitis. The author remarked that in this case the operation probably neither accelerated nor retarded death. Gastrostomy for malignant stricture was not, in his opinion, justifiable as a "last resource," and could only be advocated in the hope of prolonging life. This it would do if performed very early. The occurrence of vomiting was a very valuable guide, perhaps the most important, as indicating the advisability of gastrostomy. The author cited another case where the œsophagus was affected at two distinct points, and pointed out that such instances were not infrequent, and formed an additional argument against œsophagostomy in cases of malignant stricture. Finally, it would be better to enlarge the abdominal wound if necessary, so as to attach a part of the stomach to the surface remote from the pylorus and near the large curvature.

Mr. JOHN H. MORGAN on a case of

#### GASTROSTOMY IN A BOY, *ÆT.* 4.

The patient, on March 1st, swallowed some caustic alkali. The mouth and fauces were burnt at the time, and he vomited phlegm for some weeks following. No solid food could be swallowed for 14 days. Ten weeks later he was admitted into the Hospital for Sick Children, under the care of Dr. Cheadle, in a poorly-nourished and pallid state. He could then swallow only very small quantities of fluid with difficulty, often followed by vomiting of muco-purulent matter. Though given nutrient enemata from the first, the emaciation increased and an attempt to pass a catheter down the œsophagus was unsuccessful. For a few days the powers of swallowing improved, but this was only temporary, and the emaciation became so extreme that after failing to pass a catheter under chloroform the operation of gastrostomy was performed on August 17th. The stomach was secured

with 13 sutures, and was not opened until 31 hours later, when this was done on account of the very feeble condition into which the patient had sunk, some beef-tea and brandy were immediately introduced through an empyema tube. Nourishment was administered every two hours, and on the fourth day he passed a healthy motion. He remained feeble and irritable for the first seven days, at the end of which time he showed a decided improvement, but it was not until three weeks had passed before he began to increase in weight. He has continued to gain weight and strength, and now looks well-nourished, and weighs the same as at the time of his admission. No attempt has been yet made to dilate the œsophageal stricture, but coloured fluid has passed from the mouth into the stomach.

Mr. C. H. GOLDING-BIRD on

#### JEJUNOSTOMY.

The case upon which the reader founded his remarks was that of a man, *æt.* 46, who had had symptoms of pyloric obstruction for ten months. When admitted into Guy's Hospital a tumour could be felt, at the seat of the pylorus, and the man's general condition was one of extreme emaciation through the inability to retain the food he took, and his voluntary abstaining from eating on account of the pain he suffered. After three weeks' treatment under Dr. Carrington, of drugs and washing the stomach out, he passed into Mr. Golding-Bird's hands, and when all the risks had been explained to the patient, and all methods of palliation had failed to improve his condition, arrangements were made to explore the diseased parts, and remove them if expedient. Mr. Golding-Bird therefore, on October 25th, 1885, cut down on the pylorus with a view to performing pylorotomy, following the lines laid down by Billroth; but finding the tumour adherent to the liver, determined to go no further in the radical operation, but to convert it at once into a palliative one of opening the jejunum, in other words of performing jejunostomy. Having seized the jejunum two inches from the duodenum, it was held up on a pair of tongue forceps, whilst the wound in the parietes was united; to the lower or right end of this wound was the jejunum now stitched by interrupted sutures. The patient suffered in no way as the result of the operation. He was fed partly by rectum; partly by the mouth, until the third day, when the bowel was opened, and food administered solely through the fistula. It was observed that as long as the meal amounted to a pint, or nearly so, the patient each time he was fed had a severe attack of indigestion, but that this ceased when the meal did not exceed ten ounces. On this the author founded the suggestion that some cases of indigestion were due to the pylorus allowing too free passage of chyme, rather than to anything wrong with the gastric or pancreatic secretions. Everything went on perfectly well till the ninth day, the patient putting on flesh, but on that day, through an error in feeding him, some food passed into the peritoneum, and he died in twelve hours. The post-mortem showed such adhesion to, and infiltration of, the liver, of the cancerous pylorus, that pylorotomy could not have been performed. Except the narrow track made by the probe, and along which the food passed into the peritoneum, the adhesions of bowel and parietes were perfect. The author then reviewed the operation of pylorotomy, speaking in favour of it in suitable cases, and the operation of gastro-duodenostomy, as performed by Wölfler, and pointed out the great drawback in this operation, that the stomach is not relieved of its physiological duties at all, the pylorus not being required to act. For the operation of jejunostomy, as he termed the one that he detailed, he claimed that, whilst it possessed the same disadvantage as gastrostomy, in that the patient had to be fed through the fistula, it was otherwise the best palliative operation for pyloric cancer, inviting less risk than gastro-enterostomy, and requiring less interference, in its performance, with the other viscera. By duodenal digestion, he also pointed out, full nourishment could be assured, and there was, for physical reasons, less chance of regurgitation of food, than after gastrostomy; regurgitation in these cases being a serious drawback to that operation in œsophageal constriction.

Dr. CARRINGTON said the medical grounds for seeking surgical aid in the case reported by Mr. Golding-Bird were, the age of the patient, 46 years; the absence of marked emaciation; and the early confirmation of the diagnosis of cancer. The



principal satisfactory feature, however, in this connection was the mobility of the tumour and its freedom from adhesions to surrounding structures. He considered that there was dilatation of the stomach, thus differing somewhat from Mr. Golding-Bird. There was no evidence of secondary deposits, and the liver was not enlarged. Relief was afforded first by drugs and by ablation of the stomach, but as, notwithstanding, but one end to the case was possible, an operation was decided on. At the post-mortem a secondary growth was discovered, thus upsetting the diagnosis made during life.

Mr. JESSETT urged that statistics were unfavourable to the operation of gastrostomy as a means of prolonging life, and especially those collected by Gross, of Philadelphia, according to which the average period of survival was but 33 days. He himself had collected 35 cases, of which one lived five months, the average duration, however, giving only 33 days. The operation should be preceded by all other possible means of prolonging life, and the treatment by funnel-ended tubes passed into the stomach offered a very promising method. Oesophagostomy could only be entertained in cases of clearly localised cancer high up; and even in these, danger was incurred by operating so close to the seat of disease. The mortality also was worse than after gastrostomy. The most satisfactory results in the future would probably follow the operation of gastro-enterostomy.

Mr. HOWARD MARSH insisted on the importance of settling the question of the commonest situation of oesophageal cancers, and thought all surgeons would agree that oesophagostomy could only be adopted in particular cases where the disease was high up. In a case operated on by Mr. Willett he remembered having seen the innominate vein exposed. He himself did not approve of gastrostomy since it was not a mode of treating the disease, but was simply an operation resorted to for prolonging life until death was brought about by the primary affection; and only rarely was any considerable period of time so gained. Moreover, patients subjected to the operation underwent a great deal of misery, and it could not be defended unless it offered the prospect of benefits impossible to be otherwise secured. He felt very grateful to Mr. Durham for the suggestion of treatment by tubes passed to the stomach, and he had recently treated an old man in St. Bartholomew's Hospital on this plan, much to the patient's relief, and in which case the effect produced by the tube was to enlarge the passage holding it, so that the patient could at will transmit food either through or alongside of the tube.

Mr. PEAROE GOULD related the history of a case of cancer of the pylorus, which came under his care during the latest stage of the disease, as indicated by constant vomiting, wasting, &c. He cut down upon the jejunum, which was stitched to the wound. The patient became rapidly weaker, and died 2½ days after the operation, though an attempt to rally him was made by opening into the intestine and supplying him with food by this channel. As the result of his experience on this occasion, and that gained while assisting at a pylorotomy more recently, he gave a decided preference to jejunostomy. Possibly, however, the operation of gastro-duodenostomy offered good prospects of successful results; and Mr. Golding-Bird's case sufficiently demonstrated that no evil consequences need be dreaded from escape of the pancreatic secretion. He was inclined, from his own experience of several gastrostomies, to endorse the opinion expressed by Mr. Marsh in regard to the operation. With regard to the treatment by tubes he found that in some cases they produced so much discomfort that the patient declined to submit to them, while in others favourable results attended their employment. In performing gastrostomy, which on the whole was not a difficult operation, he had occasionally encountered the same trouble in piercing the lax mucous membrane as was complained of by Mr. Morgan. He thought, however, that cases suitable for early gastrostomy, in whom alone it offered chances of success, could be readily treated by tubes, so that no necessity for the operation existed at all.

Dr. ANGEL MONEY said the child that was the subject of Mr. Morgan's communication had for a time been under his care, and he ventured to take credit to himself for the improvement in its general state, and its increase of weight to which reference had been made. He observed that it did not seem to make headway after the operation, and attributing this to the highly nitrogenous nature of its food, he

supplied it with a due proportion of carbo-hydrates, and the result was as described in the paper.

Dr. HALE WHITE instanced an example of pyloric tumour which on microscopic examination proved to be non-malignant. He suggested that cases of reported cures might be of this character.

Mr. HOPKINS mentioned a case of his own in which malignant tumour was diagnosed. On post-mortem it was found to be due to thickening caused by embolism.

Dr. HUGHES BENNETT regarded the debate as affording important evidence of the advances made by surgery within the past ten years. Long ago he had under his care a man on whom a tumour of the pylorus existed. In that case he suggested the propriety of surgical interference, but the idea was at once scouted as impracticable. The patient died of starvation, and after death the tumour was found to be due to fibrous thickening following ulceration.

Mr. BARWELL on rising to reply, passed around a portrait of Trendelenburg's celebrated patient, who continued to enjoy life feeding himself through a tube passed into the stomach, the food being previously masticated by the patient himself. Mr. Barwell said he had, as the result of experiments on the gastric juice supplied by his patients, found that the secretion retained its powers for as long as a month outside the body. He agreed that patients capable of being treated by the tube method were unfit subjects for gastrostomy, but he strongly insisted that it was a first duty of the surgeon to *prolong* life, and gastrostomy ought to be a successful operation regarded in this light.

Mr. DENT deprecated any employment of force in the attempt to pass a tube into the stomach; and he insisted on the necessity for early performance of gastrostomy when necessary.

Mr. GOLDING-BIRD, after having had the care of all the patients treated on the tube plan by Mr. Durham at Guy's and one private patient, had come to the conclusion that gastrostomy was to be preferred to such treatment.

#### LIVERPOOL MEDICAL INSTITUTION.

The Fourth Ordinary Meeting of the Session was held on THURSDAY, NOVEMBER 19TH, 1885.

The President, Dr. GEE, in the chair.

DR. CAMERON showed an

#### ANEURISM OF THE AORTA.

The patient was a woman, *æt.* 29, who for five or six weeks before admission into the Southern Hospital, had suffered from an apparently ordinary bronchitic attack. There was stridulous breathing, which led to examination of the larynx. This was found to be healthy. Dyspnoea in paroxysms, so that the patient was obliged to sit up in bed; feeble respiration. There was no murmur. From the physical and clinical symptoms he concluded some growth or aneurism was present pressing on the right bronchus, and recurrent laryngeal nerve. The patient got worse and died, the death being hastened, as he could not but think, by the paroxysms of dyspnoea. On post-mortem examination a small aneurism was found behind the aorta pressing upon the right bronchus and the subclavian artery.

Dr BRADSHAW showed a case of

#### FOREIGN BODY IN THE BRONCHUS.

The patient was a boiler-maker, *æt.* 49, who, having suffered from cough from February of this year, was admitted into the Northern Hospital. He was well nourished, and the appetite was good. The temperature was high—103—and varies as much as 3° in the 24 hours. There was a patch of dulness about the size of the hand in front of the right scapula. Empyema was suspected and the part explored, but no pus was found. He grew worse, as was supposed of acute phthisis, and died on October 4th. Before death took place the breath was exceedingly foetid. On post-mortem examination empyema was found to be present in the spot dull on percussion, the right lung was infiltrated with pus, and in the right bronchus was found a half-sovereign. The coin was coated with calcareous matter. There was nothing to show when it was swallowed.

Mr. PUGHE showed a case of

**ULCERATION OF THE TRACHEA AND INNOMINATE AFTER TRACHEOTOMY.**

The patient, from whom the specimen was taken, was a child who had warty growths in the larynx. On account of these tracheotomy was performed. On the 6th day after operation the metal tube was exchanged for an india-rubber one, and on the afternoon of the same day profuse hæmorrhage took place from the wound, and the child expired immediately. Ulceration of the trachea and innominate had taken place from pressure on the parts by the tube, which had too great a curve.

Dr. ARCHER related a case of

**ABSCESS OF THE SPLEEN OCCURRING IN ENTERIC FEVER, AND EXHIBITED THE SPECIMEN.**

The patient was a boy, æt. 14, and came under observation in hospital, apparently suffering from an intercurrent relapse or recrudescence of enteric fever. In a short time he began to complain of pain over the left lower ribs. This pain gradually increased, and symptoms of "creeping" peritonitis extending over the abdomen became apparent. These symptoms became intensified, and accompanied by tympanitis, and towards the end stupor and low muttering delirium supervened. Death was due apparently, as was thought, to peritonitis in consequence of perforation of the intestine, the splenic abscess not being diagnosed. After death there was found general purulent peritonitis. In the upper part of the spleen, under its external aspect a small abscess cavity, about the size of a walnut, was discovered. This had burst into the peritoneum. In the intestine were found several cicatrizing ulcers, and at the base of one of these, situated about 1½ feet from the ilio-cæcal valve there was a perforation. Dr. Archer spoke of the rarity of splenic abscess in connection with enteric fever, contrary to what might be expected in a disease in which the spleen is always affected to a greater or less extent. As regards diagnosis, it was remarked that if in a given case of enteric fever, splenic tenderness with left hypochondriac pain, followed by "creeping" peritonitis, gradually extending from this as a centre showed themselves, the existence of a splenic abscess that had ruptured might very fairly be predicated.

Dr. G. G. S. TAYLOR read notes of a case of

**REMOVAL OF RIGHT EYEBALL AND LIDS FOR RODENT ULCERS.**

The patient (shown) was a retired mariner, æt. 68, who was under his care two years before operation for the same trouble. He then advised removal of the disease by operation, but the patient declined having anything done. The disease, however, spread so far, and sleeplessness was so great from frontal headache, that the patient at last returned willing to have anything done. The eyelids, ball of the eye, and ocular muscles were invaded by the disease. On August 15th he removed all the structures within the orbit, scraping the periosteum. The case was exhibited to show the remarkable way in which the large cavity left by the operation had filled up.

Dr. IMLACH showed as card specimens a hydrosalpinx, papilloma of Fallopiian tube, and malignant disease removed from rectum.

Dr. DAVIDSON a case of Endocarditis, and

Dr. OXLEY the heart of a dog that had died of cardiac disease.

A discussion on Syphilis was then opened by papers by Drs. Barron, Oxley, and J. Wilson.

Dr. BARRON treated the subject from the pathological side, going rapidly over the pathology of the primary, secondary, and tertiary stages, as described in the text-books, and going more into detail in regard to more recent advances in the subject. He held that it was a germ disease; using the word in its widest sense. He then discussed the micro-organism of the disease as described by Aufrecht and Klebs, showing specimens under the microscope and explaining fully how they might be procured and examined in the most simple and easy manner. In conclusion, he alluded to the high value in treatment of moderate doses of mercury extended over a long period, and compared this with the well-known manner of sterilising nutrient solutions by repeated warmings of them to a moderate temperature, which killed off the micro-organisms as they left the resistant spore stage before they could form spores themselves. He

suggested that mercury long-continued might act in a similar way by killing off the organisms as they developed from the resistant spore stage into a higher, whilst having no power over the spores themselves.

Dr. OXLEY then followed on classification and treatment. He remarked that the resemblances of syphilis to some of the infectious diseases were more marked than those existing between some members of the group, and cited the resemblance to vaccinia which was contagious, propagated like syphilis, and afforded protection against small-pox—a very infectious disease. The disease was usually treated in secret the first year, but if the patient could be treated as an invalid, he would possibly escape the terrible sequelæ. Want of means was another reason why patients were not treated properly. It was the only infectious disease that we were allowed to inflict on others knowingly without punishment. He learned, after long and extensive experience, that mercury and potassium iodide had no power to prevent secondary symptoms. He had treated many of his early cases without mercury, and they did as well as others with it, but he had learned that mercury was a powerful tonic in small doses, and he now employed it. It was no certain specific. We could not protect against sequelæ unless we put the disease on the same footing as other diseases and treated the patient as an invalid from the first.

Dr. J. WILSON'S paper dealt with treatment. It was mainly a plea for treatment as carried out at Aix-la-Chapelle by inunction of mercury by skilled rubbers, with milk in large quantities daily. Forty to sixty rubbings should be given without a break, and if possible 100 in all with or without a break. Iodide of potassium was useful in small doses as a stop-gap in the intervals of inunction. If given by itself it should be in large doses.

**SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.**

THURSDAY, NOVEMBER 5TH.

RUTHERFORD J. PYE-SMITH, F.R.C.S., President,  
in the Chair.

**PASSAGE OF STEEL SPLINTER THROUGH THE CORNEA, LENS, AND POSTERIOR WALL OF EYEBALL.**

Mr. S. SNELL showed an eye which had been enucleated a few days before, and in which a piece of steel had penetrated cornea and lens, and passed through the sclerotic, lay embedded in the outer side of this coat not far from the optic nerve. The accident occurred eighteen months ago, and then the traumatic cataract was removed, the electro-magnet introduced into the lens space, without, of course, removing any foreign body. The case was interesting as an example of those in which the electro-magnet could hardly render any service.

Mr. H. LOCKWOOD showed specimens and read notes of a case of

**ACUTE NECROSIS OF THE HIP JOINT, OSSIFICATION IN MUSCLES ABOUT THE HIP.**

Patient (under the care of Mr. Thorpe) was admitted into the Sheffield Public Hospital and Dispensary, June 16th, at 4 o'clock. Patient was a fender stone grinder, was kicked in the hip thirty years ago. Had a chancre at twenty years of age, followed by a sore throat. Complained of pain and grating in the hip four or five months, but was able to continue his work to two months ago. The hip began to swell, and has been gradually getting larger. Has not much pain when quiet in bed. On admission the left hip was found to be swollen, and indistinct fluctuation felt, and the bones grated together. There was no pain in the joint, and the patient can walk about, and the movement of the leg is good. On the outer side of the thigh there was a separate and distinct swelling, and fluctuation could be felt. On June 20 the swelling on the outer side of the thigh was opened, and about 6 oz. of coloured fluid evacuated. This swelling has no connection with the joint. Has been very sick. July 4 the thigh was opened, and a quantity of pus evacuated. On passing the finger through the wound loose bone could be felt. After this the patient gradually sank and died from pneumonia, probably of a septic nature, on July 15. At the post-mortem the hip-joint was laid open, and was found to be throughout disorganised. The acetabulum and the adjacent surface of the ilium was bare and necrosed, and so was

the head of the femur. In the rectus muscle was found the piece of bone shown, another in the tensor fasciæ femoris, and the third over Poupart's ligament. The lungs were not examined.

Dr. THOMAS then brought forward a case of

**BELL'S PARALYSIS OF ORBITAL ORIGIN,**

which will be found under the heading of "Clinical Records" at page 509.

**ANTISEPTICS IN DENTAL SURGERY.**

Mr. FRANK HARRISON read a most interesting paper, and gave a practical demonstration of his method of employing antiseptics. (The paper is to be published in full in the *Dental Journal*.) In reply to a question, Mr. Harrison thought that 1 in 40 is the strongest solution of carbolic acid that ought to be used in dental surgery.

Mr. CHAS. H. WILLIE then read some interesting

**NOTES ON THE DEVELOPMENT OF SPECIFIC FEVERS,**

which will be found at page 508.

In the ensuing discussion on this paper the following joined:—The President, Mr. B. Walker, Mr. Garrard, Dr. S. White, Dr. Martin, Mr. Reckless, Mr. Browning, and Dr. W. R. Thomas.

Mr. H. LOCKWOOD then read some notes on

**A CLUB-FOOTED FAMILY.**

Mr. and Mrs. K. came from Norfolk, had ten children, four boys and six girls. Father a little deformed in the hands. Of the four boys two were deformed, one both hands deformed, right foot clubbed, and left flat foot; the other boy both feet clubbed. The first deformed boy had five children, and only one slightly deformed. All the other three boys married, but had no deformed children. Six girls, of which three were deformed and three all right. Of the three deformed all were club-footed, and in two the hands were deformed also. Of the three deformed sisters the eldest is unmarried, the second has an illegitimate child club-footed, and the third, the youngest, is the one now shown. Of the other sisters who were not deformed two have married and have well-formed children, and the third is dead. Mrs. B. lives in Sheffield, she is club-footed, but was cured at the Orthopædic Hospital thirty years ago. Both hands are stunted and webbed. She has eight children, three deformed, and five all right; six are living. Eldest, all right; second, both feet clubbed, hands all right; third, all right; fourth, all right; fifth, all right; sixth, club-footed, died at eighteen months; seventh, all right; eighth, club-footed, both hands all right. Her husband is all right. Mrs. B. has a cousin whose feet are clubbed, otherwise there is no family history of any deformities.

**THE ABERNETHIAN SOCIETY.—ST. BARTHOLOMEW'S HOSPITAL.**

At the meeting on Thursday, November 19th,

Mr. SPICER, President, in the Chair,

Dr. E. W. ROUGHTON read a paper on

**THE EXPERIENCES OF A MIDWIFERY ASSISTANT.**

He related several cases of interest which had occurred in Martha Ward, and referred to the value of the temperature chart in diagnosis. He mentioned a case of uterine fibroid resembling in its clinical features retroversion of the gravid uterus, and referred to two cases of fibroid complicated by retro-uterine hæmatocele. He dwelt upon the diagnosis of inflamed fibroid, a condition which does not receive that amount of attention in text-books, which from its importance it deserves. He alluded to some points of interest in the diagnosis of ovarian cysts, and adduced some cases in which errors of diagnosis had unavoidably been made. Dr. Roughton then made a few remarks about treatment in general, saying that he was convinced that hygienic measures such as rest, fresh air, good food, and nursing were far more important than the giving of drugs. He disagreed with the teaching that gave students the impression that they had a drug wherewith to cure every disease. Comparison of the results of treatment in a ward, and in an out-patient room showed that, in the latter, our results were very poor, and chiefly because we had to depend almost entirely on drugs. He referred to the "mechanical system of uterine pa-

thology" which, he said, he considered the greatest curse of gynaecology. He also mentioned some of the curiosities to be found in a gynaecological out-patient room. He then passed on to say a few words about the maternity department. During his term of office as Midwifery Assistant at St. Bartholomew's, he had charge of over a thousand cases, with only one death. He was much surprised that the majority of them did not die, seeing in what dens of filth they were confined. He concluded his paper by giving amusing examples of mistakes made by midwifery clerks in their earlier experience.

REGISTERED FOR TRANSMISSION ABROAD.

**The Medical Press and Circular**

Is published every Wednesday morning Price 5d. Post free 1/4d.

POST FREE TO ANNUAL SUBSCRIBERS . . . £1 2 0

„ IF PAID IN ADVANCE . . . 1 1 0

Post-office Orders and Cheques to be drawn in favour of—

A. A. TINDALL, 20 King William Street, Strand, London, W. C.

A. H. JACOB, 3 Molesworth Street, Dublin.

Agents for Scotland:—

MACLAUGHLAN & STEWART, South Bridge, Edinburgh.

A & W. STENHOUSE, Hillhead, Glasgow.

Sole Agent for the Continent:—

JOHN F. JONES, 31 Bis, Rue du Faubourg Montmartre, Paris.

ADVERTISEMENT SCALE—Whole Page, 25 Os. 0d. Half Page

£2 10s. 0d.; Quarter Page, £1 15s. 0d.; One-eighth Page, 12s. 6d.

Small Announcements of Practices, Assistancies, Vacancies, Books, &c. of Seven lines or under, 4s. per insertion; 6d. per line beyond.

Considerable reductions are made from the foregoing Scale when orders are given for a series of insertions. Letters in this department should be addressed to the Publishers.

SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIÈRE, Rue Hautefeuille, Paris—post free in advance, £1 3s. 6d. per annum.

SUBSCRIPTIONS FOR RUSSIA are received by Messrs. RAJCHMAN and FRENDLER, 18 Senatoren Street, Warsaw—post free, £1 5s. 0d. per annum.

SUBSCRIPTIONS FOR THE UNITED STATES are received in New York by Messrs. WILLMER & ROGERS, Philadelphia, by Dr. BRINTON: post free in advance, 54 dollars (£1 3s. 6d.) per annum or direct from the Offices in this country for the same amount, if remitted by International Post-Office Order.

**The Medical Press and Circular.**

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 2, 1885.

**GASTROSTOMY.**

THE whole of the time occupied by the meeting of the Clinical Society of London on Friday last was devoted to a consideration of operative means for the relief of patients suffering from malignant tumours of the digestive tract. During the discussion then ensuing many interesting points were raised, and certain definite opinions were delivered which are not unlikely to have an influence in deciding the future proceedings of surgeons with respect to the subject in question. Gastrostomy, though it has been before the profession as a practical resource but a small number of years, may be assumed to have already fallen into disrepute; statistical returns do not afford at all an encouraging prospect of success when it is sought by its means to rectify the troubles arising from malignant constriction of the oesophagus.

phagus; and as it appears to be proved that except in those cases where the operation is performed in the earliest stages of the disease, the best results are never attained by it, there seems to be no sort of justification for its adoption, the more particularly as another less heroic, and much more satisfactory mode of procedure, is now available, thanks to Mr. Durham's ingenious plan of introducing catheter tubes past the tumour into the stomach. A very decided disinclination to adopt the severer course when the simpler would suffice was apparent among the majority of the surgeons who took part in the discussion; and it was even hinted that patients who could not be fed through tubes introduced *vid* the œsophagus, ought not to be submitted to the risks of gastrostomy merely with a view of prolonging a life that must succumb to the original disease. Against this proposition Mr. Barwell very properly raised his protest, on the ground that the surgeon's first duty is "to give the patient in his charge every chance of life that it is in his power to confer;" and in this belief he insisted it was his bounden duty to perform gastrostomy in those cases where no other means of relief offered any prospect of being successful.

On the question of tube treatment *v.* gastrostomy, Mr. Howard Marsh and Mr. Golding-Bird took up exactly opposite grounds. In the opinion of the former, backed, moreover, by that of several other speakers, the introduction of the tube method is to be regarded as a great improvement, and as certain to be productive of much real good; whereas the latter, speaking from considerable experience of the discomfort felt by patients who have been so treated, speaks unhesitatingly in favour of gastrostomy. Probably the matter is as yet far from ripe for settlement; but the objectors to gastrostomy have certainly on their side a by no means inconsiderable number of illustrations of the advantages following the use of the tubes in œsophageal cancer, and of examples in which the average duration of life after the cutting operation has been much exceeded. That danger, however, may be incurred by the introduction of the tube was clearly shown by more than one speaker; and the outcome of the discussion is the formulation of a rule to the effect that the operation should be wholly free from the employment of force; those cases which do not permit the passage of the tube into the stomach without undue pressure, being proved thereby to be unsuitable for such treatment. It is, of course, cases of this description that will henceforth raise a doubt concerning their further treatment; and we may take it that humanitarian principles will influence most surgeons, at least, to offer them the chance of temporary amelioration and of escaping the terrible sufferings of slow starvation, provided by the performance of successful gastrostomy.

Henceforth the argument for early resort to this operation, except in non-malignant undilatable stricture of the œsophagus, will lose its weight; but the effect of this neglect will necessarily be to augment the proportion of fatal to successful cases, and so tend to bring the proceeding into more and more decided reproach; for it was clearly indicated by Mr. Pearce Gould's evidence on Friday that those patients who are so reduced by suffering and want as at last to be brought under operation solely

as a *dernier ressort* against death, but rarely live sufficiently long to admit the completion of the second stage. The only hope for such unfortunates, therefore, must be in the future discovery of a remedy powerful to combat and vanquish the primary disease itself.

There is an evident inclination among leading surgeons to seek for an improved or less dangerous substitute for the operation of pylorotomy; and it is satisfactory to know that many of the most competent judges are disposed to look favourably upon the formation of an opening into the alimentary tract below the seat of obstruction, as in Mr. Golding-Bird's case of jejunostomy. That this case would have progressed to a successful issue save for the unfortunate mischance that befell it, does not admit of doubt; and that the operation itself offers very great advantages over the complicated and dangerous one for removal of the pylorus by resection, is too clear to need enforcing; while the facilities for easy feeding on the part of the patient are as great as those which obtain when the stomach is the part in which the artificial opening is situated. Digestion, moreover, appears to be successfully carried on; but even should this not be so, the resources of modern therapeutics would easily overcome the difficulty. On the whole it would seem that a brighter day is dawning for the unfortunate subjects of malignant tumour of the pylorus.

#### THE DECISION OF THE COUNCIL.

THE Council of the Royal College of Surgeons of England, after duly considering the demands contained in the two resolutions passed at the meeting of Fellows and Members of the College on Oct. 29 last, has at length issued the answer it will formally deliver to a special meeting of the College to be held on Dec. 17th. The document containing this reply is denominated a "statement," and professes to supply *reasons* for the course of action pursued by the Council. Had it originated from a solemn committee of schoolboys it would have been appreciated as a delicious piece of foolery; coming as it does from a body of scientific men of professional and social eminence, it is a melancholy example of the depths of folly to which intelligence blinded by prejudice and self-interest may sink. The whole profession will experience regret that such a miserable, inconsequent, and disreputable composition should have been permitted to receive the signatures of three high-minded, honourable, and respected surgeons; while not a few who voted for professed advocates of collegiate reform in July last will be puzzled and disgusted to learn that the precious document to which we refer was, in a *full* meeting of the Council, *unanimously* approved. What is the pernicious influence of the Council chamber that thus, not only perverts the judgment and common sense of rational beings, but is able also to blind the consciences of pledged reformers, and lead them to assent to acts which in other circumstances would have excited their honest indignation?

The reply of the Council is a direct refusal to both the resolutions carried at the meeting held on the 29th Oct. In supporting this decision the Council give as reasons for refusing the plea contained in the first resolution,

which provides "That the Council of the Royal College of Surgeons not having accepted the principle that Members, as well as Fellows, should take part in the election of the Council, in the opinion of this meeting, steps should at once be taken to memorialise Parliament and the Crown, so as to secure, in the interest of the public and of the profession, the right to representation in the administration of the affairs of the College for its sixteen thousand five hundred legally qualified Members," the following:—

The Council have carefully considered the question which some Members of the College have recently raised; and it does not appear to the Council that the main argument which these Members advance to support their claim, that all the Members should be entitled to vote in the election of Members of the Council, is a valid one. It is founded on the analogy which is assumed to exist between the payment of a fee for examination and the diploma and the payment of taxes. The statement is in effect this: that, inasmuch as the payment of taxes by an individual confers on him the right to a vote in the choice of a representative, so the fee which is paid by a candidate to the College, when he receives from it a diploma which gives him the legal right to practise, also carries with it a right to a vote in the election of the Council.

The Council are of opinion that the two cases are not alike. The only advantage which the taxpayer secures by the payment of taxes is derived from the outlay of the money which is thus raised, and it is therefore reasonable that he should have some voice in the manner in which it is spent. But, for the fee which a candidate pays in becoming a Member of the College, he receives the full value in his diploma. Nay, it must be said that in his diploma he receives far more than the equivalent of his money in the rights, privileges, and immunities which he thereby acquires. Moreover, there can be no doubt that the Membership of the College carries with it, beyond the right to practise, professional and social advantages which are directly derived from the College itself.

The argument that the Members of the College being more numerous than the Fellows, are consequently entitled to vote in the election of the Council, is to be met by reference to the Charter of 1843, by which a constituency of Fellows only was provided. The Council would point out (1) that Members of the College, prior to the date of that Charter, are eligible for election as Fellows; (2) that Members of a later date can become Fellows by passing the required examination; and (3) that the Council already possess the power of electing annually two eminent Members, of twenty years' standing, to the Fellowship; a power which has been, and may at any time be, exercised.

The College of Surgeons has of late been often spoken of as if it were only a corporation, and the Council had no responsibility or relation, except to its Fellows and Members. It is a corporation, but it is something more; and the Council are not only the representatives of the Fellows and Members, but the College holds an important relation, and its Council have grave responsibilities, to the whole profession, the general public, and the State.

The Council cannot regard the Members of the College as mere taxpayers to a corporation, and they cannot discover in this view, which appears to them inadequate, any support to the claim which is now urged by some Members.

Moreover, this claim could not be conceded without serious interference with the privileges of the Fellows. The exclusive rights of electing Members of the Council, and of being eligible for a seat on the Council, are among the chief advantages which the College itself confers on the Fellowship. It appears to the Council neither wise on behalf of the College, nor just to the Fellows themselves, to deprive them of this distinction.

The Council passed the resolution unanimously, as they are strongly of opinion not only that the existing rights of the Fellows should be preserved, but that their rank in the College of Surgeons should be fully recognised; for they are anxious, in the highest interest of surgical education, to encourage Members of the College to obtain the Fellowship.

The utter absurdity, and wholly inconsequential effect of all this rigmarole is too apparent to escape the merest tyro's intelligence; but the reply to the second resolution is no less exasperatingly funny.

To the demand "That in the opinion of this meeting, no alteration in the constitution or in the relations of the College or in any of its by-laws or ordinances shall be effected without the consent of the Fellows and Members convened to discuss the same," it is replied that—

The Council regret that they cannot assent to the terms of the second Resolution of the Fellows and Members. In their opinion, the conduct of the business of the College would be liable to serious hindrance if, for instance, no change in a by-law or ordinance could be effected without the consent of a general meeting of the Fellows and Members. This would often create inconvenient delay, and, in the event of any great difference of opinion between the meeting of Fellows and Members and the Council, lead to complete obstruction. For the Council cannot admit that the Fellows and Members in general can be such competent judges of what is required in this respect for the welfare of the College as the Council themselves, who, from their opportunities and experience of the business of the College, must be much better qualified to consider such questions when they arise. Moreover, it is certain that any general meeting convened for the purpose would consist only of a small fraction of the whole body of Fellows and Members; and neither by this, nor by any other means which could be devised, would the Council be able to obtain satisfactory information as to the opinion of the majority of the Fellows and Members.

It may be added that no by-laws can be made and ordained or abrogated and annulled without recourse to a most deliberate process (see Section III. of the by-laws), involving several references to a Committee, not less than four meetings of the Council, consultation with the legal advisers of the College, submission of the formulæ to the Secretary of State, and, under recent enactment, in special cases, to the Privy Council for approval, and finally ratification by two of Her Majesty's Judges.

With the larger questions which more rarely arise, such as those which concern the constitution of the College, the case would be different. On these questions the Council will always be glad to have an opportunity, so far as practicable, of consulting the Fellows and Members.

That the Fellows and Members of the College of Surgeons will consent to receive this remarkable outcome of the combined wisdom of the Council as a final answer to their demands, cannot for a moment be conceived; and nothing but the densest incapacity to read the signs of the times would ever have sanctioned the commission of so puerile an error as the Council have *unanimously* been guilty of in the statement they have put forth. It is in effect an act of suicide on their part. They have by it shown their own utter incompetence to govern so powerful a body as they have thus gratuitously insulted; and now must commence the era of their awakening from the slumber of ages. They have challenged the forces of the College, which, wrapped in the mantle of their own self-sufficiency, they seek to ignore with impunity; but henceforth the battle will be with real

weapons and a declared enemy. Who the victors will be, no one, not penetrated with the influence of the Council chamber, for a moment doubts.

#### THE MEDICAL COUNCIL AND ITS DOINGS.

It was, we believe, scarcely possible for the General Medical Council to render itself more contemptible in the eyes of the profession, and of those of the public who knew anything of its proceedings, than it was six months ago, but it certainly seems, at its meetings a fortnight since to have adroitly accomplished the descent to a still greater abyss of muddle than it had previously reached. It met, as we have already apprised our readers, for the purpose of patching up the work which it botched in the spring, and extricating medical education, and the licensing bodies from the mass into which its acts had plunged them; the special business of the present emergency meeting being to reinstate the Irish Queen's Colleges in the position of examining bodies in general education from which the Council had recently deposed them—to erase from the Register a number of men whose licenses had been cancelled by their licensing bodies—and, to go back upon the question whether Elementary Mechanics, Statics, and Dynamics should be forced upon the student at his preliminary examination, or should be taken as part of his professional course.

Beginning with the Queen's Colleges' Preliminary Examination it was at once frankly admitted by the President in his opening address that the Council had taken the extraordinary step of disfranchising that examination, not only without hearing the case fully, but without any information whatever save the dictum of Professor Haughton. "The Council," says the President, "had decided to remove the Queen's Colleges from the list of recognised bodies upon a general statement of the case against them, because the representative of Trinity College undertook to state the case at a future time in more detail." Was there ever such a confession? Imagine the judges in the High Court of Justice granting an injunction against a manufacturer or stopping the license of a publican "upon a general statement" of the prosecuting lawyer, backed by his promise to produce the evidence another time. But when the said evidence was now called for it was found not to exist, and the further confession is made that "as the sub-committee had received no returns from Galway and Belfast, and only very incomplete ones from Cork they were not in a position to judge of the examinations, and therefore (!) refused to recognise them," but that as they had now received the returns they would reinstate the abolished examinations. We are not, at present, concerned with the questions whether or not these examinations should be disfranchised, but we are naturally alarmed to find that the power to put the brand of incompetency upon the examinations of a public educational institution is wielded by a Council which exercises its privileges in this way. In the light of this revelation of the way the General Medical Council arrives at its sentences of disfranchisement, the outcry of those reformers who, for years, have clamoured for its dissolution seems fully justified.

Next the Council came to consider the necessity

for erasing from the Register the names of certain convicts, quacks, and others, whom the licensing bodies had deprived of their diplomas. One of these persons had been convicted of procuring abortion, and gone to penal servitude for ten years, while others had their diplomas estreated by the Colleges for various offences. However, the Council might be inclined to spare the feelings of a convict, it would seem to be a sufficiently simple proposition that when it is shown them that an individual is no longer the Diplomate of a particular licensing body, it is their duty to cause the official record of his diploma to be removed from the Register published by them. In fact, the Medical Act strictly enjoins that the accuracy of the Register should be thus maintained, and it provides elaborate machinery for such expurgation of the official record.

But the General Medical Council, on this occasion, occupied one entire day (at a cost of some hundred pounds to the medical tax-payer) in debating the question whether a man who was no longer a licentiate of a certain college should, notwithstanding, be gazetted in their list, as such licentiate. They exhausted their boundless verbosity upon the question whether these persons ought to have been deprived of their diplomas, apparently forgetful of the fact that they, as the keepers of the official list, have nothing whatever to say to the merits of such deprivation, and unconscious, it appears, that the licensing bodies are entirely indifferent as to their opinions on the matter. The Colleges, it may be presumed, know their own business and their own powers, and are quite prepared to meet the responsibility of disbarring an offending licentiate, and, having so disbarred him, the General Medical Council cannot, for all their talk, reinstate him. If they please, in violation of the law which they administer, to state untruthfully in the Medical Register that certain persons hold diplomas which, to their certain knowledge, they do not hold, we do not know that any one will contest with them the propriety of their recording that false statement, but it seems to be necessary to remind the General Medical Council, in this connection, that they are mere directory compilers, and that their pretension to dictate to the Colleges and Universities in this matter is as ridiculous as much of their other proceedings.

As is their custom the Council escaped the dilemma by doing nothing, but to remit the subject to a committee, the report of which will no doubt furnish some day an excuse for one other of these metropolitan pic-nics which seem to be the only remaining function of the General Medical Council.

#### Notes on Current Topics.

##### The M.R.C.S. England.

THE plan of examination for the diploma of Member of the Royal College of Surgeons of England does not appear to satisfy the requirements of Mr. Macnamara, who has given notice of his intention to ask the Council to consider whether, and by what means, steps shall be taken for amplifying the clinical part of the examination in question. As it is at present arranged the test is



necessarily a very unequal one, the array of cases for diagnosis by candidates being naturally of the most varying description. Moreover, the conditions under which the examination is conducted must tell very unevenly on students, many of whom are ill-suited to go through the serious ordeal of settling the nature of a surgical disease or injury and deciding on its proper treatments, all in the space of three or four minutes. That a great number of them do succeed is no argument in favour of the method now in use; while the certainty that many good men require more than ten minutes to decide on the exact nature and appropriate treatments of two or three cases, is decidedly strong evidence of a faulty mode of examination. If Mr. Macnamara arrives at a means for removing the "time limit" from the system in vogue, and substituting for it an arrangement which shall enable candidates to submit their cases to a thorough clinical examination before being called on to pronounce judgment upon them, then the matter he has taken in hand is a worthy one. Should it be, however, that he merely designs to add another burden to the already over-taxed students, then he is seeking a most unworthy end. Both teachers and pupils will wait with some anxiety to learn the exact manner in which he will propose to carry out his suggestion.

#### Oantor Lectures on the Microscope.

THE first of a course of lectures on the microscope, by Mr. John Mayall, jun., was given at the Society of Arts last week. The lecturer commenced by a discussion of the claims of the ancients to be considered the inventors of the microscope. He said historians were almost unanimous in declaring for its antiquity, this opinion being founded on a series of quotations ranging through the Greek and Roman writers on science, from Aristotle and his commentators down to Pliny. These quotations were reviewed and submitted to a searching criticism, and Mr. Mayall's conclusion was that the use of lenses for increasing the normal power of vision was practically unknown to the ancients. He thought the claim of the ancients to have preceded us in the use of the microscope would have to be abandoned. Spectacles were known to have been invented by Salvino d'Armato degli Armati about 1285. As to the more powerful optical instruments, the telescope and microscope, although it would appear that Roger Bacon in the 13th century, and Porta in the 16th, had some confused ideas that lenses might somehow be employed to enable one to see distant objects better, or to magnify near ones, yet it must be held with Kepler that no instrument analogous to our telescope was known before the beginning of the 17th century; and, further, it was certain that the invention of the microscope was not anterior to the last few years of the 16th century. The lecturer then gave a *résumé* of the history of the construction of the most important forms of microscopes down to the date of the application of achromatism, illustrating his remarks by the microscopes he exhibited, and by references to the original authorities whose works he quoted. Upwards of 200 microscopes were exhibited on the occasion. The lecturer appeared to create considerable interest, and the large room of the Society was crowded in every part. The

ventilation of the room, in our opinion, would admit of being considerably improved.

#### The late King Alfonso.

A UNIVERSAL feeling of regret has been aroused in all civilised countries by the death, at the early age of 28, of the amiable and talented King of Spain. The history of his illness, too, lends additional pathos to the story of his life and death, for it is impossible to avoid the conclusion that his existence has to a great extent been offered as a sacrifice to political needs. Whether wisely or not, there can be little doubt but that his condition for the last two years has been such as ought to have warned his responsible medical advisers that the promptest measures were necessary to be taken if a life so valuable to the country of Spain was to be preserved. And yet, in spite of this, everything has been done to conceal the critical state of health of the King, and measures of the first remedial importance have been neglected lest the people over whom he ruled should be made cognisant of their sovereign's precarious tenure of life. In a more settled country such a procedure might have been less fraught with dangerous consequences, although no circumstances could be held to justify the conduct of physicians who failed to insist, in the interests of their patient, and without reference to political aims, on the adoption of such treatment as would give the best hopes of recovery, apart from every other consideration whatever. That the late monarch's illness advanced unchecked amid the unfavourable conditions by which he was surrounded is certain; and it is equally certain that had he enjoyed the advantages of living for a time in a purer and more suitable atmosphere he would have been spared to achieve still further benefits in behalf of his unfortunate countrymen.

#### A Distressing Fatality.

A MOST melancholy accident, resulting in the death of a prominent and respected citizen of Birmingham, is reported in connection with the visit of the Prince of Wales to the capital of the Midlands last week. It appears that the Prince, after visiting the Agricultural and Dog Shows, and the new Art Gallery, was entertained at luncheon in the Council House on Saturday, and towards four o'clock he left the Hall to travel to London by the afternoon mail. A large number of the guests rose at the same time to accompany him to the station, while others proceeded to the roof of the Council House portico to witness the Royal departure. Among the latter was Mr. P. D. Bennett, J.P., chairman of the Horsley Iron Company, who stood upon the parapet to gain a better view of the proceedings below, and in stepping back again, instead of alighting on the stonework, he trod upon one of the large squares of glass with which the portico is glazed, and fell a distance of thirty feet on to the pavement beneath. Medical attendance was promptly forthcoming, but the injuries sustained by the unfortunate gentleman were so severe that death took place within a few minutes of the accident, without the return of consciousness. So sad an event naturally created a feeling of gloom over all assembled, and it may serve as a warning against the dangerous nature of

not a few similar buildings, where precautions are not taken in periods of excitement to prevent the possibility of such disasters by protecting dangerous localities, and preventing the public from placing their lives in jeopardy.

#### The Death-rate in Japan.

THESE appears to be much room for the sanitarian in the cities of Japan. We learn from the Transactions of the Society for the Advancement of Medical Science in Japan, that in a city with a population of a million and a quarter the death-rate amounts to 56 per 1,000.

#### Hospital Saturday Fund.

THE Board of Delegates of the Hospital Saturday Fund met this day week, when the Secretary reported that the combined collections amounted to £10,700, and after payment of all expenses the sum of £9,500 was divisible among the hospitals, dispensaries, and convalescent homes, being £500 more than was divisible in 1884. The Distribution Committee reported that, after having carefully investigated the charges preferred against the nursing staff of University College Hospital, the result was that there was no reason to doubt the efficiency of the nursing staff; that the expense of the staff was by no means greater than that of other hospitals; and that persons wishing to be taught nursing at University College Hospital were in no way subjected to religious tests. Hence the right of this hospital to a participation in the Hospital Saturday Fund was in no way affected by the result of this inquiry.

#### The British Pharmacopœia.

IN a report presented by the Pharmacopœia Committee to the Medical Council at its recent meeting it was stated that out of the 20,000 copies of the new edition of the Pharmacopœia that had been printed 12,875 copies had been disposed of up to Saturday, the 14th ult. The President, in his opening address, incidentally remarked that the cost of printing the work had been great in consequence of the numerous revises that had been required.

#### Death from Nitrous Oxide.

THE Paris correspondent of the *Medical Times* reports that an action for manslaughter has been brought against the celebrated dentist, M. Duchesne, for having caused the death of one of his patients by the inhalation of nitrous oxide. The patient was a gentleman of fifty, who came to have a tooth drawn. He was anaesthetized by M. Duchesne himself, but without the assistance of a doctor; the tooth was drawn without difficulty, and the whole scarcely lasted ten minutes, but the patient never revived, and in all probability he was dead before the tooth was drawn. M. Duchesne is prosecuted for having used an anaesthetic without the assistance of a legally qualified practitioner. A physician, Dr. Rivet, was usually in attendance, but on this occasion he was absent. M. Duchesne states that patients are usually accompanied by their family physician, but in this case the family doctor declares that, had he been consulted, he would have opposed the operation, as he considered his patient to be labouring under disease of the heart. There was, however, no evidence of this at the post-

mortem. The verdict has not yet issued, but the scientific interest of the case resides in the fact that nitrous oxide, so freely used as an anaesthetic by many surgeons and by nearly all dentists, is quite as dangerous as chloroform, and ought never to be administered without proper precautions and a preliminary examination into the state of health of the subject.

#### A New Medical Knight.

THE honour of knighthood is to be bestowed upon Dr. James Sawyer, senior physician to the Queen's Hospital, Birmingham, and President of the Birmingham and Midland Counties Branch of the British Medical Association. The Queen has been led to offer this distinction to Dr. Sawyer in recognition of his long and valuable services to the charity with which he is associated, and also as a reward for the faithful and constant manner in which, for many years, he has devoted himself to the advancement of professional interests in the Midlands.

#### The Gulstonian Lectures

At the London College of Physicians will be delivered by Dr. Seymour J. Sharkey, who has chosen for his subject "Spasm in Chronic Nerve-Disease." The Croonian Lectures will be delivered by Dr. P. W. Latham, of Cambridge, and will be devoted to "Some Points in the Pathology of Rheumatism, Gout, and Diabetes." Dr. W. H. Stone, who will deliver the Lumleian Lectures, takes for his subject "The Electrical Conditions of the Human Body: Man as a Conductor, Condenser, and Electrolyte."

#### Artificial Colouring Matters.

THE use of artificial colouring matters in wines, drinks, &c., which appear to be widely extended in France, has hitherto been condemned, on the ground that these bodies may possess properties injurious to health. To determine whether or not this be the case, Messrs Cazeneuve and R. Lépine have made a series of experiments upon man and animals. One of the bodies already examined from this point of view is known in French commerce under the name *rouge soluble* (*Comptes Rendus*). The result of the trials made with this colouring agent leads the author to assert that it is absolutely free from any poisonous properties and that it cannot be considered injurious to health in the small proportion in which it is used. This opinion appears to be confirmed by the fact that the workmen engaged in manufacturing the colour, and who are daily exposed to the inhalation of its dust, do not experience any ill effects.

ARRANGEMENTS have been made to recommence evening meetings in connection with the Pharmaceutical Society of Ireland. The intention is to make the meetings as useful and practical as possible, not devoting them so much to the reading of set papers as to the discussion of practical points of interest. The first meeting will be held this evening (Wednesday), the 2nd, when Mr. Tichborne will read a paper on the "General Features of the British Pharmacopœia of 1885."

### Proposed Army Medical Institution.

FOR many years back attempts have been made from time to time to establish a periodical devoted to the interests of the Medical Department of the Army, and to be supported by the officers of that branch of the service. Nine and twenty years ago, namely, in 1856, arrangements with this object had advanced so far that a definite plan for such a journal was drawn out, and an arrangement come to with a London publisher for bringing out the "Army Medical Journal," as the periodical was intended to be called. But, unfortunately, like other endeavours in the same direction, failure overtook it even before the scheme had been carried out, the failure primarily caused by lack of subscribers, and, indeed, lack of interest in it among medical officers themselves. We are glad to learn from the *United Service Gazette* that a somewhat similar scheme, but on a more extended scale, is now about to be launched, and we cordially wish it every success. The present proposal is to establish an "Army Medical Institution," to carry out the same line of work for the Medical Service of the Army as is performed by the two Institutions of the Royal Artillery and Royal Engineers for their respective regiments. The object of such an Institution will be to afford instruction and information to the officers of the Medical Service on all subjects of interest connected with their special work. The methods of achieving such objects would be by the publication of a journal to be called the "Journal of the Army Medical Institution," or of the Army Medical Staff, which would deal with all professional subjects interesting to the Army Surgeons, and be a means of collecting and publishing papers and information on military medical subjects. Connected with it would be the institution of a Gold Medal for the best essay or paper on subjects referring to military medical work, in its broadest sense; the formation of Corps libraries; and eventually the Institution would aim at founding a suitable building, either in London or Aldershot or elsewhere, where lectures could be delivered on medical military subjects.

### Painful Scene at an Execution.

ON Monday last the convict Robert Goodale, condemned to death for the murder of his wife in Norfolk, was executed within Norwich Gaol, and the circumstances attending the fulfilment of the last act of the law were of a character to excite a feeling of intense dissatisfaction with the method now in force for carrying out the death sentence in this country. It appears that Berry, the executioner on this occasion, allowed a drop of six feet, the body of the convict, who was 5 feet 11 inches high, weighing 15 stone. On the bolt being released the disappearance of the culprit was at once succeeded by the recoil of the rope, which led to the supposition at first, that it had become unfastened. On looking into the pit beneath the gallows, however, this was at once seen not to be the case, for there lay the body of the murderer, from which the head was completely severed, and lying apart from it. Such untoward occurrences as this and other accidents which have attended recent executions irresistibly suggest that an improved mode of carrying out the death sentence is demanded in the interests of humanity and civilisation, for horrible spectacles like

those that have been described from time to time produce the utmost disgust in the mind of the public. It is probable that the distressing result of Monday's proceedings was due less to the mere weight of the victim's body than to a degenerated condition of his muscular system, thus permitting rupture of the muscles about the neck, *e.g.*, the trapezius, sterno-mastoid, complexus &c., under a force which would have been successfully resisted by perfectly healthy tissue. Whatever the immediate cause, however, the effect was sufficiently sickening to make it desirable that death by hanging, with all its possible accidental horrors, shall give way to a form of punishment more consonant with modern scientific progress and the sentiment of the hour.

### Vaccination Shields and Erysipelas.

AN important note has been issued from the office of the National Vaccine Establishment relative to the dangers arising from the use of old or soiled vaccination shields by those who have undergone re-vaccination. In many cases erysipelas following the operation has been traced to this cause, and, with a view to protect the public against such accidental complications of vaccination in future, the following caution is addressed to the profession, and for an early copy of which we are indebted to Dr. Buchanan, of the Local Government Board:—"If in any case, as where a dress is worn dyed with a possibly irritative dye, a vaccinator thinks some means of 'protection' to a vaccinated arm to be desirable, he had best define the material and the manner of application of such appliance as he judges to be wanted in the particular case; and it appears to the medical officer important that every such appliance should be of a kind to be destroyed and replaced whenever it becomes soiled; and particularly that it should not be of a kind likely to be kept for subsequent use. The medical officer would, therefore, urge on vaccinators to discourage the use of the so-called *vaccination shields*."

THE Bradshaw Lecture of the London College of Surgeons will be delivered in the theatre of the College by John Wood, Esq., F.R.S., on Tuesday, the 8th of December next, at 4 o'clock precisely. The lecture will be on "Antiseptics."

### Glasgow.

[FROM OUR OWN CORRESPONDENT.]

DR. CHARLES CAMERON'S RE-ELECTION TO PARLIAMENT.—On Friday, the 27th ult., Dr. Charles Cameron was elected Member of Parliament for the College Division of Glasgow by a large majority over his Conservative opponent, Sir William Cunninghame. Apart entirely from general politics, both the profession and Dr. Cameron are to be congratulated on the choice of the electors. There is yet one stronghold of protection in the country, *viz.*, the Universities, whose monopoly in teaching, and the reckless manner in which they pass men into the profession, are exercising a blighting influence on medical science, and a palpable fraud and injustice on the public. The question of the one system of admission into the profession, and a *satisfactory* minimum

examination for a State licence to practise cannot be indefinitely postponed, in spite of the selfish interests of State-protected monopolists, and from the professional point of view the accession to the House of Commons of medical men holding liberal and enlightened opinions is to be regarded with satisfaction. That Dr. Cameron is such an one the following shows:—At one of his election meetings last week the following questions were put by Dr. Campbell Black to the candidate: 1. Seeing that Dr. Cameron is in favour of free trade and free education, would he regard an individual's knowledge as a legitimate marketable commodity? Dr. Cameron—Yes, I would. 2. Does Dr. Cameron think that it is either in the interests of the public or beneficial to medical science that the Crown should institute monopolies in teaching, and protect the individuals so appointed by legal enactments, the sole avenue to such preferment being either social or political influence? 3. Would Dr. Cameron be in favour of abolishing the monopolies in teaching possessed by the Universities, the last stronghold of protection, and of making the law of the survival of the fittest operative in teaching as in everything else? To the latter two questions Dr. Cameron replies in writing as follows:—"I am entirely at one with you as to the one portal theory being the correct one. I regret that none of the reporters gave the questions and my answers to them, but had they done so this would have been made sufficiently clear. What I said was, that so far as the degrees or licences of teaching or examining bodies carried a civil status conferring on their recipients a monopoly of the right to practise medicine, I had always considered that the State should hold the granting of such a monopoly in its own hands, and not delegate it to bodies not directly responsible to its authority. I said, further, that the test of the possession of the knowledge required for a State licence should be a careful and searching examination, and that regard should be paid to the knowledge possessed, and *not* to the *manner in which it is acquired*: and as to the degrees and licences of Universities and medical corporations, I stated that they should, in my opinion, be sought after and considered as honourable distinctions to be superadded to the State licence, which should be a necessary minimum qualification." This view must be held as eminently satisfactory to medical reformers, and with the assistance of a sufficient number of legislators holding Dr. Cameron's views the present scandal of nineteen bodies qualifying for the practice of medicine and surgery would soon, and not too soon, vanish.

### Obituary.

#### MR. JOLIFFE TUFNELL, OF DUBLIN.

THE frequent apprehensions which we have expressed as to Mr. Tufnell's state of health will have prepared our readers for the announcement that he died on Friday last. We do not use a mere conventional form of words when we say that there have been few men in the profession in Dublin who will be more deeply regretted, for there are few who possess that straightforward honesty of purpose combined with goodness of heart and geniality of manner which should make for them friends as staunch as his. "The Major," as his intimates used to call him, was in person, manner, and mind a gentleman, incapable of underhand dealing, and full of generosity towards all men. A Dublin contemporary publishes his complete history, from which we cull the following interesting details:—Mr. Tufnell was born at Chippenham upon the 23rd May, 1819. He was a younger son of Colonel Tufnell. After being at Salisbury and other large schools he was apprenticed in 1836 to Mr. Luscombe, of Exeter, then senior surgeon to the Exeter Hospital. Having studied there

for three years, Mr. Tufnell proceeded to London and entered at St. George's Hospital, under Sir Benjamin Brodie and Mr. Cæsar Hawkins. In May, 1841, Mr. Tufnell took the M.R.C.S. Eng., and entered the army as Assistant Surgeon of the 44th Regiment, then serving in India. Upon reaching Calcutta he took charge of all the troops as they arrived from England, remaining for this purpose at Chinsura. To this delay Mr. Tufnell owed his life, for while proceeding up the country *en route* to Cabul the massacre of the 44th Regiment took place, one officer and seven men alone remaining out of the entire corps. Shortly after his arrival home he was sent to join the 3rd Dragoon Guards. The Fellowship of the Royal College of Surgeons of Ireland had been thrown open, and Mr. Tufnell became the first Fellow by examination. A vacancy in the Army Medical Staff of Dublin having soon after occurred, Mr. Tufnell withdrew altogether from active service, accepting the surgeoncy of the Dublin District Military Prison as a life appointment. The want of any special course of instruction in Dublin in military surgery now induced Mr. Tufnell to introduce its teachings, and in 1846 he fitted up a class-room for this purpose. His lectures there were attended by Sir Philip Crampton, many military surgeons, and numerous students, and were shortly afterwards recognised by the Army and Navy Departments as equivalent to six months' surgery in the professional qualifications of candidates for each respective service. The war between Russia and Turkey having broken out in the spring of 1854, Mr. Tufnell proceeded to the East, and after seeing some fighting on the Danube later, Mr. Tufnell returned to Dublin. The following year the chair of military surgery was established in Ireland in connection with the Royal College of Surgeons, and the Regius Professorship was conferred upon Mr. Tufnell by the Crown. Mr. Tufnell was for many years Examiner in Surgery in the College, and resigned that office on becoming President in 1874.

When a man can pass through the anxious competition of public and civil practice for forty-four years and leave behind him no other feeling than the warmest regret, he must indeed have possessed special qualities of heart and mind. We doubt that Joliffe Tufnell ever had an enemy, we are certain that he never deserved to have one, and we know that if any other feeling than pure friendship remained in any mind his death has wiped it away, leaving behind nothing but the recollections of his many good qualities.

**The Mortality of Foreign Cities.**—The annual death-rates per 1,000 in the principal foreign cities, according to the last weekly returns communicated to the Registrar-General, are as follow:—Bombay 24, Madras 33, Paris 20, Geneva 21, Brussels 21, Amsterdam 21, Rotterdam 21, The Hague 20, Copenhagen 21, Stockholm 20, Christiania 20, St. Petersburg 24, Berlin 20, Hamburg 26, Dresden 18, Breslau 27, Munich 24, Vienna 25, Prague 28, Buda-Pesth 25, Trieste 26, Turin 24, Venice 31, New York 21, Brooklyn 19, Philadelphia 18, and Baltimore 19.

**Vital Statistics.**—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 19·8 per 1,000 of their population, and were—Birkenhead 18, Birmingham 17, Blackburn 19, Bolton 25, Bradford 11, Brighton 17, Bristol 19, Cardiff 18, Derby 27, Dublin 29, Edinburgh 17, Glasgow 24, Halifax 19, Huddersfield 23, Hull 13, Leeds 21, Leicester 19, Liverpool 21, London 19, Manchester 24, Newcastle-on-Tyne 19, Norwich 17, Nottingham 20, Oldham 17, Plymouth 13, Portsmouth 21, Preston 24, Salford 18, Sheffield 18, Sunderland 18, Wolverhampton 23. The highest annual death-rates in these towns last week from diseases of the zymotic class were—From measles, 1·3 in Salford, 1·4 in Bolton, and 1·8 in Liverpool; from whooping-cough, 1·4 in Plymouth and 1·9 in Bolton; from scarlet fever, 1·1 in Cardiff and 1·9 in Leeds; and from "fever," 1·1 in Birkenhead, and 1·2 in Portsmouth. Of the 32 deaths from diphtheria, 20 occurred in London, and 2 each in Birmingham and Preston.

**Manchester Hospital Sunday and Saturday Fund.**—At the annual meeting in connection with this fund, held on the 23rd ult., it was stated that in 1884 the amount paid to the credit of the Sunday fund was £4,690 8s. This year it had been £4,831 11s. 5d. Last year the Saturday fund was £2,937 7s. 11d. This year the amount paid in had been £3,219 19s. 1d.

## Notices to Correspondents.

**✎** 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.

**READING CASES.**—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, may now be had a either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

**LOCAL REPORTS AND NEWS.**—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

**DR. BUZZARD.**—We hope to begin your lectures in our next issue.

**DR. MARTIN** (Sheffield) will receive a private note.

**DR. ALDERSON** is thanked for his note. The error in report of society and paper is so slight and so easily understood that an erratum is hardly necessary.

**MR. CARSWRIGHT.**—The matter has not by any means been lost sight of; but the present state of opinion is so far unfavourable to its discussion that it would be running an unnecessary risk to introduce it just now. Possibly you will not be sorry for this, as the additional time thus gained will, in all probability, enable the evidence to be materially strengthened and further completed.

**DR. ROBSON** (Birmingham).—Case of "Retarded Labour" received.

**MR. S. E. E.** (Dundee) is thanked for the information, which will be utilised if after inquiry it is found not to be one-sided.

**DR. WILSON.**—You are not justified, under all the circumstances, in carrying the issue beyond the limits indicated in the correspondence. There can be no doubt as to the side responsible for the misfortune, or that a serious want of consideration was exhibited; but, nevertheless, we feel that the advice we have given is appropriate.

**AN ANXIOUS PARENT.**—Our Students' Number, published on September 23rd, will give you every information.

**DR. FRAZER** (Dublin).—Paper on "The Treatment of Pediculi by Parasitocides" received.

### THE FALSIFICATION OF HONEY.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Will you kindly allow me the privilege of saying, in answer to the paragraph which appeared in your valuable paper respecting the falsification, &c. of honey, that the British Honey Company have, since May last, been supplying the public with pure English honey, packed in glasses, which they guarantee with protecting label, &c. The article supplied by them is just as it is procured from the beehive, and we challenge anyone to produce any package, as supplied by us, otherwise than pure. I should feel greatly obliged if you would be good enough to give these few remarks a place, as the statement which appeared, and which is, unfortunately too true, is liable to prevent the Company from arriving at the desired end—viz. a speedy clearance from the market of all adulterated and impure honey, and replacing it by our guaranteed "Pure British Honey," which can be obtained of any respectable grocer.

I am, Sir, yours, &c.,

H. TIMBERLAKE.

British Honey Company, Nov. 25, 1885.

## Meetings of the Societies.

WEDNESDAY, DECEMBER 2ND.

**OBSTETRICAL SOCIETY OF LONDON.**—At 8 p.m., Specimens will be shown by Dr. Lewers and others.—Dr. Arnold W. Thomson, A Case of Protracted Pregnancy.—Drs. Matthews Duncan and Thin, On the Inflammations and the Histology of Lupus of the Pudendum.—Dr. H. Roxburgh Fuller, A Case of Spurious Labour.

THURSDAY, DECEMBER 3RD.

**HARVEIAN SOCIETY OF LONDON.**—At 8.30 p.m., Harvelian Lectures by Dr. T. Buzzard, On Some Varieties of Paralysis dependent upon Peripheral Neuritis.

**WILLAN SOCIETY OF LONDON.**—At 8 p.m., Cases of Syphilis—A Case of Acute Dermatitis.—Dr. T. Robinson, Syphilis of Mucous Membrane and Special Organs.

FRIDAY, DECEMBER 4TH.

**WEST LONDON MEDICO-CHIRURGICAL SOCIETY.**—At 8 p.m., Mr. H. Percy Dunn, Sac and Adjacent Part of Large Omental Hernia; Pendulous Growths from Mucous Membrane of Stomach; Tubercular Disease of Testes; Tubercular Disease of Kidney.—Mr. C. B. Keetley, Osteotomy of Hip; Case of Complete Obliteration of one Nostril by Syphilis (Congenital); Case of Removal of the whole of Lower Lip for Epithelioma.—Mr. Leonard Mark, Drawing of the above case before Operation.—Mr. J. R. Lunn, Drawing of a Case of Epithelioma of Lip.—Papers: Mr. Dunn (for Surgeon Harold Hendley, I.M.S.), Some Cases of Interest from the late War in the Soudan.—Mr. C. B. Keetley, Antiseptic Surgery at West London Hospital.—Dr. Sinclair Thomson, Suez as a Health Resort, with notes by the way.

MONDAY, DECEMBER 7TH.

**ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.**—At 8 p.m., F. S. Eve, F.R.C.S., On Some Points in the Pathology of Cystic and Encysted

**Tumours.**—Casual Communications by Messrs. W. St. George Elliot, Felix Weiss, and G. Cunningham.

**ROYAL INSTITUTION.**—At 5 p.m., General Monthly Meeting.

THURSDAY, DECEMBER 10TH.

**OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.**—At 8 p.m., Living and Card Specimens.—At 8.30 p.m., Mr. E. Nettleship—(1) Diabetic Retinitis; (2) Removal of Chip of Iron from Vitreous by Magnet.—Mr. W. A. Bralley, Case of Hemorrhagic Glaucoma unaccompanied by any increase of tension.—Mr. G. Hartridge, A Patient with Small Lenses Congenital.—Mr. W. H. Jessop—(1) Case of Retinal Hemorrhage; (2) Case of Detachments of Retina.—Communications: Dr. Samuel West, A Case of Double Optic Neuritis after a Fall; perfect vision throughout; recovery.—Mr. E. Nettleship, A Case of Fatal Meningitis after Excision of the Eye-ball.—Mr. C. Higgins, Neuro-paralytic Ophthalmia.—Mr. W. H. Jessop, Note on the Fields of Vision in a Case of Diptheria.

## Vacancies.

**Bristol General Hospital.**—House Surgeon. Salary, £120 per annum, with board, &c. Applications to the Secretary before Dec. 2.

**Brompton—Consumption Hospital.**—Resident Clinical Assistant. Applications, with testimonials, to the Secretary on or before Dec. 19. (See advt.)

**Durham County Hospital.**—House Surgeon. Salary, £100 a year. Applications, with testimonials, to the Hon. Sec. not later than November 27.

**Torbay Hospital and Dispensary, Torquay.**—Junior House Surgeon and Dispenser. Salary, £90 a year. Applications to the Hon. Sec., W. H. Kitson, Esq., Torquay, by December 31.

**Victoria Hospital for Children, Chelsea.**—House Surgeon. Honorarium of £50 per annum, with board and lodging. Also Registrar. Honorarium of £80 per annum. Applications, with testimonials, to the Secretary on or before December 7.

**Whitechapel Union.**—Assistant Medical Officer to the Infirmary. Salary, £150 per annum, with furnished apartments, &c. Applications, with testimonials, to the Clerk not later than December 7.

## Appointments.

**BUTTERY, G. B.,** L.R.C.P. Ed., L.F.P.S. Glas., Medical Officer for the First District of Birmingham Parish.

**CALDECOOT, C. M.R.C.S.,** L.S.A. Lond., Resident Medical Officer to the Eastern Counties Asylum, Colchester.

**CROWDY, F. D.,** M.B. Oxon., M.R.C.S., L.S.A. Lond., Assistant House Physician to St. Thomas's Hospital.

**GOULD, T. B.,** L.R.C.P. Ed., M.R.C.S., Medical Officer for the Second District of Birmingham Parish.

**HAGG, F. M.,** M.R.C.S., L.S.A. Lond., Non-resident House Physician to St. Thomas's Hospital.

**HAY, W. H.,** M.D. Aber., M.R.C.S., Medical Officer for the Second District of the Bridport Union.

**HUTTON, J. S.,** L.R.C.P., M.R.C.S., L.S.A. Lond., Resident House Physician to St. Thomas's Hospital.

**KAYE, J. R.,** M.B., C.M. Glas., Medical Officer for the Third District of Birmingham Parish.

**KIDD, C.,** L.R.C.P., M.R.C.S., Assistant House Surgeon to St. Thomas's Hospital.

**LANKESTER, H. H.,** M.B., M.R.C.S., L.S.A. Lond., Resident Accoucheur to St. Thomas's Hospital.

**RITCHIE, E. D.,** M.R.C.S., L.S.A. Lond., Resident House Physician to St. Thomas's Hospital.

**ROBERTS, W. L.,** M.R.C.S., Honorary Surgeon to the Bradford Infirmary.

**ROBERTSON, R.,** M.D., Assistant Physician to the Royal National Hospital for Consumption, Ventnor, Isle of Wight.

**SHACKEL, G. A.,** M.R.C.S., L.R.C.P. Lond., Resident Medical Officer to the North London Hospital for Consumption.

**STEEB, W.,** M.R.C.S., L.S.A. Lond., Medical Officer to the Workhouse and Infirmary, Parish of St. George-in-the-East, London.

**WILSON, M. M.B.,** M.Ch. Glas., Medical Officer for the Seventh District of the City Parish of Glasgow.

**WILSON, R. W.,** L.R.C.P. Ed., M.R.C.S., Medical Superintendent to the Infirmary and Workhouse, Croydon Union.

## Births.

**PARISH.**—November 20, at 14 Steyns, Worthing, the wife of Frank Parish, M.R.C.S., L.R.C.P., of a son.

**WEBB.**—November 23, at Southside, Ironbridge, Shropshire, the wife of T. Law Webb, M.R.C.S., of a son.

## Marriages.

**NICHOLS—ROSS.**—November 24, at the Parish Church of Alderney, Fredk. Peter Nichols, B.A., M.B., Surgeon Medical Staff, eldest son of the late W. P. Nichols, F.R.C.S., of Surrey Street, Norwich, to Florence Mary Brandon, youngest daughter of the Rev. Wm. Ross, B.A., Rector of Alderney.

## Deaths.

**EVANS.**—November 19, at Tirphill House, Tirphill, Edward Chas. Evans, M.R.C.S., late of Cardiff, aged 41.

**LERREW.**—October 15, at Sandhurst, Australia, Frederick W. Lerrew, M.B., only son of the late W. Kirby Lerrew, M.R.C.S. E., of London, aged 27.

**LISTER.**—November 22, at Halifax, Yorkshire, John Lister, M.R.C.S., L.S.A. Lond., aged 89.

**TUFNELL.**—November 27, at 58 Lower Mount Street, Dublin, Thomas Joliffe Tufnell, M.R.C.S. Eng., F.R.C.S.I., aged 67.

# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 9, 1885.

CONTENTS.		PAGE	PAGE
<b>ORIGINAL COMMUNICATIONS.</b>			
Hysteria in the Male. By Prof. Charcot, Salpêtrière Hospital, Paris .....	523	Facculated Aneurism of the Transverse Port on of the Arch of the Aorta ....	532
Harvelan Lectures on Some Forms of Paralysis dependent upon Peripheral Neuritis. Delivered at the Harvelan Society by Thomas Buzzard, M.D., F.R.C.P., Physician to the National Hospital for the Paralyzed and Epileptic.....	525	Malignant Obstruction of the Pylorus—Enormous Distension of Stomach ....	532
The Nature and Treatment of Gout. By Dr. W. Ebstein, Professor of Medicine and Director of the Medical Clinic at the University of Göttingen.....	528	Poisoning by Bichromate of Potassium Sequela of Zymotic Diseases.....	532
<b>CLINICAL RECORDS.</b>		<b>THE ABERNETHIAN SOCIETY—</b>	
Glasgow Royal Hospital.—Case of Hemiplegia and Mitral Regurgitation. Under the care of Dr. Anderson .....	530	Puerperal Eclampsia .....	532
<b>TRANSACTIONS OF SOCIETIES.</b>		<b>SPECIAL ARTICLES ON DRUGS.</b>	
<b>ACADEMY OF MEDICINE IN IRELAND—</b>		Iodoform. By George M. Foy, F.R.C.S., Surgeon to the Whitworth Hospital; formerly Lecturer on Anatomy and Forensic Medicine at the Carmichael Medical College .....	533
The Pathology of Lead Paralysis.....	530	<b>LEADING ARTICLES.</b>	
A Case of Ulcerative Endocarditis.....	531	<b>THE INTERNATIONAL MEDICAL CONGRESS 534</b>	
Zonular Cataracts and Dental Malformations.....	531	<b>THE SCHEME FOR A TEACHING UNIVERSITY IN LONDON .....</b>	
<b>SHEFFIELD MEDICO-CHIRURGICAL SOCIETY—</b>		<b>THE TENURE OF WORKHOUSE APPOINTMENTS IN IRELAND .....</b>	
Intestinal Concretion .....	532	<b>NOTES ON CURRENT TOPICS.</b>	
		Death at the Post of Duty .....	536
		The Royal Society.....	536
		Tardy Erythralia .....	537
		Ambulance Lectures Wanted .....	537
		The Dublin Class of 1885-6 .....	537
		Nursing Sisterhoods and the Hospital Sunday Fund .....	537
		Curious Fracture of the Skull.....	538
		The Dublin Hospitals Commission.....	538
		The Latest Cocaine Miracle! .....	538
		Prosecution of a Practitioner .....	538
		Publication of Testimonials.....	538
		The Errors of the Pharmacopœia .....	539
		Morphia Habit by Vaginal Injections.....	539
		The Bradley Fund.....	539
		The Dangers of Practice.....	539
		The Preliminary Examination.....	539
		Pasteur's Hydrophobia Experiments.....	540
		Reinstatement of Dr. Collic.....	540
		Kinsale Dispensary .....	540
		The Sheffield Murder Case .....	540
		A County Court Judge on the Value of Medical Services .....	540
		FRANCE .....	541
		GLASGOW .....	541
		Sanitary Department .....	542
		Correspondence.....	543
		Obituary .....	543
		NOTICES TO CORRESPONDENTS.....	544

## Clinical Lectures

ON

### HYSTERIA IN THE MALE. (a)

By Professor CHARCOT,  
Salpêtrière Hospital, Paris.

GENTLEMEN:—The first is that of the patient L—, well-known in our records of hystero-epilepsy, and distinguished by the "demoniac" character of her malady, which presents convulsive crises. She is æt. 63. She became a patient at the Salpêtrière in 1846, and we have had her under observation since 1871. At that time she was affected as she is now, with complete right hemianæsthesia, sensorial and sensitive, and ovarian hyperæsthesia of the same side, which, during the long period of fifteen years, has not been even temporarily modified, either by the often-tried influence of æsthesiogenic agents, advancing years, or by the menopause. It is now five or six years since our attention has been particularly drawn to the changes which the field of vision undergoes in the hysterical, and we have found in this patient a marked diminution of the visual field on both sides, but much more pronounced on the right side. Repeated examination once or twice during each year since that period has not failed to demonstrate the permanence of this diminution.

The other patient, named Aurel —, now æt. 62, and in whom the grand epileptic attacks are occasionally replaced by symptoms of *angina pectoris*, has suffered from her malady during the past twelve years, as shown by a very exact record dating from that period. There is complete left hemianæsthesia, both sensorial and sensitive, which, as you can satisfy yourselves, has existed during the long period of thirty-four years! For fifteen years this patient has been under our notice, and during that period the hemianæsthesia has not abated, as frequently-repeated examinations demonstrate. There is a marked diminution of the field of vision on both sides,

which is, however, more marked on the left side. This condition has existed during the past five years.

This is sufficient to show you, I think, how in females undoubted hysterical stigmata prove to continue obstinate, and how little this condition accords with the views generally entertained as to the evolution of the symptoms of the disease. I now proceed to the examination of our cases of male hysteria.

CASE I.—The patient, Rig—, a shopman, æt. 44, became a patient at the Salpêtrière on the 12th of May, 1884, almost now a year ago. He is a stout, muscular and well-developed man. He was formerly a cooper, and bore well the fatigues of his work. The hereditary antecedents of this patient are very striking. His father, æt. 76, still lives. During the period from his thirty-eighth to his forty-fourth years he suffered from *nervous attacks*, as to the nature of which the patient is imperfectly unable to enlighten us, in consequence of pecuniary losses. His mother suffered from asthma, and died at the age of sixty-five. His grand-uncle on the mother's side was epileptic, and died in consequence of injuries received by falling on the fire during an epileptic seizure. Rig— has had seven brothers and sisters, none of whom suffered from any nervous affection. Four are dead, and of the three remaining one is asthmatic. He himself is the father of nine children, of whom four died in infancy. Of the five still living a daughter, æt. 15, is the subject of *nervous crises*; another, æt. 10, has had attacks of hystero-epilepsy, as M. Marie has proved here; another daughter is of *feeble intelligence*; two remaining sons present no physiological or pathological features worthy of note.

In the *personal antecedents* the following facts are to be noted:—At the age of from 19 to 22 the patient had been the subject of an acute attack of articular rheumatism, without any heart complication. The last attack lasted for six months, and to it is doubtless to be attributed the deformities of the hand to be observed in him. As an infant he was timorous; his sleep was troubled by dreams and nightmare, and furthermore he was a somnambulist. He frequently rose during the night and did work which surprised him on finding it accomplished on



the following day. This condition lasted from 12 to 15 years. He married at the age of 28. There is no proof of any antecedent syphilitic or intemperate history, notwithstanding his occupation of cooper. He came to Paris at the age of 32, first following his trade with his father, and then in an oil-purifying factory.

In 1876, when 32 years of age, he met with his first accident. He cut himself deeply with a razor which he was sharpening, as people often do, on his fore-arm. A vein was cut, and blood flowed copiously. The hæmorrhage, and fear combining, the patient fell to the ground insensible and motionless. He was long in recovering, and for the period of two months he remained markedly anæmic, and unable for work.

In 1882, three years ago, when lowering into a cellar a cask of wine, the rope by which it was suspended suddenly broke; the cask rolled down the stair, and he would certainly have been crushed had he not had time to throw himself on one side; this he was unable to do sufficiently to prevent receiving a slight wound on the left hand. Despite the fear which he suffered he was enabled to assist in remedying matters, but five minutes afterwards he lost all consciousness, and remained in this condition for twenty minutes. On recovering himself he found he was unable to walk, his limbs being so feeble, and he was obliged to be taken home in a conveyance. For two days he was absolutely unable to do anything; during the night his sleep was troubled by terrible visions and interrupted by cries of "Ah me, I am killed!" He saw in dreams the scene of the accident. On resuming work, and ten days after the accident, during the middle of the night, he had his first attack of *hystero-epilepsy*. Since that time the attacks return almost regularly every two months; and often in the interval during the night, or at the time of his first sleep, he is singularly troubled by visions of wild animals.

Formerly, on recovering from these crises, he could recall what he dreamt during the attack, a circumstance which he is unable to do at the present time. Sometimes he fancies himself in a sombre forest, either pursued by brigands or horrible animals; at other times the scene of his accident opens out before his eyes, and he sees casks which roll upon him and threaten to crush him. Never, he affirms during the lucid interval, has he had dreams or hallucinations of a gay or agreeable nature.

At this period he went to Sainte-Anne for consultation. He had bromide of potassium prescribed for him, and that medicine, it is noteworthy, had never the slightest effect upon the attacks, notwithstanding that his system had been absolutely saturated with it. It is in consequence of this condition that Rig— has been admitted into our clinique at the Salpêtrière, and on his entry we marked the following state:—The patient is pale and anæmic; he has little appetite, especially for solid food, of which, however, he prefers acid dishes: altogether, his general health is far from satisfactory. The *hysterical stigmata* are very marked in him. They consist of double *hemianæsthesia in plaques*, over a large extent of surface, to pain (pricking, &c.), and cold. Sensorial anæsthesia does not exist generally, save in a very slight degree. The sense of taste and smelling are normal; hearing is blunted in a marked manner, especially on the left side. The patient does not hear better when a sounding object is applied to the skull. With respect to what concerns vision the symptoms are much less equivocal, and would suffice alone to decide the hysterical nature of the affection. There is a *marked diminution of the field of vision*, more accentuated, however, on the right side. He distinguishes all colours, but the field of vision for blue is narrowed more than that of red, beyond which it passes, a phenomenon when met with which is characteristic, so far as I know, of the field of vision in hysterical subjects—a fact of which I have satisfied you by many examples. Finally, to finish with the permanent hysterical stigmata, there exists in the case of Rig— two hysterogenetic points, the one cutaneous and situated below the false ribs of the right side, the other deeper in the popliteal

space of the right side, and where an extremely tender cyst exists. There is no hysterical hyperæsthesia of the testicle in the case of Rig—. Pressure, either purposely or accidentally, exercised on the spasmogenetic points in our patient evoke all the phenomena of the hysterical aura, precordial pain, constriction of the neck and hysterical globus, singing noises in the ears and beating of the temples, the two latter phenomena constituting, as you know, the cephalic aura. These points, whose excitation can thus cause, with singular facility, an hysterical attack, are not, on the contrary, following the terminology proposed by M. Pitres, *spasmo-frénateurs*; that is to say, that intense and prolonged excitation of them arrests but imperfectly an attack in process of evolution.

In the mental condition of Rig—, at present, as in the past, anxiety, fear, and sadness predominate. He cannot sleep in the dark; even in daylight he disinclines to work alone; he is of extreme sensibility, and the sight or remembrance of certain animals, such as rats, mice, and frogs, causes him great terror. These he frequently sees in frightful nightmare or frequent hypnagogic (sleep-inducing) hallucinations. He is always sad. "I am sick of life," he exclaims. A certain volatility of spirit is manifested in the fact that he cannot concentrate his mind upon any thing, and that he undertakes and abandons with equal inclination five or six enterprises at once. Otherwise he is tolerably intelligent and well-informed, and is of a placable temperament and entirely free from vicious instincts. The attacks are either spontaneous or provoked. However produced, they always arise by a feeling of burning at the spasmogenetic points, after which epigastric pain succeeds, and then a feeling of constriction in the neck and bolus, and finally the cephalic aura, consisting of noises in the ears and throbbing of the temples. At this moment the patient loses all conscience, and the attack, properly speaking, commences. It is divided into four periods, well defined. In the first the patient manifests some epileptiform convulsions. Then comes the period of violent convulsions, interrupted from time to time by convulsions, at one time of an emprosthotonic nature, at another of an opisthotonic nature, the feet and head alone touching the bed. During that time the patient emits wild cries. Then comes the third period, during which he speaks and emits cries in harmony with his sombre delirium and the terrifying visions which pursue him. Sometimes it is the forest, the wolves, and other wild animals which frighten him; at other times it is the ladder, and the wine-cask. Finally he regains consciousness, knows the persons by whom he is surrounded, and is able to name them; but the delirium and the hallucinations continue still some time; he searches around him and under his bed for black animals which menace him; he examines under his arms for the bites of animals which he believes to feel. Then he comes to himself; the attack is terminated, but to return most frequently a few instants afterwards, when, after three or four successive attacks, the normal condition is attained. During these attacks he never bites his tongue nor passes urine in bed. For one year R— has been treated by means of static electricity, which, as you know in such cases, has given good results in our hands. At the same time we have prescribed all the tonics and invigorating agents imaginable. Notwithstanding the hysterical stigmata and attacks persist without any appreciable change, though they have now existed for a period of three years. We have here to deal with a case of *hystero-epilepsy* with *mixed crises*, as sharply defined as possible. It is clear that the permanence of the hysterical stigmata in this case ought not to cause us hesitation in our diagnosis.

To conclude with the details of a case so perfectly unique, I shall indicate some particulars brought into prominence by clinical analysis.

In the first place we have the strong hereditary nervous family history; hysteria apparently in the father; grand-uncle and cousins-Germaine, epileptic; two sons, one

hysterical, and the other hystero-epileptic. You will frequently encounter the conditions of heredity in hysterical males more accentuated even than in the female.

I would recall to you how, in our patient, the hysterical manifestations developed themselves after an accident which threatened his life. The wound of which they were the consequence was of a trifling nature—could it have been sufficient to provoke the development of the nervous disease? That is possible, but I would not confidently affirm it. In all cases of injury it is proper to keep in view a factor, which, in the genesis of nervous complications, operates probably in a stronger manner than the injury itself. In this case we have the terror experienced by the patient at the moment of the accident, and which manifested itself afterwards by a loss of consciousness and a kind of transitory paresis of the inferior extremities. That same psychological element existed in the cases described by MM. Putman, Walton, Page, Oppenheim, and Thomsen, and its influence, often predominant, ought not to be overlooked.

That same circumstance of the development of hysterical phenomena in consequence of shock, with or without traumatism; but where emotion strongly operates, you will discover in most of the other patients whose cases I am about to bring under your notice.

(To be continued.)

## Harveian Lectures

ON

### SOME FORMS OF PARALYSIS DEPENDENT UPON PERIPHERAL NEURITIS.

DELIVERED AT THE HARVEIAN SOCIETY,

By THOMAS BUZZARD, M.D., F.R.C.P.,

Physician to the National Hospital for the Paralysed and Epileptic.

#### Lecture I.

MR. PRESIDENT AND GENTLEMEN, — When your Council honoured me with a request to deliver the Harveian Lectures this year, my first care was to see whether there was anything in the bye-laws of the Society to aid me in the difficult task of selecting a subject upon which to address you. The only direction that I found was that the lectures should be upon some subject of practical interest in medicine, surgery, or midwifery. In the choice which I have made, with whatever amount of success it may prove to be carried out, at least I can lay claim to the selection of a subject the practical interest of which it would be difficult to surpass. The present generation has seen remarkable advances in our knowledge of diseases of the nervous system. A flood of light has been thrown upon the physiological anatomy and pathology of the brain and spinal cord, and it is perhaps to some extent in consequence of this comparative concentration upon the central nervous system that the part played by the peripheral nerves in the production of symptoms of disease has not until recently received the amount of attention which it undoubtedly deserves. It will be my aim in these lectures to show that many forms of paralysis which would at first sight point to disease of the central nervous system are in all probability dependent essentially upon changes in the periphery of the cerebro-spinal nerves. The subject is a long one, and my time is short. It will be necessary, therefore, to deal with the topic in a somewhat general manner, avoiding where possible any wearisome minuteness of detail, and passing over such branches of the subject as may fairly be considered common knowledge at the present day. Even with these limitations I shall have to ask your forbearance for many a cautious expression and not a few acknowledgments of ignorance. There are indeed necessarily many great gaps in our knowledge of the subject, and

numerous points on which it seems difficult to reconcile apparently conflicting circumstances, for it is comparatively young, though growing vigorously from day to day.

I shall first narrate a case of typical neuritis affecting branches of the brachial plexus, and occasioning local paralysis, exquisite pains, hyperalgesia, muscular atrophy, abolished or diminished electrical excitability, and trophic changes in the skin. If all cases of neuritis were thus characterised there would be but little difficulty in diagnosis. But we may have paralysis from neuritis frequently of a multiple form in which one or more of these symptoms is wanting.

A single woman, *æt.* 24, was sent to me from the country on February 20th, 1883, suffering from loss of power in the right hand, with agonising pain. Her arm was in a sling, the hand covered up with cotton-wool, and she jealously watched the limb to guard it from the slightest accidental touch, so exquisite was the tenderness. The right hand and forearm had a soddened, puffy, helpless appearance, with swollen fingers and purplish discolouration of the skin in patches, which here and there looked glossy. Her immediate illness had commenced in the preceding August (six months previously) with pain and swelling in the middle finger, which gradually extended to the others, and for some months past her hand had been quite useless. The pain was so constant and severe that she could scarcely ever get sleep at night. She looked extremely ill. On examination, it was seen that the power of extending the wrist was moderately good, but flexion of it could not be performed. There was slight power of flexing the last joint of each finger, and an equally slight power of extending it, and this applied also to the last joint of the thumb. There appeared to be no power in the intrinsic muscles of the thumb and fingers. Examined electrically, the thenar muscles did not respond to either form of electric excitation; but the muscles of the back and front of the forearm were excitable by induced currents, though only when a considerable strength was employed. There was a more or less constant feeling of numbness in the fingers. By way of treatment, the limb was supported by a splint, ice and small flying blisters being applied; nourishing diet was ordered, and opium administered internally. The symptoms, however, continued without any material change, except that in June, after placing her arm in hot water, it became "spotted" all over, as she described it (for I did not see this), and blisters formed over her fingers. The blisters, apparently of the nature of pemphigus, discharged, and became covered with crusts, which remained when I saw her in July. I lost account of her after this, but have since learned the sequel, which is sad. She continued to suffer as described during the winter of 1883-84, and in the early spring of 1884 was attacked with acute melancholia with strong suicidal intent, and was confined for six months in an asylum. As described by the superintendent of the asylum, "her arm at the time of admission was somewhat smaller than the other, with diminished mobility and considerable pain. There was some discolouration of the skin." The arm was supported for a time, and by the end of April it appeared to have recovered its size, and she could use it a little. The pain was not constant, but warmth caused a "burning feeling" and cold "painful rheumatic sensations." By September she could use the right hand as well as the left. Morphia was administered to her in the asylum until her melancholic symptoms were considerably improved. In October she was discharged, recovered both in her mind and also in her arm, which she used freely and without pain. The only complaint when last I heard of her was that in cold weather the arm ached.

It is impossible to affirm positively that we have to do with neuritis, unless, as in the case just read, the aggregation of symptoms leaves us in no doubt. But we are bound to remember that the degree of lesion must be a varying quantity, and that the same symptoms are not to

be expected in mild as in severe cases. This may well be illustrated by the example of facial paralysis of peripheral origin, in severe cases of which we find typical reaction of degeneration besides some atrophy of the muscles, whilst in mild instances the electrical reaction is unchanged and the muscles do not waste. There can be no reasonable doubt that we are concerned in each case with a lesion of similar character, but of different severity.

The following are illustrations of the resemblance which neuritis may cause to the symptoms of central disease:—

A female patient, *æt.* 56, was said to have been suddenly seized one day with loss of power and numbness in the left arm. When she was first seen by her medical attendant these symptoms had passed off to some extent, but she was cold and agitated, with an irregular pulse. There was no paralysis in the face, and the speech was not affected. She walked upstairs with some assistance and remained in bed for about ten days, her symptoms during that time being occasionally severe headache, with loss of appetite and nausea, and on several nights delirious wandering. The urine, which was scanty, and of high specific gravity, was loaded with lithates, and contained no albumen. The left arm was often complained of as weak, heavy, and numb. On inquiry, it appeared that her illness had not really been quite so sudden in its onset as had been thought, but that the loss of power and numbness had been preceded by a great deal of pain in the left arm and shoulder. She now gradually improved, though unequal to the slightest strain or fatigue, and began to get out in the garden. A month after her first attack, whilst out walking, she experienced a sudden loss of power in both legs, which passed off in an hour or so. This did not seem to throw her back very much, but she had several slight threatenings of a return in the following month, now in one limb, now in another. About five weeks after the second attack, whilst a mile from home, she had a severe attack affecting both legs, and had to be brought back in a cab. This gave her a considerable shock, but the paralysis proved to be as transient as before, and a week afterwards, when I saw her for the first time, she was free from any loss of power or abnormal sensation. Examination failed to discover any disease of the nervous centres, or of other viscera. Since that time I understand she has again had a relapse.

This patient had led rather an anxious and chequered life, and the habit of her household was to take stimulants freely. The apparently sudden loss of power in one arm, coupled with numbness of the skin, in a woman fifty-six years of age, is of course highly suggestive of an attack of hemiplegia from some central lesion. But it is to be remarked that the paralysis here had really followed great antecedent pain in the arm and shoulder, an association which is practically conclusive of the peripheral nature of the lesion. The attacks which followed, first in one limb and then in another, clearly point in the same direction. I have no doubt that we have here to deal with neuritis dependent upon either the toxic effect of alcohol or of gouty origin, most probably the former.

Cases of this description are not uncommon, and frequently give rise to a great deal of anxiety. A gouty patient who is past middle age is prone, as we well know, to disease of the blood vessels and kidneys. An attack of numbness and paralysis in a limb, in these circumstances, is naturally liable to be referred without hesitation to a central lesion—hemorrhage or thrombosis. That this supposition is far more often than not correct is certainly the case, but every now and then we meet with examples like the one described, which show the necessity of bearing in mind the possibility of a peripheral cause in such an attack. The question of the possibility of gout causing neuritis was referred to by Mr. Hutchinson in the Bowman Lecture at the Ophthalmological Society last year. He adduced some instances which appeared to point to neuritis of the optic nerve originating in gout,

as well as others suggesting the occurrence of neuritis in other parts of the nervous system from a similar cause. I have very little doubt that neuritis is not seldom due to the presence of gout; the difficulty of proof is, of course, extremely great. I cannot lay claim to adduce anything which is absolutely positive upon this point, but some clinical observations, and especially certain electrical examinations which I have made, appear to lend considerable strength to this view.

An old friend of mine, a member of our profession, sent for me a few months since in a state of alarm, having woken up in the morning with numbness in the arms, which was at first slight and affected the side on which he was lying, the left much more than the right. In the course of a few hours it had grown rapidly worse, and was accompanied by pain in the shoulders. There was considerable loss of power in the arms. I found that he had had a characteristic attack of gout in the ball of one big toe some six years previously, and more than once had suffered badly from lumbago. He had been liable to pains in the shoulders for many years, and on several occasions had been troubled with sciatica. I was able to reassure him unreservedly, and treatment directed entirely to his gouty habit brought about immediate improvement and complete recovery in no great time.

Electrical examination will often give a good deal of support to the view that these are cases of slight neuritis:—

A lady, *æt.* 52, complained that her left hand would close during the night, and that she could not get it open again without dreadful pain at the wrist and up the fingers. It would be found icy cold. Some time previously, her left arm, and to a less extent the right arm and the toes of either foot, would "go to sleep." On examination she complained of pain, pricking, and tingling in the thumb and first three fingers, as well as slight numbness and coldness in the toes. Occasionally there would be a dart of pain down the arm and finger. She was a healthy-looking woman, who presented no signs of degenerative changes. Her tongue was clean. She had usually enjoyed good health, except from what she called rheumatism and occasional attacks of indigestion. In these there would be acid risings with bilious vomiting and palpitation of the heart. She was troubled also sometimes with flushes of heat, and according to her account her stomach was easily put out. Her urine was described as being thick. Examination with induced electrical currents showed that the intrinsic muscles of the left thumb were less excitable than those of the right, and to a marked degree less excitable than the corresponding muscles of a healthy subject. Inquiry into the history elicited that the patient's father had suffered badly from gout, and that she herself drank a great deal of sherry, and occasionally also whisky.

A tradesman, *æt.* 47, complained that the thumb and first two fingers of the left hand had lost grasping power. The skin covering them was more sensitive than on the right side. He could not flex the phalanges of the thumb, but could adduct the member; nor could he flex any of the phalanges of the index and middle fingers except the first. His forearm had become thinner; at its upper part it measured  $8\frac{1}{2}$  in. as against  $9\frac{1}{2}$  in., the measurement of the right forearm at the same point. The patient had suffered for upwards of three weeks. There had been no pain in the arm, but a numbness and dead feeling over the inside half of it. The fingers, however, were always in a state of painful "pins and needles," a feeling, as the patient himself described it, "exactly like that which occurs after pulling ice about for some time, and then putting the hands near the fire." At the parts of the hand and arm affected by this active numbness there was exaggeration of all forms of sensibility—that of touch, pressure, heat and cold, and pain. I found the faradaic reaction of the intrinsic muscles of the thumb defective. With the galvanic current a rheophore over the musculo-spiral nerve a little above the elbow

showed that the closure contraction with the anode was equal to that with the kathode, and that there was an opening contraction with the kathode equal to that with the anode. These serial changes apparently pointed to lesion of the nerve.

The habits of this patient were conducive to gout. There was no history of exposure to cold or pressure. The symptoms are clearly referable to neuritis, which had gone so far as to produce some muscular atrophy, as well as changes of electrical reaction. The case is especially interesting from the absence of pain. In this respect it is comparable with cases of paralysis of the musculo-spiral nerve from cold, first prominently described by Duchenne (de Boulogne), who refers the cause to congestive hyperæmia of irritative character.

A big, healthy-looking man, æt. 40, suffered from numbness in the index finger of the left hand, followed by a pricking or "pins and needles" sensation, and aching pain in the arm, so that he was unable to lie on the left shoulder at night. There were also, besides this, occasional bursts of darting pain in the arm. His grasp had lost power. Examination with the voltaic current showed increase of excitability in the musculo-spiral nerve of the left side; the interruption of a current from two milliampères (rheophore on the nerve in the arm above elbow) caused a very painful feeling of an electrical shock to be experienced down to the forefinger on the left side. A current of five milliampères was required to produce the same effect on the right side. There were no serial changes. (K S Z > A S Z.)

In cases of this kind you will often find a point on the shoulder where pressure gives exquisite pain. It lies just inside the inner and upper angle of the scapula, and the pain caused by the pressure there seems to travel down to the hand. Apparently there is neuritis of the posterior branch of a spinal nerve, the anterior branch of which enters into the formation of the brachial plexus.

It is necessary to bear in mind that, although in cases of local paralysis with more or less sensory disturbances, striking alterations in the electrical excitability of nerves and muscles may be met with, these are by no means always present. Nor, as I have said, are the changes when present so constant in character that we can draw any exact inference from them in the present state of our knowledge, except that there is probably *some* tissue change in the substance of the nerve trunk.

A working man, æt. 69, applied at the hospital on account of shooting pain, aching and numbness in the left forearm and hand. He described a kind of tingling from the shoulder to the fingers. After a time under treatment he lost the painful sensations, but the hand felt as if asleep, heavy, and big, and the grasp was much weaker than that of the right. Common sensibility was not much affected, but he could not feel a pin to pick it up so well as with the other hand. Although he had never suffered from gout, and had not noticed gravel in the urine, the treatment was directed towards the possibility of this disorder. In the course of his attendance he had an unmistakable attack of acute gout in one of his big toes. About a month afterwards, in July last, he reported his hand and arm much improved, though still to a certain extent numb. Towards the end of October, having meanwhile been almost free from discomfort, he again attended with a return of the old symptoms. The thumb and first three fingers were described as feeling quite dead, and the grasp of the hand was very weak. Examination of the median nerve at the bend of the elbow with a galvanic current was now made.

The resistance of the tissues over the nerve in each arm was ascertained by using the galvanometer to be equal on the two sides. In the right (unaffected) arm K S Z was produced by a current measuring ten milliampères; in the left only seven and a-half milliampères were required for the production of this contraction. In the right arm the closure of a current from twenty cells gave A S O, whilst on the left A S Z was produced with a current from sixteen cells. From the character of the

symptoms, coupled with this evidence of heightened excitability, there can be no doubt of the occurrence of neuritis in this case, and I believe it to be dependent on a gouty condition of the patient's blood. His occupation exposed him to the influence of lead, and therefore conducive to gout.

No change whatever may be found in the electrical reactions:—

A man, æt. 50, whose father had suffered from gout, and who had himself had three attacks of typical gout, complained of loss of power in the left arm. There was pain in the shoulder and down the left arm, with a slight tendency to puffy swelling of the limb, tingling in the fingers, and later a little herpes in the forearm. The electrical reaction in the nerves appeared unaltered.

I believe that the cases which have thus been briefly alluded to are examples of slight neuritis. In almost every instance they occurred in persons with known gouty antecedents. When we remember the tendency that gout has to cause local inflammation, it seems reasonable to suppose that local irritation from the presence of urate of soda might cause inflammatory action in the trunks of the nerves. One can readily understand, indeed, that when urate of soda is present in the blood it may be liable to find its way into the lymph spaces which are in immediate connection with the bundles of nerve fibres, and there set up inflammation. The difficulty is to say why this does not always happen, not to explain its occasional occurrence. Nor is it easy to give a reason for its limitation in such circumstances to one small part of the frame.

It is not without express reason that I have brought before you so strongly contrasted cases as one of typical neuritis and others which are largely dependent upon concomitant circumstances for evidence that they probably belong to the same class, though of a very different degree of intensity. When we come to the variety of neuritis which shows itself in multiple form, engaging often the peripheral parts of all the limbs as well as sometimes various cranial nerves and nerves of the trunk, we shall find that the symptoms often appear to diverge so widely from those of typical neuritis as to throw some doubt upon their relation to that disease. The various examples to which I have referred may prove not unimportant steps towards a recognition of the obscure forms which the symptoms of neuritis may assume.

Another reason for occupying your time with these narratives has been with a view of showing that in cases of paralysis, in which the lesion certainly occupies the peripheral nerves, we find a singular diversity of symptoms. As you will have remarked, pain is sometimes present and sometimes absent, numbness may be slightly or strongly pronounced, muscular atrophy, which is sometimes conspicuous, may be entirely wanting, whilst the results of electrical examination may vary to a remarkable extent. We shall find that the same variety is apt to mark cases in which not one nerve trunk or plexus alone is the seat of lesion, but when there is a more or less universal affection of the peripheral nerves. The name of progressive multiple neuritis has been given by Leyden to this disease, which, although long since observed, has only been clearly differentiated and referred to its pathological source during the last few years. There is now ample evidence that a more or less widely spread paralysis may depend upon a degeneration of the nerve fibres themselves, most pronounced towards the periphery and independent of any recognisable change in the nerve centres or roots.

A FATAL affray between lunatic inmates took place in Plymouth Workhouse on Saturday, two of whom got into an altercation in the absence of the warders. A struggle ensued, and one of them, Blake, flung the other, named Foot, to the ground. He then jumped on his chest, and before assistance arrived the latter had died.

THE  
NATURE AND TREATMENT OF GOUT.

By Dr. W. EBSTEIN,

Professor of Medicine and Director of the Medical Clinic at the University of Göttingen.

Non fingendum, aut excogitandum, sed inventendum quid Natura faciat aut ferat.—Bacon

(Concluded from page 466.)

As regards baths in gout, the treatment of the gouty exudations, which form the main trouble of the poor sufferer from gout, is the first indication. For the reduction in part of large gouty articular exudations, even if they cannot be altogether dispersed, warm baths such as those afforded at Wiesbaden and Teplitz are required. Their action is, moreover, assisted in an extraordinary degree by the mildly saline water employed in Wiesbaden, and which is well borne by many patients. The baths of Wildbad, as well as those luke-warm baths of Schlangenbad, Landeck, Johannisbad, are suitable for those requiring care, or for after-treatment after the use of baths at high temperatures. These indications must suffice, the details must be left over to special balneotherapy. A careful consideration of the individual, of the present state of his illness, of the locality of the bath and its arrangements, the time of the year in which use is made of it, and of many other allied circumstances, makes the choice of a health resort suitable in all respects for the case, a task frequently not altogether easy. In all cases a cautious commencement is advisable. Patients should not under any circumstances be weakened in their constitutions, or have their powers of resistance diminished by the treatment adopted. Too sanguine hopes should not be excited in them. Gouty people find themselves better when they are not attacked too sharply, nor treated by too heroic means, and especially hydro-therapeutic measures should only be made use of very cautiously when the constitution is strong and not shattered by serious general illness. Only such a cautious way of proceeding—the avoidance of all useless meddling with the gout in general, but especially in the acute attacks, and carefulness in avoiding all treatment that can render worse the general condition, and the serious organic lesions that complicate the gouty affection can and must be stringently prescribed. In this way the only thing that is attainable is advanced, namely, the longest possible retention of life in a disease in itself chronically constitutional. From this point of view the whole of the invigorating healing apparatus may come into use in the later stages of gout.

As regards the treatment of the typical attacks of gout we can easily decide what is to be done therapeutically when we call to mind its pathogenesis, as I have explained above (p. 301).

I have related above that we can frequently ward off apparently threatening attacks of gout by judicious bodily movements. If the attack, which mostly comes on quite suddenly has already made its appearance movements of the affected limb are forbidden of themselves. The attack ceases the more quickly the earlier the retained uric acid is destroyed, or is expelled from the parts attacked. The former, *i.e.*, the destruction of the uric acid we cannot compass by our therapeutical means. For the purpose of expelling it from the affected member, *i.e.*, overcoming the stasis of uric acid, we have the means at hand which we employ in every stasis—we can raise the affected limb. Instructive use is made of this by the patient himself. The limb is further enveloped in wadding. Wadding and patience are the first requisites with which the gouty patient is to arm himself.

During the attack the regulation of tissue change is generally easy. The much-tormented creature has little inclination to indulge in the pleasures of the table; he satisfies himself with the mild diet allowed, and drinks harmless liquids such as natural seltzer water.

With regard to medicinal treatment of an attack of

gout, along with colchicum, the salicin preparations—and especially the salicylate of lithia—are at present the order of the day. Quite recently we have become more cautious with colchicum; and properly so. For the purpose of promoting action of the bowels we do not use colchicum, and we attain a soothing action by means of other narcotics, especially the subcutaneous injection of morphine, more readily, more easily, and with less hesitation than with colchicum. In regard to the preparations of salicin I have seen the use of them cut short the attack, and for a long time. I have seen that under the use of salicylate of soda the inflammation has quickly disappeared from one joint to reappear immediately—and in spite of the continued employment of the salicin preparation—in another.

The attack, says Cantani quite correctly, follows its natural process of development and passes away more or less quickly. The elderly subject of gout, as I know from manifold experience, holds himself aloof from all useless interference, and declines it.

The complications of gout require a treatment in accordance with their nature, whereby regard to the basic affection is always to be emphasised, and especially the dietetic side of it. The earlier we succeed in combatting the gouty tendency in the way emphasised above, and the greater the energy developed by the patient in carrying out a judicious regimen so much the better are the results. Even in more advanced cases it often has at least comparatively good results, so far as the view is resolutely kept in mind—and this conviction quickly finds its way into the mind of the thoughtful sufferer—that up to the present no sovereign and radical remedy has been discovered for his ill, and that his main reliance is on a judicious mode of life.

## 2. PRIMARY RENAL GOUT.

Whilst in primary articular gout, as I have explained above (p. 250) the kidneys only become diseased secondarily, *i.e.*, in consequence of the joint affection, and sometimes not at all during the whole course of the disease, so that occasionally on section the kidneys are met with completely unchanged, concerning which I have brought forward some proofs in my description of primary articular gout (p. 250), there are cases in which the autopsy reveals the most advanced gouty disease of the kidneys with more or less deposition of crystalline urates, in which, however, the joints are completely free from any gouty change. These cases I designate as *primary renal gout*. I have communicated such a case above from my own experience. It ran its course under the guise of a chronic nephritis, and never presented symptoms that allowed a suspicion of the presence of gout.

Senator declares that the only constant anatomical condition in the bodies of gouty subjects who have succumbed to the disease after a lengthened period, consists in changes in the joints. Now as Senator states, however, in regard to the kidneys, that these are only exceptionally affected at the commencement of the disease, according to this the anatomical diagnosis of gout must be tolerably dubious in the early stages. My view of the matter differs from this. I assume that even when death has taken place in the earlier stages of articular gout residua must be found in the affected cartilages which point out the attacks of gout that have been passed through, whilst in primary renal gout the kidneys alone may be affected without any participation of the cartilage. I know of no case of articular gout where the diagnosis has been based on former typical attacks where it has not been confirmed by the autopsy. Thus in primary renal gout the kidney affection is the first symptom, all the other phenomena follow.

That *arthritis urtica* comes on as a consequence of nephritis has been often stated by observers, but without sufficient value being placed on the fact as regards the pathology of gout. In the cases of old atrophic nephritis Lancereaux points out the infiltrations of the articular cartilage with urate of soda and lime, as he has noted



them as ordinary occurrences in the metatarso-phalangeal joint of the great toe, more rarely in the thumb and knee-joints, as analogous with the various inflammatory affections of the serous membranes, the bronchi and lungs that are so often observed as resulting conditions in nephritis. He has expressly remarked that he never observed the deposition of urates in the joints in young subjects of lead-poisoning with renal sclerosis, in whom he is inclined to connect the kidney affection with narrowness of the aorta. Buhl, also, has directly pointed out the arthritis urtica as a not infrequent phenomenon of the longer continuing Bright's disease, and looks upon nephritis urtica as a complication of granular atrophy. The following case, whatever etiological factor it may be that underlay the remarkable renal changes that were observed in it, shows that, independent of the ordinary nephritis, gout may be associated with the other grave anatomical lesions of the kidney. A man, 52 years of age, suffered for ten years from gout. He had swelling of most of the large joints and moderate albuminuria. Death took place suddenly from profuse epistaxis. Section showed deposition of urates in nearly all the joints. The kidneys were enlarged to one-fifth; their parenchyma was completely destroyed, and converted into numerous small cysts filled with a thickish fluid.

This was thus one of those rare cases in which, in an adult, complete cystic degeneration of both kidneys was observed. I have given a short history of this affection in my *Nierenkrankheiten*, from which it results that the pathogenesis of it is completely unknown. So much, however, is certain, that by reason of the excretion of important urinary constituents is imperfectly performed, and that under certain conditions it may give occasion to retention of uric acid.

Whether the renal affection that gives origin to primary renal gout has its rise on a gouty basis, *i.e.*, whether there are cases in which the uric acid rises in the kidneys themselves—so far, we assume that the kidneys participate in the formation of uric acid as well as in the excretion of it, as do many other organs—cannot at present be decided. At any rate, it is not necessarily the case. We must say that every affection of the kidneys that hinders the normal excretion of uric acid may be the means of originating primary renal gout. The stasis of uric acid that occurs first damages the kidneys, and then extends itself over the whole body, and first of all over those parts of it in which symptoms of obstruction generally first manifest themselves. That in primary renal gout gouty changes in other organs frequently never take place at all is comprehensible. The kidney affection itself threatens the existence of the individual attacked, and sometimes puts a termination to life before any gouty affection of other organs is reached. When however, the life of the patient is prolonged in spite of the kidney affection, then, if in a lesser degree than in primary articular gout, gouty localisations in the joints take place. Frerichs has pointed out that in chronic nephritis the excretion of uric acid is materially diminished, although less so than that of urea. The figures given by him and Becquerel, however, never sink below 0.2 grm., *pro die*, an amount that has often been met with by Neubauer in perfectly healthy people (p. 250).

We may especially expect gouty localisation in the joints of people afflicted with chronic nephritis when along with the primary kidney affection there is a gouty disposition in the sense employed by me above (p. 394). When describing primary articular gout I made the further statement that its progress received considerable impetus as soon as the kidneys became damaged by it as excretory organs. In the case described by me no decided cause for the kidney affection could be discovered, Lancereaux and Buhl also make no statement regarding the etiology of the inflammatory affections of the kidney that are complicated by gout. Only one form of renal affection has been frequently brought into connection with gout, *viz.*, the so-called lead atrophy kidney (Blei-

schrumpfnere), and in this the kidney affection has been described as the primary. Dickinson says decidedly enough "that form of gout that is to be attributed to lead-poisoning especially affects the kidneys, and the patient succumbs to the disease before his joints are affected." E. Wagner, who collected 15 cases of lead atrophy kidney from among his own observation found gout in the joint of only a fractional part of them.

I have myself too little experience of lead poisoning, to found a judgment on it, but when one looks over the literature of the subject one finds a lively divergence of view, as to whether lead-poisoning leads to atrophy of the kidney at all. Inquirers such as Bouillaud, Jacoud, and above all Tanquerel des Planches, whose experience is so great did not find changes of any kind in the kidneys in lead-poisoning, and Rosenstein, in common with these observers regards the albuminuria that comes on in lead poisoning, and granular kidney as complications of the lead poisoning, not as immediate consequences of the action of it. Experimentally also, Rosenstein succeeded in producing saturnine epilepsy in dogs, but no changes in the kidney. But Garrod himself, who first pointed out the connection between lead impregnation and gout in 1854, as many of his gouty patients were either lead workers or painters, who had suffered in some part of their lives from lead-poisoning, has not disguised the difficulty of exactly explaining the connection between lead-poisoning and gout. He says: a circumstance which appears to indicate that lead *per se* cannot dispose to gout, is this, that women who work in lead works often indeed suffer from lead colic, but rarely from gout. In the face of such objections I could not decide to assume a direct connection between lead-poisoning and atrophy of the kidney and along with this falls the assumption that lead stands in any decided causal relationship to primary renal gout. In regard to this, the observations that Dr. Jacob, medical officer to the workmen in Lautenthal, had the goodness to communicate to me confirmed me. I have already briefly mentioned above that Dr. Jacob observed eight cases of gout in four years, the whole of them men between thirty and fifty years of age, in whom the disease began with typical attacks of podagra; three of them were miners, who, however, had nothing to do with lead, three were individuals engaged in the lead huts, and two were merchants. Of about 150 hut workers observed by Dr. Jacob, only about one-half were engaged with lead. Since that time Dr. Jacob has observed an average of five cases of lead colic in each half year amongst his lead workers, in only two cases did encephalopathia saturnina appear as a further symptom. He found uric acid gravel only once in a lead-worker. As in the circle of Dr. Jacob's observation, of the three lead workers who suffered from gout none of them had symptoms of lead-poisoning, and his other five cases of gout were not engaged with lead, one would not be going astray in denying that the lead-poisoning was the connecting link in these cases in the production of gout.

As regards the differential diagnosis between primary articular and primary renal gout, the anatomical diagnosis is easy so far as in the first the kidneys, and in the second the joints, were found to be free from gouty change. In the case of advanced and extensive gouty changes in the joints with minor participation in the disease on the part of the kidneys, it will be considered exceedingly probable that it is one of primary articular gout, with which a kidney affection has become associated. Clinically, the diagnosis of primary renal gout will be decided upon when later gouty symptoms in the joints are added to nephritic symptoms already pronounced. Many cases of primary renal gout remain unrecognised, and indeed those in which, and it appears to happen frequently, no characteristic articular symptoms develop.

The treatment of primary renal gout, and this is evident from what has been related, is necessarily much more thankless than that of primary articular gout. It is, however, based on the same principles, and must be equally active in opposing stasis of uric acid, according



to the method stated above in the description of the treatment of primary articular gout.

In the treatment of renal affections already in existence in primary renal gout the mode of procedure must be in accordance with therapeutical principles adapted to them. The primary renal affection demands an exceedingly cautious mode of procedure, and excludes every kind of debilitating treatment. Invigorating treatment here comes to the front.

## Clinical Records.

### GLASGOW ROYAL HOSPITAL.

#### Case of Hemiplegia and Mitral Regurgitation.

Under the care of Dr. ANDERSON.

W. D., male, *æt.* 18, single. Admitted Oct. 12th, 1885.

*History.*—The patient's parents died when he was very young. He had measles at the age of 4, but since then, as far as he remembers, he enjoyed good health until four months ago, when he began to be troubled with shortness of breath on exertion. This increased, and latterly became so distressing that he had to give up work, and was admitted to the hospital.

*State on admission.*—He complains of shortness of breath and palpitation, and also of a feeling of discomfort in the cardiac region. There has been a troublesome cough for the last fortnight. The face presents a livid and yellowish appearance. There is distinct visible pulsation in the carotids and in the veins of the neck. Pulsation also marked over the epigastrium. The abdomen is greatly, but uniformly distended, percussion being tympanitic in front, when the patient is lying on his back, and dull below all round. The swelling is fluctuating. The liver is enlarged and tender. The urine is scanty, high-coloured, and deposits urates. A good deal of albumen is present, as is shown by the picric acid test. Percussion of the lungs is normal, but auscultation reveals abundant moist râles all over the back, particularly at the base. The heart is greatly enlarged, as shown by the increase in the area of cardiac dullness. A distinct murmur, systolic in rhythm, is heard in the mitral area, at the apex, and also at the bottom of the sternum. The tongue is clean, appetite good, and the bowels regular.

*Treatment.*—Rest, attention to general health, cardiac tonic.

Oct. 18th.—Patient getting worse. Another complication has arisen. There is absolute paralysis of the left arm and leg, and partial paralysis of the same side of the face. The mouth is drawn to the right side, and the tongue is protruded to the left. There is also *anæsthesia* of the left side.

Nov. 5th.—The patient died this morning.

*Remarks.*—Dr. Anderson made the following observations on the case. The fact that the cardiac murmur is heard in two situations would lead us to believe that there is both mitral and tricuspid regurgitation. The latter may not be due to distinct disease, and probably results from the fact that the right ventricle is enlarged, and thus the valves are no longer able completely to close the auriculo-ventricular orifice. The mitral regurgitation causes obstruction to the flow from the lungs. Thus we have cough, bronchitic râles, lividity. The lungs become congested, and this congestion, passing backwards to the right side of the heart, causes tricuspid incompetency. Next, the venous return is hindered, and we have congestion of the liver and kidneys, causing enlargement and tenderness of the liver, and the appearance of albumen in the urine. In old cases like this we have often a spurious cirrhosis of the liver produced. The nervous lesion is in all probability due to embolism. A bit of fibrin has got detached from the diseased mitral valves, and being whirled up the carotid artery, has blocked up one of its cerebral branches, thus causing non-nutrition and softening of the part of brain supplied. In this case there is no doubt that the lesion is cerebral, and on the right side. We have also most certainly to deal with a lesion of the cerebral ganglia and internal capsule, where the fibres from different parts of the body lie close together. A cortical lesion, to produce these effects, and especially the *anæsthesia*, would have to be very extensive and would have set in with convulsions.

#### Post-mortem Examination.

*Heart.*—Mitral valve thickened, and the two segments united by their proximate borders so as to form a funnel-shaped aperture with the apex projecting into the ventricle, a state of matters quite sufficient to cause inadequacy of the valves, and to give rise to obstruction and regurgitation. In the left auricle one very large thrombus was found lying loose, and must have acted as a plug to the mitral orifice. There were also several smaller globular thrombi in the auricle. The left ventricle was atrophied, but the right ventricle was enlarged, square-shaped, and formed the apex of the heart.

*Lungs.*—Emboli were found in the branches of the pulmonary artery, some extending along the vessels. There was also hæmorrhagic infarction in several places.

*Spleen and kidneys* also showed red and yellow infarctions, due to the obstruction of their vessels by emboli, and thus causing wedge-shaped portions of their tissue to necrose.

*Brain.*—On the right side, the anterior two-thirds, comprising the frontal and anterior parts of the parietal and temporo-sphenoidal lobes, is remarkably congested. The remainder of the brain is pale. This overfilling is mainly due to the veins, and is caused by obstruction. The congested part also exhibits softening, and, when examined microscopically, numerous compound granular corpuscles are seen which are loaded with finely divided fat. The extent of the softening would point to obstruction of the anterior and middle cerebral arteries, which arise from the bifurcation of the internal carotid, and the embolus would probably lodge at the bifurcation. The embolus in this case was not found, and probably dropped out when the carotid artery was divided in removal of the brain.

## Transactions of Societies.

### ACADEMY OF MEDICINE OF IRELAND.

#### PATHOLOGICAL SECTION.

FRIDAY, NOVEMBER 6TH, 1885.

The President, Dr. T. EVELYN LITTLE, in the chair.

Dr. C. F. MOORE showed an interesting case of herpes zoster.

#### THE PATHOLOGY OF LEAD PARALYSIS.

Dr. WALLACE BEATTY read a paper on the pathology of lead paralysis. Having described the lesions which have been found by different observers in the spinal cord, nerves, and muscles, and having discussed the theories which have been put forward to account for the paralysis, he exhibited sections of the spinal cord of a man, *æt.* 31, a painter, who was admitted into the Adelaide Hospital, under his care, suffering from lead paralysis. The man died of *uræmia*. There appears to be a marked change in the internal and anterior group of ganglion cells of the anterior cornua in both the cervical and lumbar enlargements, especially in the latter. The cells are both fewer in number—some sections showing only one or two—and smaller than natural; some stain badly, and in many the processes are not distinct. The ganglion cells of the lateral group are well represented, and appear quite normal. Round the central canal in both the cervical and lumbar enlargements there is a large collection of cells, especially abundant in lumbar region. The number of these cells appears to be considerably beyond the normal. No abnormality found in anterior nerve roots.

Dr. HENRY KENNEDY said the late Dr. Todd found lead in the substance of the brain of a person who died from lead paralysis. As to particular nerves being selected for destruction, they knew that in the case of ordinary fatty paralysis that was exactly what occurred. If the sciatic nerve was touched the affection did not go continuously down, but attacked in patches.

Professor WALTER SMITH observed that Dr. Beatty's case belonged to a small section of a large chapter on muscular atrophy; and, though they could group certain forms of it tolerably satisfactorily, they were a long way from anything like a complete classification of those affections. The evidence, on the whole, pointed in the direction of central lesions, but he was not sure that they should not take into

account lesions at both ends of the nerve systems. What they knew of the poisonous action of all the heavy metals pointed to that action taking place primarily at the nerve centres, the nerves themselves, and then the muscles and portions of the glandular apparatus.

Professor PURSER said it could not be affirmed that lead localised itself altogether in the centres of the nerve system. They found blue lines in gums which were due to sulphide of lead. There were facts showing that lead also localised itself in the muscular system. Experiments made some years ago by Professor Harnac showed that when an animal was poisoned by certain salts of lead which had not any action on the blood or tissues, but affected the system generally, the contractility of the muscles underwent a remarkable change.

Dr. BEATTY briefly replied.

#### A CASE OF ULCERATIVE ENDOCARDITIS.

Professor PURSER made a communication upon a case of ulcerative endocarditis, the second he had seen. The patient, a man, *æt.* 22, had had rheumatic fever three or four years previously, and had lately been very intemperate as to strong drink. On admission to hospital he was delirious, very violent, temperature 104 deg., pulse regular and strong, complained of pain in his head and ears. His heart and lungs were carefully examined and found normal. The only lesion visible on his person was a small recent scar on the knuckle, surrounded by loosened epidermis, as if a pustule had been present, which had burst before admission. There was no glandular enlargement in the arm, nor anything abnormal in its veins or lymphatics. On October 24th a careful examination could detect nothing abnormal in either heart or lungs, but on the next day Prof. Purser discovered a loud systolic valvular bruit, which had certainly not been present on the 24th. This determined him to the diagnosis of ulcerative endocarditis—a diagnosis which the subsequent post-mortem completely established. The delirium and fever continued without much intermission till his death, which was preceded by oedema of the lungs, the bruit continuing all through. At the autopsy hæmorrhages were found in the brain, lungs, spleen, kidneys, intestines, and the retina. The heart and its valves were practically healthy, with the exception of the mitral valve, whose posterior curtain was ulcerated and completely disorganised, the surface of the ulcer being ragged, and covered with a diphtheritic-like deposit. The microscope showed that this diphtheritic deposit, as well as the innumerable small hæmorrhages in the various organs (except those in the lungs, in which no micrococci could be detected), were caused by masses of micrococci, many beautiful specimens being shown at the meeting, where the vessels were visibly plugged by micrococci. Prof. Purser could find no other door of entrance with the body for the micrococci in this case than the small patch of abrasion on the knuckle. In the former case he had seen there had been suppuration of one of the vesiculæ seminales.

Dr. MACSWINEY remarked that it had been already demonstrated by Dr. Osler, of Montreal, that in this remarkable affection the micrococci which formed the starting-point of the disease were conveyed to the heart by the blood, however they got into the latter. The left side of the heart was the one almost invariably attacked.

Dr. FRAZER remarked that within the last year he had seen more curious and sudden developments of acute cardiac inflammation than in his whole life before.

Professor PURSER, in reply, said that during the first three days he was in the hospital the young man had positively no abnormal sound of the heart. The post-mortem showed that the anterior curtain of the mitral valve was thickened, and that the chordæ tendinæ were thickened and shortened, but these conditions did not prevent the perfect closure of the valve. The walls of the heart were not thickened, but its weight was above what it should have been for the man's size. The walls of the aorta were rather thin, and the whole aorta itself small: and he thought at first that there might have been congenital narrowing of the aorta, giving rise to hypertrophy of the heart and disease of the valves. With that view he measured the diameter of the aorta, but found it not below what it should be. The only other explanation he could find of the increased bulk of the tissues of the heart was that in the sections from the kidneys he thought he could detect, in addition to the recent changes due to hæmorrhagic

infarction, signs of local disease in the glands themselves—in fact he thought that the kidneys were in the early stage of Bright's disease. That would account for the increased size of the heart and the atheromatous disease, which was unusual in a person so young. He did not think the valves of the heart were diseased before the acute affection occurred. They were thickened, but that thickening was not due to inflammation, but to the increased tension of the whole arterial system arising from the state of the kidneys. The affection of the valves was an acute affection, *ab initio*, of valves not in a perfectly normal condition, but at the same time not in an inflamed condition. They knew that diphtheritic affection of valves was not at all an uncommon secondary complication in acute endocarditis; but why the valves became affected they did not know. Some years ago an interesting paper was published by Professor Köster, in which he maintained that acute endocarditis was bacterial, and said that after acute endocarditis, or rheumatic fever, he had in all cases found bacteria in the valves. He also sought to establish that the way in which the bacteria reached the valves was not by circulating in the blood and then attaching themselves outside the valves, because, owing to the rush of blood, that was the last place which mechanical force would permit them to attach themselves to, but that they reached them through the blood-vessels, and he said that was the reason why the endocardial manifestations commonly occurred at the point where the valves met. In the present case he (Professor Purser) could see many of the blood-vessels of the valves completely filled up. Supposing that the micrococci entered through the young man's hand during the early days of his illness, while the high fever subsisted, they were circulating through the different parts of his body and plugging up the vessels; and after a certain number of days they excited inflammation and formed the fungous masses, and then the clinical manifestation of endocarditis occurred. This hypothesis would also allow them to suppose that the affections of the distant parts of the body were not so exclusively secondary to the disease of the heart as that the disease of the heart and of the other parts of the body were concomitant effects of the same cause.

#### ZONULAR CATARACTS AND DENTAL MALFORMATIONS.

Mr. STORY exhibited two patients with double zonular cataracts, and teeth presenting marks due to arrest of development. A cast was shown of the similarly deformed teeth of another patient, who also possessed double zonular cataracts; and a fourth patient was present whose teeth exhibited the same defects, but who had had complete soft cataracts in both eyes. The history was given of another case, in which double zonular cataracts and arrested development of the teeth had been observed. Mr. Story alluded to the work done by Arlt, Horner, and Hutchinson, and to the different theories proposed to explain the connection between zonular cataract and dental malformations. He drew attention to the close analogy between the development of the crystalline lens and that of a tooth, and gave it, as his opinion, that any cause whatsoever interfering with the growth of the lens or of a tooth might produce the peculiar zonular cataract in the one, and the defects in the enamel of the other, which had been variously assigned to the action of convulsions, rickets, or mercury by different authorities.

Professor PURSER said there was one point on which Mr. Story's explanation rather limped. If layers of fibres were shaken into a state of degeneration, how could they generate fresh healthy fibres? Multiplication of lens fibres was the same as multiplication of any other epithelial cells. Another point was that he did not think the nutritive material for the fibres of the lens went through these at all, but was conveyed through the intercellular substance. The theory of Arlt with respect to the fibres was rather mechanical, and did not commend itself to his mind, although it might be right. He thought the case an example of what was not an uncommon thing in the growth of epithelial structures—namely, a sort of rhythmical change. In a great number of animals the hairs were alternately of different colours; and rhythmical production of the same kind occurred even in the hair of human beings. In the mole the hairs were not cylindrical, but swelled at one point, and then contracted and afterwards swelled again. Everyone had seen the white mark that occurs on human nails. These were usually quite irregular as to shape and the manner of their occurrence; but he himself had upon one of his nails a row of white

spots which had been there for years, and which followed one another with perfect regularity along a single line. The alteration in the nutrition which produced them in that manner must be of a rhythmical kind.

Dr. BENNETT said the question was were the teeth in question ricketty teeth, because a great part of the communication depended on an alleged relation of zonular cataract to rickets. The teeth produced were supposed to be a connecting link; but he could not call them "ricketty" teeth, because the sign of the ricketty affection was reversed in them. The ricketty defect usually occurred at the base of the tooth, where the enamel met the cementum, and not at the cutting extremity. Very often an extreme amount of ricketty disease occurred in patients without appearing in their teeth at all. He would be disposed to attribute the defect in the teeth produced to syphilis or mercury.

Dr. HENRY KENNEDY was inclined to look on the whole disease exemplified in the case as the result of struma.

Mr. A. BAKER remarked that dentists saw a large number of ricketty teeth, and in very few cases did they find them accompanied with zonular cataract. He had seen a large number of cases of mercurial teeth, and had very seldom seen them connected with zonular cataract. The mercurial teeth were generally the six year old molars. The bicuspid teeth were generally free from this infection.

The PRESIDENT said the teeth now exhibited confirmed the observations of Mr. Baker. The bicuspid were intact, while the front teeth had the mercurial characteristics.

Mr. STORY, in reply, said he did not contend that the disease in the teeth exhibited was due to rickets alone, nor did he mean to assert that the peculiar form of cataract which he had brought under their notice was caused by rickets. It was acknowledged by Professor Horner and many other oculists that the form of cataract in question might be produced by various causes producing some arrest in the development of the lenses, whether these causes were rhythmical or otherwise. When these causes ceased to act the lens became clear, but if they were repeated the cataract recurred. He had himself seen in a human lens three distinct zones of opacity, which were caused at three different periods of the individual's life. He only used the term "ricketty" in reference to these teeth, because it was the earliest expression by which teeth of the kind had been described. Professor Horner had found that in twenty-five out of thirty-six cases of zonular cataract teeth of this sort were present; and they also existed in all the cases of zonular cataract that he (Mr. Story) had seen. He did not hold the mechanical shaking theory, but that there was some unknown interference with the development of the fibres. He agreed that the nutrition passed through the intercellular substance; but if the fibres of the lens became extremely degenerated it was hardly possible that the intercellular substance could escape disease.

The Section then adjourned.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.  
NOVEMBER 19TH, 1885.

The President, Mr. R. J. PYE-SMITH, in the chair.

INTESTINAL CONCRETION.

MR. W. F. FAVELL exhibited an intestinal concretion passed *per anum* by a woman who had suffered from abdominal pains and sickness, but no jaundice. The mass was about the size of a bantam's egg. It was referred to the Pathological Committee to report upon.

SACCULED ANEURISM OF THE TRANSVERSE PORTION OF THE ARCH OF THE AORTA.

Dr. PORTER exhibited this specimen, taken from a patient who had first been under Dr. Dyson's, and subsequently under his own care, at the Public Hospital and Dispensary. There was a history of syphilis. The symptoms had been those of pressure on the trachea, and the nerves of the left side of the neck and left arm. The tumour reached in the course of the left common carotid as high as the level of the thyroid cartilage, and latterly the left clavicle had been dislocated forward from its sternal articulation. The left carotid pulse had been much weaker than the right, and pulsation was almost absent from the left facial and tem-

poral arteries, the radials remaining unaffected, leading Dr. Dyson and Dr. Porter to think the case primarily one of aneurism of the left carotid at its commencement. Post-mortem revealed an aneurism of the transverse portion of the arch of the aorta filled with well-marked laminated clot. Death ensued from gradual exhaustion, and was preceded by delirium.

MALIGNANT OBSTRUCTION OF THE PYLORUS.—ENORMOUS DISTENSION OF STOMACH.

Mr. GARRARD showed a specimen of malignant obstruction of pylorus, with enormous dilatation of the stomach. During life the patient had been much relieved by emptying his stomach and washing it out two or three times a week with a weak solution of carbonate of soda in warm water, by means of a Maw's syphon stomach tube of soft rubber.

Mr. PYE-SMITH remarked that he thought cancer of the pylorus was usually fatal by its local mechanical effects, and that operation might be considered in most such cases. Excision of the pyloric growth would he thought generally be better than gastrostomy, the latter operation being undertaken with a view to passing a tube through the pylorus.

Dr. DYSON called attention to the purely localised character of these growths. There was very seldom much infiltration of surrounding tissues, and often no secondary growths, even when the pyloric disease was seen to be microscopically distinctly malignant. This characteristic made them specially suitable cases for operation. The specimen was referred to the Pathological Committee to report upon.

POISONING BY BICHRIMATE OF POTASSIUM.

Mr. KNIGHT related this case. A woman, *æt.* 50, had given to her by the mistake of a chemist's assistant, bichromate instead of bicarbonate of potassium. Of this she took 15 grs. dissolved in half a teacupful of water at 8.30 a.m. Immediately after she felt ill, and, in a quarter of an hour, she vomited, purging supervening an hour after sickness commenced. Symptoms soon became more active, and she had cramps in her legs, and pain in her body, with frequent copious bloody stools, and she became collapsed with quick, thready, feeble pulse. Chalk, opium, milk, demulcents, warmth to surface, and subsequently nutrient enemata of egg and brandy, with starch and laudanum, gave relief in twenty-four hours; the more active symptoms abated, and she gradually made a good recovery. Mr. Knight said he had been unable to find any recorded case of recovery after poisoning by this salt in which the dose which caused the active symptoms was mentioned. In his case he was able pretty accurately to estimate the amount taken.

SEQUELÆ OF ZYMOTIC DISEASES.

Mr. A. JACKSON read a paper on the sequela of zymotic diseases, and a discussion ensued in which the President, Dr. Keeling, Dr. Dyson, and Dr. Gwynne joined.

THE ABERNETHIAN SOCIETY.—ST. BARTHOLOMEW'S HOSPITAL.

At the meeting on Thursday, November 26th,  
Dr. ROUGHTON, President, in the Chair,

Mr. F. W. ANDREWES read a paper on

PUERPERAL ECLAMPSIA.

Mr. Andrewes related two cases of puerperal eclampsia, one of which, in a girl, *æt.* 15, ended fatally in less than twenty-four hours, the kidneys being found at the post-mortem in a state of acute fatty degeneration. The other case terminated favourably. He proceeded to contrast the two cases, and drew attention to the various points of interest in them. The predisposing cause of puerperal eclampsia lay, in his opinion, in an exalted condition of nervous irritability incident to pregnancy and parturition. The exciting cause might in some cases be due to peripheral irritation, but the large preponderance of cases in which eclampsia was associated with albuminuria made it probable that uræmia took an important share in the production of the disease. Mr. Andrewes declared his disbelief in the Traube-Rosenstein theory of cerebral anæmia caused secondarily by œdema of the brain, on the ground that transudation must cease when equilibrium was reached between intra- and extra-vascular pressure, and that hence it is phy-

sically impossible that oedema could produce cerebral anæmia. In the treatment of puerperal eclampsia he dwelt on the importance of testing the urine of pregnant women, and on the value of keeping the bowels moderately open by saline purges, in cases where the occurrence of eclampsia was probable, bitartrate of potash being especially valuable. In the treatment of the convulsions themselves large doses of bromide of potash and chloral combined with the administration of chloroform are of the greatest efficacy in aiding the patient to tide over the critical period. Pilocarpin is of more doubtful value, while venesection, though producing great temporary relief, is likely to do permanent good in a small proportion of cases only.

## Special Articles on Drugs.

### IODOFORM.

By GEORGE M. FOY, F.R.C.S.,

Surgeon to the Whitworth Hospital; formerly Lecturer on Anatomy and Forensic Medicine at the Carmichael Medical College.

THE statement that the free use of iodoform as a surgical dressing caused the death of eleven persons (*La France Méd.*, Nos. 30 and 31, 1882) is sufficient warrant to justify my calling attention to the fact that picric acid is often present as an adulterant, or impurity, in commercial samples of iodoform. The adulteration may be detected by shaking some of the suspected sample with cold water, if picric acid is present a yellow colour is given to the water, and if some of this coloured water is now added to a weak solution of cyanide of potassium and allowed to remain at rest for a short time a brown colour is developed, due to the formation of isopurpuric acid.

The purity of iodoform is of the greatest consequence to the surgeon because, although the pure chemical is non-poisonous the impure is poisonous.

It is always well to remember that certain substances which have been recommended as deodorants decompose the chemical, this is the case with tannic acid and balsam of Peru. The general use of the chemical and the objection of patients to its strong smell, cause many to engage in the search for a harmless deodorant. Dr. Charles Pettit Stout in the *Therapeutic Gazette* for August, recommends vanillin ( $C_8H_8O_3$ ), the odorous principle of vanilla, and commarin ( $C_9H_8O_3$ ) obtained from Tonquin bean. These agents, however useful they might be, are far too expensive for general use, and in suggesting cimiacic acid ( $C_9H_8O_3$ ) the author selects an agent of more promise. Cimiacic acid is of itself a valuable and agreeable antiseptic, and as it is now produced synthetically by heating malonic acid and benzaldehyde, in molecular proportions in a sealed tube at 140 deg. for several hours, there is hopes of a useful and not too expensive a remedy being procurable. There is, however, the risk that such a mixture as the author recommends, iodoform, 9 parts, cimiacic acid, 2 parts, if kept in a warm place or exposed to the light, would produce in time decomposition of the iodoform.

Dr. Oppler, of Strasburg, recommends roasted coffee, and if it was not insoluble, and being so, might act as a foreign body in surgical dressings, it would receive general acceptance. Coffee has been long a popular deodoriser. I fear that the nature of iodoform is such that, owing to its volatility and small percentage of hydrogen, we can hardly hope to secure a harmless deodoriser for it. The search was commenced in 1882, immediately after Serullés discovered the chemical, and still continues.

Amongst the most recent uses of the drug is its internal

use for gout by Prof. Testa (*Gaz. Med. di Torino*) in from 1½ gr. to 3 gr. doses daily. He says under the influence of iodoform the quantity of urea excreted is increased, owing to the conversion of uric acid into urea, and, therefore, the uric acid excretion is diminished. Oxalic acid being converted into water and carbonic acid, oxalurea is lessened. The amount of uric acid in the blood is lessened. Consequently he considers iodoform a rational remedy for gout. In seven cases in which it was tried the intensity and duration, as well as the frequency of the paroxysms, were lessened.

In phthisis the drug is not meeting with the approval which was anticipated from the favourable reports of Prof. Renzi of Naples (*Revista Clinica e Ther.*, Aug., 1884) and Dr. Ransome (*Brit. Med. Journ.*, Jan., 1884). Dr. Di Vesta has given iodoform vapour a fair trial in this disease, and did not find any influence of the drug either on the local morbid process or on the constitutional conditions of the patients (*Morgagni*, 1885, Fasc. 5); and contrary to the experience of Drs. Ransome (*Brit. Med. Journ.*, Jan., 1884) and Dr. Dreschfield (*Brit. Med. Journ.*, 1882), he finds its internal use to distinctly increase the pyrexia.

Iodoform, however, holds its own as a valuable local remedy in gleet, and probably the most convenient method of use is Dr. Cutter's pencils, especially when injections cannot be conveniently used. Their disagreeable smell is completely concealed by covering them with a thin coating of gelatine, which in no way lessens their efficacy.

The use of iodoform as a dressing for syphilitic sores is very general, but Pickel, of Erlangen (*Wien. Med. Wochenschrift*, June 12, 1885), recommends an ethereal solution, used both hypodermically and as a spray, giving about 4 grains daily. He believes it to be beneficial in primary, secondary, and tertiary syphilis.

Injections of ether usually give a good deal of pain, and in some cases cause sloughing, as I have experienced in my own practice. Her Hadra showed a patient at the Berlinzr Med. Gesellschaft, 1885, suffering from paralysis of the right arm from ether injections for *post partum* hæmorrhage. Consequently I think it very unlikely that an ethereal solution of iodoform for hypodermic use will ever be much used.

The external application of the drug in powder to raw surfaces occasionally produces unpleasant results. Thus, in a case in which after operation I dressed the surface of the wound with iodoform, I noticed that when granulations commenced that every application of the chemical caused purging; the sample was chemically pure; the patient was a young healthy woman, and had no dislike to the smell. To test the matter I discontinued the iodoform for a few days, and the purging ceased, and recommenced its use with the result that the purging again was renewed; the amount of iodoform dusted on the surface influenced the purging. On one occasion a much larger quantity than usual was applied, and the purging became so violent that it was necessary to give opium to control it.

This peculiar effect may have been due to an idiosyncrasy, and I would be glad to know if any of the *Medical Press* readers have had a similar experience.

I fear we cannot succeed in removing the smell of iodoform, and our energies would, I believe, be more profitably spent in seeking a similar, but odourless, therapeutic agent amongst the iodine substitution products of the secondary alcohols of the methyl, ethyl series.

REGISTERED FOR TRANSMISSION ABROAD.

## The Medical Press and Circular

Is published every Wednesday morning Price 6d. Post free 5d.

POST FREE TO ANNUAL SUBSCRIBERS . . . £1 2 0  
 " IF PAID IN ADVANCE . . . . . 1 1 0

Post-office Orders and Cheques to be drawn in favour of—

A. A. TINDALL, 20 King William Street, Strand, London, W C.  
 A. H. JAOMB, 8 Molesworth Street, Dublin.

Agents for Scotland:—

MACLACHLAN & STEWART, South Bridge, Edinburgh.  
 A & W. STENHOUSE, Hillhead, Glasgow.

Sole Agent for the Continent:—

JOHN F. JONES, 81 Bis, Rue du Faubourg Montmartre, Paris.

ADVERTISEMENT SCALE—Whole Page, £5 Os. 0d. Half Page  
 £2 10s. 0d.; Quarter Page, £1 15s. 0d.; One-eighth Page, 12s. 6d.

Small Announcements of Practices, Assistancies, Vacancies, Books, &c.  
 of Seven lines or under, 4s. per insertion; 6d. per line beyond.

Considerable reductions are made from the foregoing Scale when orders  
 are given for a series of insertions. Letters in this department  
 should be addressed to the Publishers.

SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIÈRE, Rue  
 Hautefeuille, Paris—post free in advance, £1 3s. 6d. per annum.

SUBSCRIPTIONS FOR RUSSIA are received by Messrs. RAJCHMAN and  
 FRENDELER, 18 Senatoren Street, Warsaw—post free, £1 5s. 0d. per  
 annum.

SUBSCRIPTIONS FOR THE UNITED STATES are received in New York by  
 Messrs. WILLMER & ROGERS; Philadelphia, by Dr. BRITTON:  
 post free in advance, \$4 dollars (£1 3s. 6d.) per annum or direct  
 from the Offices in this country for the same amount, if remitted  
 by International Post-Office Order.

---

## The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 9, 1885.

### THE INTERNATIONAL MEDICAL CONGRESS.

THERE does not appear to be any prospect at present that the disputing parties in America will be able to come to an agreement respecting the constitution of the International Medical Congress to be held at Washington in 1887; and notwithstanding that the great majority of those physicians whose names are at all familiar in European ears have declined to have any connection, official or other, with the existing Executive, we find from recent exchanges that the Association clique is obstinately bent on pursuing its destructive policy to the end. In the *Medical Bulletin* for December, published at Philadelphia and edited by Dr. John V. Shoemaker, a long article appears on the Congress, wherein is given a list of native medical journals which are said to be favourable to the action of the American Medical Association. The editorial remarks affirm that the opposition to the Executive of the Congress is of a limited and personal character, and charges its representation on the *New York Medical Record*, the *New York Medical Journal*, and the *Philadelphia Medical News*; but since these journals are undoubtedly the leading organs of medical opinion in America, or at any rate are so regarded on this side of the Atlantic, it is not surprising

that the views expressed by them carry much greater weight, over here at least, than those of a hundred insignificant prints, even the names of which are unknown. Nor do the extracts from many of these obscure publications, as quoted in the *Bulletin*, tend to remove the distrust aroused by their unfamiliarity, for the most cogent arguments advanced in defence of fulsome admiration for the "powers that be" on the Congress organisation, consist solely of sneering personal abuse of the eminent men who have declined to be dictated to by a clique.

It is true that a very few American physicians bearing names that are honoured throughout the world of medicine hold office on the Executive of the Congress, and foremost among them is Dr. Austin Flint, sen. But when with this numerically insignificant band we contrast the very numerous list of great and eminent members of the profession in the United States who have succeeded from the organisation, the comparison brings out some very striking features. We do not desire to enter into any controversial matters in this connection, but we are compelled to utter the reflections challenged by the article to which we have referred; and we may candidly admit that the mode of defence it pursues, and especially the support of it tacitly assumed to be given by the existing officers of the Congress, will tend to anything rather than an increase of the estimation in which the latter are held by their brethren in Europe.

We are assured that there can be no question respecting the certainty that the Congress, will assemble at Washington in 1887, and under the auspices now championing its organisation. Well, we are ready to believe that a meeting of American physicians will so assemble; but that it will be in any sense an *international* conference of members of the medical profession we are quite unable to conceive, for it is certain that no German, French, or English *representative* physicians or surgeons will take the trouble to journey so great a distance without being first assured that they will be met at its end by their peers in the American world of science. This cannot be the case as matters stand at present, for though we willingly admit the high merit of a few of the vice-presidents and presidents of sections whom Dr. Flint has been able to secure to render him countenance, we are sadly at a loss to associate the great mass of names sent to us as office bearers with either the dignified maintenance of professional honour or the advance of medical science in America.

---

### THE SCHEME FOR A TEACHING UNIVERSITY IN LONDON.

A MEETING of the association for promoting the erection of a teaching university for London, held a meeting in Exeter Hall last week which, judging from the meagre attendance of persons supposed to be anxious to forward the movement, was indicative rather of hopelessness than of robust faith in the future of the attempt. The explanation of such apparent supineness is not, we venture to think, difficult to discover. Vigorous action has recently been taken by the Royal Colleges of Physicians and Surgeons in the English metropolis, in the direction

of obtaining for themselves a power to dispense the privileges of graduation in medicine; and the association of teachers, seeing that the measures thus in progress are likely to be crowned with success at an early date are quite content to wait their issue, and then, round the basis of a popular University in this manner constituted, to raise up faculties other than that of medicine, which exists to hand. Unconsciously perhaps, such a solution of the problem was materially assisted by the short-sighted policy of Professor Lankester and his supporters, who, at the meeting in question, endeavoured to obtain approval for a plan which would deny to any but two favoured colleges a right to representation in the projected university governing body. By-and-by these foreshortened reformers will arrive at a due appreciation of the sorry figure they cut at present; but meanwhile they are aiding the cause of true progress by opening the eyes of the majority to the serious errors that might be committed were they not alive to the aims of the exclusive section of their co-labourers.

So far the Association of Teachers have not made satisfactory headway. While they have been waiting and wrangling, others have been up and doing; and under existing circumstances it would possibly be far wiser in them to accept the certainty that a medical faculty of a new university is on the eve of being firmly constituted, and to look forward to adding to this faculty those of arts, laws, and science, by fusing together the various organisations which represent these divisions of learning in the present. It is at any rate clear that the Royal College of Physicians and the Royal College of Surgeons have no amount of faith in the movement which ought by this time to have rendered any immediate action on their part unnecessary. They, at any rate, have not wasted time in vain discussions; but after sufficient debate and full consideration of all that such a step involves, they have carefully faced the duty of righting a great abuse, and of discovering a way for effecting the early remedy of a great wrong. That success could crown their efforts, no one able to view the subject, dispassionately, doubts for a moment; and the strength of the cause they have espoused is the best guarantee for its effectual attainment.

That, for reasons which, however apparent, do not find expression, the Association of Teachers is more than half paralysed, is plainly evident; and unless some means can be devised for at once reanimating it the whole movement is doomed to failure. Under all the circumstances such a contingency might not be the worst accident that could befall it, if out of its ruins there should be erected a rearily efficient organisation which should charge itself with a mission of co-operation rather than of mutation, and which, accepting the fact that the faculty of medicine is already sufficiently provided for, shall turn its attention to arrangement of terms of agreement whereby the faculties of law, arts, and science may be constituted for amalgamation with the medical department, to form a complete teaching university for the metropolis. In this way the experience of the past may yet be turned to good account, and disappointment be averted in the future. Further time need not be wasted in the futile attempt to influence the so-called University of London in the

direction of its legitimate duty. Recent events too clearly indicate how little sympathy is to be expected in that quarter with the demand for educational reform; and the irreconcilables who persisted in wrecking the just and reasonable hopes excited by the publication of Lord Justice Fry's scheme of reconstitution, have succeeded at least in alienating the sympathy of those who would have joined their best efforts towards elevating the bogus university to a position of real importance among the teaching institutions of this country. Now that dream is over, and more remunerative labour is ready to the hands of willing workers in the cause of honest reform. If it is necessary for the Association to dissolve itself with a view to being reconstituted for the work we have indicated, such a course of procedure ought not to be delayed; but we fear there is a strong feeling among its members favourable to waiting the issue of the efforts of the combined colleges, prior to further action on their own part. It is, moreover, almost natural that this should be the case; but at the same time it is a somewhat undignified position to be voluntarily assumed by an important body of gentlemen, apparently eager to change a *regime* which is as injurious to themselves as it is to the interests of those committed to their charge. We trust, therefore, that they will speedily arouse themselves and set about the task that sooner or later must fall to their lot to fulfil; and by valuably assisting the colleges by their advice and approval hasten the desired end in view.

#### THE TENURE OF WORKHOUSE APPOINTMENTS IN IRELAND.

A most important judgment in the case of *McGuinnan v. the Belfast Guardians* was given by Mr. Justice O'Brien on behalf of the Lord Chief Justice May, Mr. Justice Johnston, and himself, in the High Court at Dublin on Tuesday last. In this case, our readers will recollect, the Irish Medical Association contested the right of a Board of Guardians to dismiss its officers, and it was argued on behalf of the Association by Mr. John Gibson, Q.C., the new Solicitor-General for Ireland, and Mr. Monroe, Q.C., who was then Solicitor-General, and is now the Judge of the Land Court.

The judgment delivered by Judge O'Brien is voluminous, and, by reason of the technicality of its phraseology, would be incomprehensible to most of our readers. It decides, as far as this Court can decide—

1. That Boards of Guardians have absolutely no power to dismiss any officer above the rank of "porter or assistant."

2. That the Local Government Board have absolute power to dismiss on any grounds they consider sufficient.

3. That the particular case of the assistant schoolmaster was within the common law of Master and Servant, and within the law of Contract (based upon his answers to the question paper which he filled up when he was appointed), and that, therefore, the guardians might dismiss him.

We quote from the judgment the important phrases—

"As to certain principal officers, such as masters and doctors, the Local Government Board have an absolute



power of dismissal on any grounds that they consider sufficient, so that, as to them, there can be no contract implied." . . . The common sense of the matter would seem to be to regard Boards of Guardians as a kind of artificial body for carrying out public functions governed and controlled in all their functions by the rules made concerning them.

"They are to appoint officers, but subject to the approval of the Commissioners. The latter are to make rules for the guidance, control, and removal of officers. Under section 31 they may direct the mode of appointment and determine the continuance in office and removal of such officers. Under section 33 they may themselves remove any officer whom they deem unfit or incompetent.

"The Guardians may suspend certain officers, but they are to report the cause of the suspension. They have absolutely no power of dismissal except as to the porter and assistants (to whom are added, in the English rule, nurse and servants, additions which indicate still more decidedly the precarious nature of the employment)."

This latter decision, we need hardly point out, is of the extreme value and importance to workhouse medical officers in Ireland, because it rescues them from the tender mercies of unscrupulous guardians, and places them unreservedly in the hands of a public department, which is bound to deal with them on the same principles of equity which rule all other public departments. We have no fear that, as a rule, any injustice will be done by the Local Government Board when the propriety of dismissing a medical officer arises for their consideration. But if that Board should, under the pressure of popular clamour, dismiss an officer without fair cause, it will be always possible to call it to account in Parliament, if not in the courts of law.

Judge O'Brien, it will be noted, gives it as his opinion that the Local Government Board possesses "peremptory" and "absolute" dismissal power; but, as that question did not arise in McGuinnan's case, and, therefore, did not call for a legal pronouncement, and as, moreover, the Judge did not say within what limits, if any, that power might be exercised, we should not be disposed to accept that judgment as final, and we trust that the Irish Medical Association will, in the first suitable case which arises, obtain an authoritative decision as to whether the Local Government Board can be called upon to show that they have had good and sufficient cause to "deem unfit" an officer whom they dismiss.

To the Irish Medical Association the warmest thanks of the Irish workhouse officers is due for having, by their intervention, secured this judgment. If that Association had never done another act to justify the confidence of the profession in it, this would be abundantly sufficient.

## Notes on Current Topics.

### Death at the Post of Duty.

DURING the past week two deaths have occurred, under circumstances exceptionally sad, and leading in each case to the loss of a most promising junior member of the profession. One of these victims to disease contracted

while engaged in the discharge of duty was Mr. Robert Lawson, House-Surgeon at St. Thomas's Hospital, and a gentleman who had gained the esteem and affection of all who were intimately associated with him. In his case scarlet fever was the cause of death, his last illness having been comparatively a short one. Mr. Lawson was a distinguished alumnus of St. Thomas's, having carried off several of the more valuable prizes during his student career. The second gap created by the ravages of death is that which in her lifetime was filled by Miss F. Helen Prideaux, one of the most distinguished students ever trained under the auspices of the Medical School for Women. This lady not only possessed an intellect of a most unusual order, but was distinguished for the purely womanly gifts that were hers in the utmost perfection. Her gentleness, grace, and sympathy with suffering, allied as these traits were with exceptional professional attainments, served to render her the type of an ideal children's doctor, a position, moreover, which at the time of her lamentable death she was filling at the Paddington Children's Hospital, where she had for the last few weeks been acting as house-surgeon. Miss Prideaux matriculated at the University of London in 1878, securing a place in the honours division, and twelve months afterwards, passing the preliminary scientific examination, she was again distinguished by being placed in the first division, gaining second-class honours in chemistry. At the intermediate examination she carried off the scholarship and gold medal for anatomy; and at the final M.B. in 1884 she was among the recipients of honours in each subject of examination. At the B.S. examination at this date also, she graduated as fifth in the third class of honours. After such an introduction, a future that could not, had she been spared, have failed to be one of brightest usefulness, has been all too speedily terminated by the icy hand of death, the immediate cause of Miss Prideaux's fatal illness being diphtheria, but how contracted no evidence remains to show. No cases of the disease were known to be under her care at the hospital which claimed her attention; but the fact remains nevertheless. In her illness she received the closest and unremitting attention of Mr. Cheyne, Dr. Broadbent, and Mr. Stanley Boyd, by whom everything that skill or experience could suggest was faithfully carried out; but in vain. We cannot but feel sincere regret at this signal loss to the profession, for, notwithstanding that she was a woman, Miss Prideaux was a physician of a kind that are too sparsely represented in our profession to enable us to spare them without feeling how great the loss has been.

### The Royal Society.

At the anniversary meeting of the Royal Society of London, held on November 30th, the following medals were presented by the President, Prof. Huxley, on the conclusion of his address:—The Copley medal to Prof. Auguste Kekule, of Bonn, for his great services to chemical science; one of the Royal medals to Prof. Hughes, inventor of the microphone, the induction balance, and the sonometer; the second Royal medal to Prof. Ray Lankester, of University College, London; and the Davy medal to Prof. Stas, of Brussels.

### Tardy Prophylaxis.

At last the authorities seem to be awakening to the fact that the presence of countless wandering dogs in the streets of the metropolis is calculated to do little towards reducing the risks of hydrophobia, which have been so much more prevalent of late than usual. At any rate an order has now been circulated through the city and suburbs, intimating that all dogs found roaming at large and unmuzzled will be taken into custody by the police, with a view to ultimate destruction; and by this means, presumably, it is expected that some check to the extension of rabies will be promoted. It is a pity that the official consciousness required the sacrifice of six-and-twenty human lives to arouse it to a recognition of what plain common sense folk have been for months contending should be done. It is the homeless, mongrel, uncared-for dogs that are the real breeding ground of rabies; and at the very outset of the epidemic it should have been a first care of the authorities to see that they were not permitted to be a menace to the populace. Now, doubtless, a war of extermination will be waged against these canine pariahs for a time, and then, when alarm has been stilled a return to the old state of things will once more supervene, with all its aggravated dangers. Once more we repeat what we have weeks ago insisted on, that safety from hydrophobia can only be secured by the enactment of a universal law, requiring every dog licensed to be kept, to bear a collar inscribed with its owner's name and address; and all dogs not thus protected, when found straying in any public place, should be relentlessly destroyed.

### Ambulance Lectures Wanted.

A MELANCHOLY accident occurred on Friday at Oxford, which tends to illustrate very forcibly the necessity still existing for extending the system of ambulance lectures, which has already been the means of saving a very considerable number of lives. Had any one been at hand, acquainted with the means for dealing, in an emergency, with sudden hæmorrhage, the probability is that the life of the young lady referred to below would have been saved; but, as it was, she bled to death. The deceased was in the act of getting out of bed, when her leg was struck by the bedstead sufficiently violently to lead to rupture of a varicose vein from which she was suffering at the time, and, as a result, so much blood was lost before medical aid arrived, that no attempt to restore life was effectual.

### The Dublin Classes of 1885-6.

THE books of the various Dublin Schools closed on November 25th, and the Anatomical Committee has held its usual meeting to make arrangements for the supply of subjects for dissection during the current session. It may be necessary to remind our readers that this Committee is composed of delegates appointed by the various schools, and that returns are made to it of the number of dissecting students entered at each school, it being the duty of the Committee to see that a sufficient supply of subjects is procured and distributed as the schools require them. Thus the returns laid before them come to be an index of the number of entries of dissectors at

each school, and, inasmuch as, heretofore, the registering of medical students in Ireland by the Medical Council has been performed in a very irregular and perfunctory way, these returns are the only direct source of information as to the strength of the class studying at each school. The following statement compares the entries for dissection at the Dublin Schools for the present and the past year:—

	1885	1884-5
Dublin University ..	220	229
Royal College of Surgeons ..	130	111
Carmichael College ..	179	117
Catholic University ..	101	121
Ledwich School ..	212	213
Total Dublin Class ..	842	791

Thus it appears that the number of dissection entries is considerably larger this year than last, but this is to some extent accounted for by the fact that students who were formerly prevented by the College of Surgeons regulations from taking dissections in their first year are now taking that course in their fourth year.

It will be observed that, if these returns are to be accepted as proof, the Dublin University and Catholic University Schools have a smaller class than last year, the Ledwich School is about at a standstill, while the College of Surgeons School shows a substantial, and the Carmichael College a large increase; but, as we have more than once pointed out, these figures and facts are subject to a large discount before the truth is arrived at. In the first place it must be remembered that the Carmichael College has just opened shop for the patronage of the office clerks and shop assistants who buy their certificates of study by entering for night lectures, and thus, no doubt, the College has to some extent tapped the source of supply which has hitherto been worked by the Ledwich School alone. Neither the Dublin University, the College of Surgeons, nor the Catholic University Schools keep this class of certificate on sale, and therefore cannot show the increase in trade which the Carmichael College boasts of. In the second place, neither the Dublin University School nor the College of Surgeons give credit for lecture fees, while other schools will accept entries on payment of half cash (or perhaps even £1 on account) and half promises, so that all the impecunious students and all the apprentice-farmers who wish to keep the fee-money in their pockets resort to these latter schools for the sake of the accommodation which they give. Thus it may be assumed that the entries at the two first-named schools represent a proportionally much greater money value than those at the last-named, where, in fact, the unpaid balance of the lecturers' fees may not be, and often never is, paid.

### Nursing Sisterhoods and the Hospital Sunday Fund.

THE Council of the Hospital Sunday Fund, acting upon our advice, wisely concluded not to enter upon the dangerous course of instituting an inquiry into hospital nursing. At its meeting last week the Committee to whom the question was referred for consideration reported "that the internal administration of hospitals was a question quite beyond the jurisdiction of the

Hospital Sunday Fund; it could not, in fact, interfere in such matters without involving itself in difficulties imperilling the existence of the Fund itself, and exceeding the authority with which the constitution of the Fund invested it." The member of Council, the Rev. Dr. Allon, who professed to be scandalised by the sisterhood nursing of University College Hospital, has at length satisfied himself that "if they once took to meddling with the internal management and administration of hospitals they would be landed in a shoal of difficulties from which they could not possibly escape." In the course of further discussion it was pointed out by members of Council that the public must be allowed to have some voice in hospital management, and in proportion as the public supported hospitals the Council must be guided. The report submitted to the meeting for confirmation showed the total receipts of the year's collection to be £34,320, against £39,529 last year. After setting aside four per cent.—£1,360—for the purchase of surgical appliances, and the working expenses, £1,191, there was a balance left of £32,084 for division among the 101 hospitals and 55 dispensaries. This, the thirteenth year of the existence of the Fund, showed an increase of 75 in the number of contributing congregations. Attention was called to the fact that, while during the past twelve years there had been no very great increase in the total amount received, there had been a marked increase in the number of congregations contributing. In 1873 the amount collected was £27,700 8s. 1d.; in 1874, £29,936 17s. 10d.; in 1875, £26,396 2s.; in 1876, £27,042 11s. 4d.; in 1877, £26,082 19s. 1d.; in 1878, £24,904 19s. 6d.; in 1879, £26,501 4s. 1d.; in 1880, £30,423 18s. 10d.; in 1881, £31,856 6s. 2d.; in 1882, £34,146 2s. 5d.; in 1883, £33,935 5s. 3d.; in 1884, £39,329 16s. 6d. (including £4,500 special proceeds of the hospital fête at the Health Exhibition); and in 1885, £34,320 8s. 5d. The congregations contributing in 1873 were 1,072, and in 1885 the number was 1,597. The list of the Council was revised, but not to the extent it should be. It would be all the better for the Fund that a fourth of the Council retire annually, especially so since a very large number of members never attend the meetings of Council. The annual general meeting is fixed for the 15th inst., when we hope the question will be discussed.

#### Curious Fracture of the Skull.

BEFORE the recent meeting of the New York State Medical Society, Dr. Govan brought forward the case of a patient who was reported to have been struck by a railway train, and when seen was found to be perfectly unconscious, and to have a fracture of the skull, with depression behind and above the left ear, which was caused by his head striking the ground. The patient remained unconscious for four days, and an operation for raising the depressed bone was just about to be undertaken, when it was ascertained that the bone had risen spontaneously to nearly its normal position. On the following day the depression had still further disappeared, and the patient was found to be conscious and able to speak. From this time he gradually recovered.

#### The Dublin Hospitals Commission

Has completed all the evidence which it considers necessary to hear on behalf of the various Dublin hospitals, and has adjourned *sine die*. It will, without unnecessary delay, resume the inquiry, and will then go into the question of the union hospitals, and finally take evidence on the general question of hospital management, both in the United Kingdom and elsewhere, as to the mode in which they are supported, and in what relation they stand to public authority. It was also intimated that further evidence would be taken respecting Mercer's and Steevens's Hospitals, if offered.

#### The latest Cocaine Miracle!

A DR. CORNING informs us through the *New York Med. Jour.* that it is possible to prolong the anæsthetic effect of cocaine to any desired extent by simply obstructing the circulation of the blood through the tissues into which it is injected, thus effectually preventing its escape from the area desired to be rendered anæsthetic. A Dr. Roberts improves on this, and reports in the same journal that he has performed two operations, one "femoral supra-condyloid osteotomy for genu valgum," in a boy four years of age, the other "excision of the hip-joint," both under the influence of superficial and deep injections of cocaine, *with no suffering to the patient.*

#### Prosecution of a Practitioner.

DR. DANFORD THOMAS, Coroner for North London, concluded last week an inquest as to the death of a girl named Clifford, aged 18, late a barmaid. J. H. Oldfield, bookbinder, said he had lodged with Mr. Turnbull, surgeon, of Hampstead Road, for twelve months. The witness knew Mrs. Nottage, who acted as Mr. Turnbull's housekeeper, and was a nurse. Mr. Turnbull was in the habit of taking in patients. The Inspector in the Criminal Investigation Department stated that he called, with the father of the young woman, shortly after her death, on Mrs. Nottage, and the witness then narrated the conversation which he had with her. The witness afterwards saw Mr. Turnbull, who said there was a great row about nothing—simply a case of typhoid fever. Mr. Turnbull and Mrs. Nottage declined to make any statement. The Jury, after technically stating the conditions under which the young woman died, added, "That William Turnbull, surgeon, and Mary Nottage, midwife, are chargeable with causing such death." Mr. Turnbull, together with Mary Nottage, have been since arrested, and remanded without bail, charged with having caused the death of the young woman by an unlawful act.

#### Publication of Testimonials.

It is only a fortnight since we had to call attention to the proceedings of a firm of wine merchants in Dublin who—not only without authority, but in defiance of an express stipulation—advertised in the daily newspapers certain testimonials to the value of their wines given them by practitioners in Dublin. It was on that occasion questioned whether the gentlemen who wrote these testimonials (and no doubt received a fee for their opinion) had any legal right to forbid their publication in this way even if they stipulated beforehand that their

letters should not be put to such use. We are glad to see that such doubts have been set at rest by the granting an injunction against a firm of London chemists, who consented to be restrained from publishing, without the writer's leave, a testimonial to the value of "Bromidia." The form of the advertisement was a facsimile of the letter lithographed on the same paper and as closely resembling the original as was possible, and the firm continued to circulate this document far and wide until they were stopped. It is of course satisfactory to know that medical testimonialists are in a position to forbid such use of their letters, but we must say that, in our opinion, it would be better for them to avoid the risk of having to go to the Court of Chancery for an injunction by refusing to give certificates of this sort. It is especially inadvisable to do so when the article testimonialised is not a medical or pharmaceutical preparation or appliance, but a wine, or other article respecting which medical opinions are of no special value.

#### The Errors of the Pharmacopœia.

THIS unfortunate edition which, after a preliminary semi-official chorus of praise, has been so sharply and unmercifully criticised, is still accused of general inaccuracy notwithstanding the sop to Cerberus which its compilers offered to their persecutors in the shape of a fly-sheet or appendix of *errata*. The radical faults remain untouched, and although they may not be of transcendental importance, yet they must be undesirable, to say the least of it, in an official document. One eminent chemist in a well-known little book of his own, does not hesitate to charge the editors of the Pharmacopœia with having appropriated much of his information, without even an acknowledgment, and that with such scrupulous care that even his errors have been reproduced *tel quel*. The story is told, that, in revenge for these allegations, a certain expensive drug, the solubility of which is misstated in the "British Pharmacopœia," was purchased from the chemist who claims to have originated the error, and afterwards returned to him in an unsaleable condition, on the ground that it did not comply with the official tests, which indeed was scarcely to be expected under the circumstances. *Si non è vero, è bene trovato*. The upshot of it is, from information just to hand, that another edition of the "Pharmacopœia" will probably be shortly issued, containing at any rate the more important rectifications and modifications.

#### Morphia Habit by Vaginal Injections.

DR. PEBBLES, of California, reports in the *Philadelphia Medical and Surgical Reporter* a case in which a farmer's wife, *æt.* 55, informed him that twenty years ago, while suffering from prolapsus uteri, accompanied with ulceration of the os, she used injections of morphia *per vaginam*, with beneficial results as regards relief of pain, &c. In time she discovered that she could not discontinue their use without intense suffering from general nervous prostration. Efforts to use the morphia by the stomach proved fruitless. Not only did it fail to give the needed stimulation, but caused nausea. She at present uses about two drachms weekly, making a weak solution, and using an ounce vaginal syringe four to six times daily

Calkin reports a case where the drug was habitually used *per rectum*, but the author believes this to be the first case on record where morphia was indulged in with a vaginal syringe.

#### The Bradley Fund.

IN consequence of the interest which has been taken by the profession in Dr. Bradley's case, and the generous response which has been made to the appeal on his behalf, it has been decided that the proceeds of the above fund shall be presented in such a manner as to give a marked and public expression to the views of those who have sympathised with him. Sheffield has been chosen as the most suitable place for the purpose of a demonstration, and the presentation, consisting of an address and a purse of four hundred guineas, will be made by Dr. Balthazar Foster, M.P., President of the Council of the British Medical Association, and by Mr. Wheelhouse, of Leeds, at a medical dinner, which will take place on Friday, December 11th, 1885, at six o'clock, when it is hoped that as many as possible of Dr. Bradley's friends and supporters will be present. Dr. M. Martin de Bartolomé, Senior Physician to the Sheffield Infirmary, will preside.

#### The Dangers of Practice.

LAST week, at the York Assizes, before Mr. Justice Hawkins, a Dr. Heald was charged with an indecent assault on a girl between the ages of 13 and 16 years. The girl was a pupil-teacher in the Leeds Board Schools, and the prisoner was police surgeon at Leeds. On the above day the prisoner made a medical examination of the girl, during the course of which it was alleged that the offence was committed. For the defence it was urged that the prisoner merely made a medical examination of the girl, and that she had given an exaggerated account of what had taken place, owing to hysteria. The Jury, after a short deliberation, found the prisoner *Not Guilty*, and he was discharged.

#### The Preliminary Examination.

THE Medical Council, it will be recollected, passed in October, 1884, a resolution requiring all students to pass in "Elementary Mechanics, Statics, and Dynamics," at their preliminary examination, and, as they failed to give due notice of this requirement, an *émeute* occurred in Ireland and Scotland against the ordinance. At the recent meeting of the Council Mr. Macnamara moved, "That the operation of the resolution be suspended for the present, and that it be referred to the Branch Councils to inquire upon the feasibility of enforcing at the present time this regulation in the several divisions of the kingdom." He said that both in Ireland and Scotland there had been felt to be a difficulty about this matter, which was perfectly true. As, however, the Executive Committee had so far relaxed the rule as to give the student an interval up to June 30th, 1886, to pass in this subject if he had previously passed in the other subjects, and, by Mr. Macnamara's influence, it was agreed that the suspension of the rule by the Executive Committee should stand, and that the Branch Councils should, meanwhile, inquire as to the desirability of forcing this subject on the student at his preliminary,

### Pasteur's Hydrophobia Experiments.

FROM a telegram received as we were going to press, it appears that the application made to Pasteur by the municipal and medical authorities of Newark, New Jersey, that he would receive for treatment some children who had been bitten by a mad dog in that town, has met with a ready response, and it is arranged that the four children will sail to-day in the steamship *Canada*, and immediately on arrival in England will be taken to Paris, accompanied by an accredited physician, who is commissioned to observe the method pursued and the ultimate results.

### Reinstatement of Dr. Collie.

ON Saturday last a prolonged and in many respects instructive discussion took place at a meeting of the Metropolitan Asylums Board, the chief point for consideration being the case of Dr. Collie, and the report of the Local Government Board thereupon. General satisfaction will be felt throughout the profession at the result of the Managers' deliberations, which is to reinstate Dr. Collie in the position of Superintendent of the Eastern Hospitals; but it is impossible to avoid a strong feeling of regret that certain members of the Board should have exerted themselves to cast gratuitous insults at the profession which Dr. Collie represents. In this connection a certain Mr. Tattershall, the City representative, signally distinguished himself by seconding a motion, introduced by Mr. Albert Pell, to refuse a hearing to deputations from the Metropolitan Counties Branch of the British Medical Association, the Medical Defence Association, and the Poor-law Medical Officers' Association. The redoubtable Mr. Tattershall's reasons for pursuing such a course were at once ingenious and indicative of a soaring imagination; in his opinion the medical deputations were on a par with trades unions, and he urged that if the Board consented to receive them, reception would have to be given to representative bodies of working men whenever it was proposed to discharge a workman. This Mr. Tattershall ought to be encouraged; he is evidently a great thinker, and deserves encouragement, and working men should look him up and claim him forthwith. His support, however, failed to convince the Board that it should as a body forget itself so completely as Messrs. Pell and Tattershall seemed to desire, and the deputations were duly received.

### Kinsale Dispensary.

AN election for the post of medical officer, in the vacancy caused by the resignation of Dr. Dorman, took place last week, when Dr. Vickery was elected by a majority of one over his opponent, Dr. Dunn.

It appears that 42 per cent. of the recruits applying for enlistment in our army are rejected on the ground of bodily unfitness.

AN epidemic among hares is raging in the central parts of France. The flesh of these animals, if eaten, occasions serious indisposition, though it presents no unusual appearance.

### The Sheffield Murder Case.

ON Thursday last, at Sheffield, Mr. Justice Hawkins passed sentence of death on John Thomas Sims, who was tried at the Yorkshire Assizes for the murder of his wife in August. A considerable amount of interest attaches to the case from the nature of the defence, which was based on the assumption that the offence was committed at a time when the prisoner was suffering from an attack of temporary insanity. Many circumstances, however, tended to justify a suspicion of premeditation, and the medical evidence was not conclusive of insanity, although a tendency to epilepsy on the part of the prisoner seems to have been established. We may expect that the facts of the case will be a good deal discussed, and that an attempt will be made to avert the death sentence.

### A County Court Judge on the Value of Medical Services.

CONSIDERING the frequency, particularly in County Court practice, of decisions adverse to the recovery of what are regarded, at least by the plaintiffs, as reasonable remuneration for medical services, it was with no small degree of satisfaction that we noted the proceedings of last Wednesday in the Clerkenwell County Court. Mr. O'Reilly, of Highgate, last year attended a patient who had sustained serious injury while travelling on the Midland Railway. The attendance afforded every satisfaction, the patient became convalescent, and the Company compensated him by paying down a stipulated sum of money and undertaking to relieve him of all further responsibility by settling the claim of his medical attendant up to a fixed date. The account sent in to the patient, and, in due course, forwarded to the Company, amounted to £35, which sum included all charges for a daily attendance during one month and a consultation with an expert in "railway" cases. As the Company regarded the charge as excessive, Mr. O'Reilly sued the patient for the fees, with the result that the sum of £20 was paid into Court by the Company, as their estimate of the value of the said medical services. The case was tried last week, when the fact was elicited that the fee of one guinea for each visit was the basis of the calculation, and the evidence of Dr. Bernard O'Connor and of Mr. W. E. Burton was adduced in support of the view that the claim was reasonable, and this was still further insisted upon in a statement to the same effect made by the defendant himself, who was called as a witness on behalf of the plaintiff. The Judge, after referring to the evidence which had been given, commented on the right of a medical attendant to assess the value of his own services, and stated that, as no arrangement had been made at the commencement of the attendance with respect to the amount to be subsequently charged for each visit, he should give judgment for the full amount claimed with costs.

ON reference to an announcement in another column, it will be seen that candidates for the L.S.A. Lond. will, after August 4th, 1886, be examined on the British Pharmacopoeia.

WE regret to note that the monthly *Journal of Science* ceases to exist with its present number. The Editor accordingly, in bidding a farewell to all his contributors, correspondents, and readers, says that, most of all he is gratified by the abusive letters, chiefly anonymous, which have been addressed to him by the anti-vivisectionists. To have earned their vehement disapprobation is, he considers, proof that his labours have not been in vain.

THE seat on the Council of the Irish College of Surgeons vacated by the death of Mr. Joliffe Tufnell will be filled by election on Monday, the 21st, at 1 o'clock. Already four candidates are in the field—Dr. Peter Shannon, who formerly held for many years a seat on the Council; Mr. Tobin, who recently filled the positions of Assistant Professor of Surgery in the Army Medical School at Netley, and Field Surgeon to the Forces in the Suakim campaign, and who since coming to reside permanently in Dublin has been appointed Assistant Surgeon to St. Vincent's Hospital; Mr. Story, Senior Surgeon of St. Mark's Ophthalmic Hospital; and Dr. Hugh Auchinleck, a well-known private teacher and Lecturer on Medical Jurisprudence in the Carmichael College.

### France.

[FROM OUR OWN CORRESPONDENT.]

NEW METHOD OF DRESSING AFTER THE EXTRACTION OF CATARACT.—At the Académie de Médecine M. Galezowski spoke on the above subject. For the last three years he has abandoned the German method of extraction in favour of the French operation, that is to say, without iridectomy. The dressing which M. Galezowski advocates consists of soft gelatine discs combined with cocaine and sublimate laid in the wound of the cornea. The substance dissolves in about ten hours, and the incision heals by first intention.

TREATMENT OF FATTY HEART.—M. Sée continued his paper on the treatment of obesity, and insisted especially on the treatment of fatty heart. There were two kinds of fatty heart: one was a transformation of the cardiac muscle into adipose tissue of local origin, the other was general infiltration of the same matter, and was always found in corpulent persons. The treatment was not always easy to define. Mineral waters, warm baths, sweating, and above all, hydro-pathics, should be prescribed, as well as all revulsives. Milk and iodide of potassium, with cardiac tonics, were the best means that could be employed. Where there was no asthma depending on the abnormal condition the same remedies could be employed combined with other medicines, such as pyridine in inhalation and morphia subcutaneously.

CONTAGIOUS INFLUENCE OF LEPROSY.—M. Vidal protested against the opinion of a member of the Academy residing at Constantinople in reference to the non-contagious influence of leprosy. M. Vidal insisted that the disease was contagious and hereditary. Contagion by accidental inoculation is admitted by all the American doctors, as they were witnesses of the rapidity with which the disease spread in California, Louisiana, and the Oregon. The same occurred in the Polynesian Archipelago when in 1848 the leprosy was introduced by a Chinese affected with the malady. In Norway contagion was fully believed in, so that means are taken to isolate the patients, and with the happiest results.

M. Hardy said he did not consider the disease was contagious in France, and that the climate had something to do with it, in which he was supported by M. Besiner. However, M. Beaumetz refused to admit that leprosy was contagious under any circumstances, asserting that, in Constantinople, where the lepers were allowed to wander about no cases of contagion were observed.

EFFECTS OF OPERATIONS ON TUBERCULOUS PATIENTS.—At the Société de Chirurgie M. Ledentu referred to the effect of operations on tuberculous persons and those affected with paludism. Gangrene was frequently seen amongst the latter, and in phthisical patients he has noticed that operations of any kind were frequently followed by an aggravation of the primitive malady. M. Verneuil agreed with this opinion, and insisted on the good results obtained from the actual cautery in operations on diabetic patients. Another member cited a case in point. A tuberculous patient, operated upon for fungous synovitis of the wrist, died a few days afterwards of meningitis. M. Trélat considered that surgical intervention in these cases was very delicate, and often dangerous.

### Glasgow.

[FROM OUR OWN CORRESPONDENT.]

GLASGOW SANITARY PROTECTION ASSOCIATION.—The annual general meeting of this very peculiar society was held in the Religious Institution Rooms, Glasgow, on the 25th ult., Lord Dean of Guild Blackie presiding. The report which was taken as read, reviewed at length the operations of the society for the past year. The Chairman, in moving the adoption of the report, said he had much pleasure in attending the meeting, because he had always looked upon the association as a very meritorious one, and one that ought to receive the support of the community generally, if for no other reason than the objects which it had in view were praiseworthy. Although it had only been four years in existence it had accomplished very important work and had a very fair number of members. He observed, however, that notwithstanding the success which had attended the efforts of the association, no fewer than 137 members had resigned. Professor McCall Anderson, in seconding the motion, said that if full advantage were taken of the association, it was calculated to confer untold benefits on the community. No doubt the public theoretically admitted the danger of inefficient drainage, but practically he did not think they thoroughly realised it. If members of his own profession were guided solely by selfish considerations they would no doubt throw cold water on this excellent institution; but he was quite certain that there was not a single medical man in the city who did not wish it every prosperity, feeling that their true function was not merely the treatment of disease, but a far higher one, the maintenance of health. Referring to the membership of the Association, he said he found that there were only 345 heads of families who thought it worth their while to have their houses systematically inspected, but he was still more surprised to find that of the number no fewer than 137 had resigned during the year. The report was unanimously adopted.

GLASGOW MEDICAL MISSIONARY SOCIETY.—The annual meeting of the subscribers to this society was held in the Merchants' Hall, Glasgow, on the 4th inst. Lord Balfour of Burleigh presided, and among those present were Drs. Maclaren, Dudgeon, Pirrie, Thomson, Laidlaw, Yellowlees



and T. Brown Henderson; Messrs. Hugh Brown, Robt. Gourlay, John McLaren, J. N. Cuthbertson, R. Hope Robertson, William Clark, James Grahame, &c. Dr. Henderson read the report of the directors, which stated that the year commenced with a deficit of £313 3s. 7d., which, added to a deficit of £96 4s. 10d. of expenditure over income during the present year, left the society in sore need of funds. The subscriptions had amounted to £1,407 14s. 1d., but, owing to the widespread depression of trade and consequent distress among the working classes, the numbers attending each of the dispensaries had greatly increased. That had added largely to the society's expenditure, and had taxed to the uttermost the medical superintendents and their assistants. Dr. Laidlaw having resigned his office, the directors had appointed as his successor Mr. George Muir Connor, M.B., C.M., of Glasgow University. The work of the dispensaries had been carried on most efficiently and zealously at Moncur Street by Dr. Laidlaw, aided by Dr. Bruce, Dr. Kerr, Mr. Banks, and Dr. Lang, along with a staff of dispensers and Bible-women; and at Oxford Street by Dr. Archibald Templeton, with the assistance of Mr. Richmond for nine months, and of Mr. Cowan for six months, and an efficient staff. By the kindness of Mrs. Templeton, sen., and Mrs. Balmain, soup-kitchens were established in each of the dispensaries during the winter. During the year a donation and a legacy had been received for the building fund, amounting in all to £280.

GLASGOW.—HEALTH OF THE CITY.—At a meeting of the Glasgow Town Council, held on the 30th ult., the report of the medical officer was submitted, in which it was stated that there were 6 cases of small-pox registered, as against 12 in the fortnight preceding. All were from the Eastern district—4 were workers in the hair-work in which the outbreak began; 1 was associated therewith; and 1 was a malignant case removed from the extreme western boundary of the district, and not traceable to any source. No new cases had occurred among the hair-workers, so that the outbreak might be regarded as at an end. The number of cases of fever registered was 62 in place of 31—viz., 48 typhus, and 14 enteric fever. It is many years since 48 cases of typhus have been registered in one fortnight in Glasgow; but the fact is not so alarming as it otherwise would be when it is explained that of these cases 42 occurred in an Industrial School for Girls. The outbreak seems to have begun about the middle of October, but its true character was not recognised until the rapid increase of sickness roused suspicion a month later. 16 cases were removed at once to Belviders, and two cartloads of bedding washed and disinfected. This was done on 16th November, and no new cases had arisen up to date, but any latent affection has still another week during which it may become active. The children came from the lowest parts of the city, and their parents have periodic access to them. The disease may therefore have been imported either by a child newly admitted from an infected locality or by a visitor.

## Sanitary Department.

### REPORTS OF MEDICAL OFFICERS OF HEALTH.

I. *Port of London.*—Dr. Collingridge's report for the first half of 1885 is before us. It seems that the number of vessels examined by the Port sanitary officials during the period commented on was unusually small, which is ascribed to the fewer craft afloat and the unviable condition of the Authority's launch. Proceedings for legal enforcement of sanitary regulations were extremely few, which is an incident

tal testimony to the tact displayed by the officers concerned in their carrying out. Some sensible remarks, historical and prophetic, are given concerning the advent of cholera to our shores. Dr. Collingridge passes severe stricture upon the Local Government Board for their wholesale prohibition of the importation of rags, which he considers is both unnecessary from a public health point of view, and harassing to an important and useful industry. He would substitute compulsory disinfection for the present system. We question, however, whether in the present generally uneducated state of opinion of local sanitary authorities, taken *en masse* throughout the country, such disinfection as might be ordered might not prove absolutely futile in the vast majority of cases. The Central Authority could hardly be expected to prescribe a particular form of disinfection, and this in most instances would take the form of a "chemical libation," with its proved worthlessness. Dr. Collingridge speaks again, and with reiterated force, of the condition of the Thames; he considers efficient disinfection impracticable, and likely to cause similar silting of the bed to the deposition which now goes on; and boldly decides for the discharging out-fall being placed out at sea. He also strongly condemns the present practice of sewer discharge between high and low water mark. Reference is made to the amended regulation relating to notification of infectious disease (previously noticed in our columns), whereby the master of an infected vessel is ordered to remain off the Custom House until boarded by the health officer. Dr. Collingridge concludes his interesting report by referring to certain administrative matters relating to the staff of the Authority and its steam launch; and the appended tables give the requisite information concerning the work of inspection, fumigation and the like performed during the time covered by his report.

II. *Islington.*—Dr. Tidy reports an unusually low death-rate, viz., 16.9 per 1,000; but this is not *per se* to be taken as a criterion of healthiness, but rather to be referred to the low birth-rate, inasmuch as the chief zymotic diseases show a mortality considerably above the average. Small-pox, diphtheria, and whooping-cough were the chief diseases of this class, which ravaged the district during the year. Much of Dr. Tidy's report is taken up with correspondence between the Asylums Board and the Vestry concerning the admission of non-pauper patients to the hospitals of the former, the Vestry assenting to the need for a central authority, but not seeing the necessity of the mode of admission being altered. Also, with a communication from the Kensington Vestry as to the financial burden of hospital maintenance and treatment being thrown upon a "Common Sanitary Fund," instead of, as now, the Metropolitan Common Poor Fund, from which the Islington Vestry strongly dissented. Dr. Tidy is very severe in his animadversions upon the Report of the Royal Commission upon the Dwellings of the Poor, principally upon the ground that its recommendations would be "subversive of local self-government," and give too much power to the Local Government Board. Now, it is our opinion that what is called "local self-government" is carried too far, and that a wholesome supervision in the past of the London vestries in their sanitary work would have led to an avoidance of the very scandals which led to the appointment of the Royal Commission. The Whitehall Authority is almost wholly unclad with any control of the London sanitary authorities, and we heartily uphold the suggestion that it shall in the future advise and superintend the sanitary action of the metropolitan, as it now does of the provincial, bodies.

III. *Portsmouth.*—The death rate was 19.22, rather lower than the average of this town, in spite of considerable prevalence of measles, diphtheria, and summer diarrhoea. The death-rate of the Southsea subdivision was considerably less than those of the other four sub-divisions of the borough, which were almost identical. Small-pox was imported from London in a curious manner, viz., by means of a box containing infected clothing belonging to a relative of the attacked person, which was sent from London to Portsmouth. Measles prevailed epidemically in all parts of the borough excepting Southsea, and Dr. Sykes speaks of the paramount importance of having this disease notified. Diphtheria was almost endemic, there being no period of the year wholly free from it; altogether there were 174 attacks, and 41 deaths. Dr. Sykes draws attention to the spread of this disease by school attendance, and the importance of recog-

nising minor and apparently "simple" cases of sore throat. A more favourable account is given of enteric fever this year than last, though there still seems to be room for improvement. Its endemic prevalence is connected with the polluted condition of the soil from the leaking of faulty cess-pools into it. The sanitary defects of the Borough are excellently brought out by reference to and comparison of the condition and death-rate of Southsea and the rest of the Borough. And this, though Southsea is by nature less favourably situated than the other parts of the Borough. In his report as Port officer, Dr. Sykes refers to the arrival of H.M.S. *Crocodile* with the cholera convalescents, and endorses Dr. Blaxall's advice to the Port authority to have a hulk ready for hospital purposes.

## Correspondence.

### THE DANGERS OF COCAINE.

"Aujourd'hui nous savons que toute suppuration de la cornée est due à une infection de la place."—DE WOEKER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As I was unable to attend the recent meeting of the Ophthalmological Society, whose proceedings are recorded in your columns, will you kindly allow me to add my testimony to Mr. Nettleship's interesting observations on the dangers of cocaine. I have seen two cases similar to those he describes myself, and a series are recorded in a recent number of the *Therapeutic Gazette*, an American journal with which you are doubtless acquainted. All solutions of cocaine are liable to deteriorate by the growth of microscopic organisms, and unless this tendency is checked there is great danger that the wound with which they come in contact will become infected. I should not think it was safe to use a simple watery solution that was more than a week old, but such dilutions may be protected indefinitely by the addition of carbolic acid, boracic acid, salicylic acid, and bichloride of mercury. Carbolic acid, unless in infinitesimal proportion, is too irritating to apply to the eye. There is evidence that boracic acid alone is not quite so effectual as other preventives, and salicylic acid, though a first-rate preservative, is, unless in extremely feeble solution, also apt to cause surface irritation. I have, therefore, for some time past used as a medium for the solution of cocaine, a saturated solution of boracic acid containing one five-thousandth part of bichloride of mercury, and although I have used this preparation in a vast number of cases I have never since its adoption seen any ill results. The immense value of the bichloride as an antiseptic in cases of cataract extraction seems amply demonstrated by some statistics recently published by Alfred Graefe. Graefe divides his cases into four categories: in the first he bathed the eye to be operated on, before and during operation, with a solution of carbolic acid two per cent.; of these he lost five per cent. In the second he used carbolic spray; of these he lost six per cent. In the third category he used saturated solution of boracic acid throughout; of these he lost four per cent. In the fourth he used a solution of corrosive sublimate 1 in 5,000; of these he lost only one per cent. Graefe therefore concludes that the corrosive sublimate solution is by far the best antiseptic. "J'en suis absolument persuadé," latterly, however, he has reduced the strength to 1 in 20,000.

I am, Sir, yours, &c.,

CHAS. BELL TAYLOR, M.D., F.R.S.I.,  
Surgeon Nottingham and Midland Eye Infirmary.

## Obituary.

### THOMAS ANDREWS, M.D., F.R.S.

AFTER many years of retirement, Prof. Andrews died last week at his residence, Fortwilliam Park, Belfast, in his seventy-second year. He was educated in Belfast and Edinburgh, where he obtained the degree of Doctor in Medicine. He selected chemistry as a special study, and was elected to fill the chair of Chemistry in Belfast Queen's College, and retained the appointment until 1879, for thirty years, when he retired. Professor Andrews was one of the greatest authorities on his own subject in Great Britain,

but unfortunately became mentally affected, and was unable to pursue his researches. He was Vice-President of the Belfast College for many years.

### DR. PATRICK BODKIN.

We regret to announce the death of Dr. Patrick Bodkin, of Tuam, which took place on Saturday last, after ten days' illness of typhus fever. The malady was contracted by Dr. Bodkin in the discharge of his professional duties amongst the poor of Tuam, to whom he was a devoted and self-sacrificing friend. The fatal ending of Dr. Bodkin's illness has cut short a medical career of great promise.

**King and Queen's College of Physicians.**—At the November examinations the following candidates obtained the Licences in Medicine and Midwifery of this College:—

**MEDICINE.**—Alfred Brown, John Paul Cavanagh, William Fraser, Cathleen Honoria Graham, James Henry Halpin, Godfrey William Hambleton, Samuel Henry Harrington, Cyril George Hutchinson, Michael Colville Kennedy, John L'Estrange McGrane, William Arthur Mahon, Guy Percival Nugent, Henry Pollen, John Robson, Robert John Sheperd, Robert Stopford, Ernest Hastings Tweedy, Catherine Jane Urquhart, Hugh Whelan.

**MIDWIFERY.**—Alfred Brown, Thomas Walton Dwyer, Cathleen Honoria Graham, James Henry Halpin, Samuel Henry Harrington, Michael Colville Kennedy, Robert Stopford, Robert Thomson, Ernest Hastings Tweedy, Catherine Jane Urquhart.

**Durham University.**—At a convocation of the Senate, held last week, the following gentlemen were appointed examiners in degrees for Medicine and Surgery:—

The Professor of Medicine (Dr. Philipson, Newcastle), William Annison, Charles Gibson, David Drummond, Frederick Page, Samuel MacLean, and Henry Edward Armstrong.

The following degree was conferred:—

M.D. (in absence), Ferdinand Campion Batchelor, probationer.

**Royal College of Surgeons in Ireland.**—At a meeting of the Court of Examiners held on the 16th November and following days the undermentioned gentlemen passed their first examination for the Letters Testimonial under the new scheme, viz.:—

Henry E. Birmingham, Henry S. Bond, John A. Burland, James Byrnes, Arthur J. Cary, Thomas James Connolly, Philip Cormack, John J. Curtayne, Wm. Delaney, Francis L. Dood, John J. Dunn, William Eggleston, Berkeley F. Falkner, Charles C. R. Gardiner, Samuel L. M. N. Gilmore, Ernest W. Guinness, James E. Halpin, William P. Harding, James Jameison, John H. Jones, Jeremiah Kelleher, John J. Kinsella, Hugh T. Langan, Matthew J. Medden, Robert J. W. Manhinny, Wm. M'Bride, Thomas M'Elwaine, Connell M'Ternan, Eugene M'Quaid, Henry J. Moore, Thos. Molahan, Wm. W. Murphy, James Nagle, Michael O'Gorman, Wm. Palmer, Michael J. Price, Benwick M. Potts, John W. Short, John A. Smullan, Roland M. Stokes, Alexander P. Swanson, Francis J. Teevan, Alfred Turtle, Henry M. Walker, Richard Wall, Crawford Warren, Robert Waters, and Charles Wilson. 100 entered; 2 were absent; 45 were stopped; 51 passed.

**The Mortality of Foreign Cities.**—The annual death-rates per 1,000 in the principal foreign cities, according to the last weekly returns communicated to the Registrar-General, are as follow:—Calcutta 26, Bombay 27, Madras 32, Paris 21, Geneva 19, Brussels 22, Amsterdam 21, Rotterdam 29, The Hague 17, Copenhagen 21, Stockholm 22, Christiania 25, St. Petersburg 24, Berlin 22, Hamburg 27, Dresden 20, Breslau 26, Munich 23, Vienna 23, Prague 31, Buda-Pesth 25, Trieste 28, Rome 22, Turin 23, Venice 31, New York 20, Brooklyn 18, Philadelphia 18, and Baltimore 18.

**Vital Statistics.**—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 21·3 per 1,000 of their population, and were—Birkenhead 17, Birmingham 21, Blackburn 18, Bolton 26, Bradford 19, Brighton 28, Bristol 18, Cardiff 17, Derby 28, Dublin 25, Edinburgh 21, Glasgow 26, Halifax 20, Huddersfield 26, Hull 16, Leeds 18, Leicester 14, Liverpool 23, London 20, Manchester 23, Newcastle-on-Tyne 22, Norwich 22, Nottingham 25, Oldham 17, Plymouth 26, Portsmouth 26, Preston 34, Salford 24, Sheffield 18, Sunderland 21, Wolverhampton 21. The highest annual death-rates in these towns last week from diseases of the zymotic class were—From measles, 1·3 in Brighton, in Liverpool, and in Salford, 2·4 in Bolton, and 2·7 in Nottingham; from whooping-cough, 1·6 in Cardiff, 1·7 in Derby, 2·4 in Bolton, and 2·7 in Brighton; from scarlet fever, 1·1 in Leeds and in Birkenhead; and from "fever," 0·8 in Portsmouth and 1·0 in Newcastle-upon-Tyne. Of the 37 deaths from diphtheria, 20 occurred in London, 3 in Glasgow, and 2 in Manchester. Small-pox caused but 1 death in London and its outer ring, 1 in Birkenhead, and 2 in Liverpool.

## Notices to Correspondents.

**DR. PHARSE (Plymouth).**—Paper on "Change of Air in relation to some Types of Consumption" received.

**DR. T. MORE MADDEN (Dublin).**—Presidential address on the "Recent Progress of Obstetric and Gynecological Science" received.

**A CANDIDATE.**—The next examination will be held at the University of London on February 8th, but you must not imagine that if you pass it necessarily means appointment. It not infrequently happens that double the number pass for whom posts can be found in the Indian Medical Service.

### THE PREVENTION OF HYDROPHOBIA.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

**SIR,**—I notice in the papers the deplorable death of the fifth victim of the bite of one rabid dog, in the case of a poor boy, aged 12 years, in Poplar, a few days ago. Hydrophobia is on the increase, and it is surely right to put a stop at once to this appalling and preventible disease.

Dogs become rabid in one way only, and that is by being bitten by a rabid dog. There is no other cause of that disease, which, like small-pox, measles, and scarlatina, does not arise spontaneously in one day. Hence the only way to put a stop to hydrophobia is to see that no rabid dog can bite either a human being or another dog. This can be accomplished only by muzzling all dogs in London for a certain time, say for six months from this date, which would allow of the latent disease appearing in such animals as have been bitten, and which would be at once destroyed. I do sincerely trust that our authorities may without delay cause these suggestions to be carried out.

I am, Sir, yours, &c.,

C. E. DRYSDALE, M.D.,  
Senior Physician, Metropolitan Free Hospital.

[The suggestion of our correspondent as to muzzling dogs has been anticipated during the past few days in the metropolis.—ED.]

**MR. ROGER WILLIAMS (Middlesex Hospital).**—Case of "Stabbed Wound in the Precordial Region, with Hæmorrhage from the Internal Artery into the Pleura" received.

**DR. SOBOLFIELD (Kensington).**—The case of "Susceptibility to Strychnine" referred to appeared in our issue for August 12th, page 158.

**DR. J. A. C.**—The matter is purely of personal interest to a single individual, and we cannot afford space for it.

### SINGULAR EFFECT OF DYNAMITE.

A CORRESPONDENT writes us as follows:—Having suffered severely and long from toothache, and having tried almost all known remedies to no purpose I determined to try the effect of a little dynamite applied to the hollow of the decayed tooth. I accordingly made a paste of a few grains with mucilage, and introduced it into the cavity. The immediate result was complete cessation of all pain, but followed directly by the most unpleasant symptoms—viz., vertigo, with a sense of fulness in the head, and feeling as if it were expanding, accompanied by faintness, lowering of the temperature, and cold perspiration. I lost no time in removing the plug, when the symptoms disappeared, and the pain in the tooth reappeared. From my experience I would not recommend others to try a similar experiment. The symptoms related were evidently caused by absorption of the nitro-glycerine, which must have been very rapid. The feeling of faintness lasted about twenty minutes, and was relieved by taking a glass of whiskey. November 29th, 1885.

**MR. HARKNES.**—Coloured stockings are a not uncommon cause of eczema of the leg. Their use should always be discontinued on appearance of the least irritation.

### APPENDIX TO THE "MEDICAL DIGEST."

To the Editor of the MEDICAL PRESS AND CIRCULAR.

**SIR,**—The time draws near when the MSS. of the first appendix to the "Medical Digest" must pass into the printer's hands. Dr. Walshe has very kindly accepted the dedication of the work; therefore, it is all the more necessary to render it worthy of his name. Will you therefore allow me again to beg of your readers to send me at once notice of any errors discovered, and also allow me to return my thanks to those—I regret to say comparatively few—gentlemen who have, up to the present time, acceded to my request?

I am, Sir, yours, &c.,

RICHARD NEALF, M.D. Lond.

60 Boundary Road, South Hampstead, N.W.,  
December 5th, 1885.

## Meetings of the Societies

WEDNESDAY, DECEMBER 9TH.

**BRITISH GYNECOLOGICAL SOCIETY.**—At 8.30 p.m. Specimens will be shown—Paper: Dr. Edis, On the Exploration of the Uterus in Hæmorrhage.

**HUNTERIAN SOCIETY.**—At 8 p.m. Dr. Hughlings Jackson will read a paper; and Mr. Symonds will show a case under treatment of Stricture of the Oesophagus.

**EPIDEMIOLOGICAL SOCIETY OF LONDON.**—At 8 p.m. Dr. E. J. Edwards, The Report of the German Vaccination Commission.

THURSDAY, DECEMBER 10TH.

**OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.**—At 8 p.m., Living and Card Specimens.—At 8.30 p.m., Mr. E. Nettleship—(1) Diabetic Retinitis; (2) Removal of Chip of Iron from Vitreous by Magnet.—Mr. W. A. Bralley, Case of Hæmorrhagic Glaucoma, unaccompanied by any increase of tension.—Mr. G. Hartridge, A Patient with Small Lenses Congenital.—Mr. W. H. Jessop—(1) Case of Retinal Hæmorrhage; (2) Case of Detachment of Retina.—Communications: Dr. Samuel West, A case of Double Optic Neuritis after a Fall; perfect vision throughout; recovery.—Mr. E. Nettleship, A Case of Fatal

Meningitis after Excision of the Eye-ball.—Mr. C. Higgins, Neuro-paralytic Ophthalmia.—Mr. W. H. Jessop, Note on the Fields of Vision in a Case of Diphtheria.

**PARKS MUSEUM OF HYGIENE.**—At 8 p.m., Mr. Eric S. Bruce, On Health and the Electric Light.

FRIDAY, DECEMBER 11TH.

**CLINICAL SOCIETY OF LONDON.**—At 8.30 p.m., Sir Andrew Clark, Bart., On a Case of Desquamative Prostatitis, accompanied by the discharge of hyaline tube casts.—Dr. de Havilland Hall, Aneurism of the Ascending and Transverse Portions of the Arch of the Aorta, pressure on the trachea and bronchi, on the left recurrent laryngeal nerve, and (?) the vagus.—Dr. Barlow and Mr. Rickman Godlee, On a Case of Perforation of the Vermiform Appendix treated by operation.—Living Specimens: Dr. T. D. Savill, A Case of Myxœdema.—Dr. Stephen Mackenzie—(1) A Case of Symmetrical Morphea; (2) A Leprosy-like Syphilide.

## Vacancies

City and County Lunatic Asylum, near Bristol.—Assistant Medical Officer. Salary, £150 per annum, with furnished apartments, &c. Applications, with testimonials, to the Chairman of the Committee of Visitors, on or before December 11.

Kent and Canterbury Hospital.—Assistant House Surgeon and Dispenser (one office). Salary, £50 per annum, with board, &c. Applications, with testimonials, to the Secretary on or before December 11.

Middlesex County Lunatic Asylum, Colney Hatch.—Assistant Medical Officer. Salary, £150 per annum, with board, &c. Applications, with testimonials, to the Clerk to the Committee of Visitors, by December 17.

Paddington Workhouse Infirmary.—Assistant Medical Superintendent and Dispenser. Salary, £100 per annum, with board, &c. Applications, with testimonials, on or before December 16.

Royal Hospital for Children and Women, Waterloo Bridge Road, S.E.—House Surgeon. Honorarium of £70 per annum, with board, &c. Applications, with testimonials, to the Secretary on or before December 16.

## Appointments

**CORRY, W. W. S., L.R.C.S.I.,** Medical Officer for the Lasingham District of the Pickering Union.

**CULHANE, F. W. S., M.R.C.S.,** Medical Officer to the No. 3 District, and Public Vaccinator to the No. 2 District, of the Hastings Union.

**LAWSON, J., M.B. Dub., L.R.C.S.I.,** Medical Officer for the Hedden Bridge District of the Todmorden Union.

**LOYD, H., M.R.C.S.,** Medical Officer for the St. Asaph District and Workhouse of the St. Asaph Union.

**NASH, W. G., M.R.C.S., L.S.A. Lond.,** Medical Officer for the Fifth District of the Lutterworth Union.

**RACKHAM, A. R., L.R.C.P. Ed., M.R.C.S.,** Medical Officer for the Fourth District of the Nutford and Launditch Union.

**SAVILL, T. D., M.D. Lond.,** Resident Medical Officer to the new Infirmary at Paddington.

**STADDOR, J. H., L.R.C.P. Ed., M.R.C.S.,** Medical Officer to the Workhouse of the Ipswich Union.

## Births.

**CASSAN.**—November 23, at Gainsborough, the wife of Theodore Cassan M.R.C.S. &c., of a son.

**IRVING.**—November 22, at Rocklands, Silema, Malta, a month after her husband's death, the wife of Surgeon-Major G. C. Irving, Medical Staff, of a son.

**SMITH.**—November 29, at Lower Baggot Street, Dublin, the wife of Walter G. Smith, M.D., of a daughter.

**STACK.**—December 3, at Mount Delvin, Sandycove, the wife of E. Theodore Stack, M.D., of a daughter.

## Marriages.

**HARWOOD—BED.**—December 2, at Newtownbreda Presbyterian Church, Septimus Harwood, M.B., of Bristol, to Marion Fleming, youngest daughter of Henry Reid, Esq., of College Gardens, Belfast.

**MURPHY—MOORE.**—December 2, at Christ Church, Sunderland, James Murphy, M.D., to Nana, second surviving daughter of the late William Moore, of Herrington Hall, County Durham.

**PULLIN—COLLARD.**—December 2, at the Parish Church, Tavistock, Bingley Gibbs Pullin, M.R.C.S., of Sidmouth, Devon, to Annie, second daughter of Edwin Collard, Esq., of Moor View, Tavistock.

**SCULLY—CRAIG.**—December 3, at St. George's, Hanover Square, W., Surgeon-Major John Scully, H.M.'s Bengal Army, to Jessie, youngest daughter of the late W. Craig, Esq.

## Deaths.

**ANDREWS.**—November 26, at Fortwilliam Park, Belfast, Thomas Andrews, M.D. LL.D., F.R.S., late Vice-President of Queen's College, Belfast, aged 71.

**CARPENTER.**—December 3, at 105 Fernlea Road, Balham, Wm. Guest Carpenter, F.R.C.S., formerly of Amersham, Bucks, and late of Her Majesty's Prison Service, aged 70.

**JULIUS.**—December 1, at Claremont House, Tilford, Farnham, Surrey, George Charles Julius, M.D., aged 81.

**PRIDEAUX.**—November 29, at 29 Woburn Square, W.C., of diphtheria, after a week's illness, Frances Helen Prideaux, M.B. & B.S. Lond., and L.K.Q.C.P.I., Assistant Physician to the new Hospital for Women, Marylebone Road, and House Surgeon to the Children's Hospital, Paddington Green, aged 30.

**WATERS.**—November 23, at Bedford Square, London, John Waters, M.D., aged 78.

**WATSON.**—November 26, at the Old Vicarage, Whitwick, John Willocks Watson, M.R.C.S. Eng., L.S.A. Lond., aged 37.



onset. There had been no fever. There was nothing abnormal in the mental condition, nor in the heart, lungs, and kidneys. The patient was at once admitted and placed on a water-bed. For twenty-four hours his condition was one of imminent danger from the state of respiration. As there was a syphilitic history, he was treated with iodide of potassium, and later with mercury. He soon began to improve, and in six months was able to resume his employment. A few months later I showed him at the Clinical Society, entirely recovered.

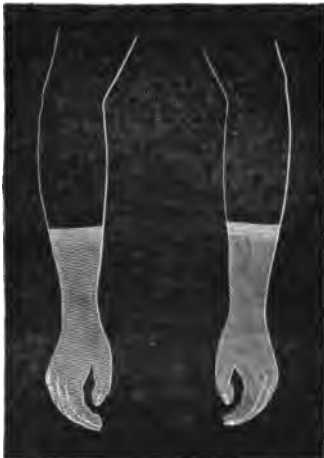
On April 14th, 1879, T. O.—, *æt.* 44, was admitted into hospital with paralysis of all four extremities, and both sides of the face, together with inability to swallow solids. The respiration was mainly upper thoracic, and there was some loss of control over the bladder and sphincter ani. His grasp was feeble; he was unable to stand; as he lay in bed he could move one foot across the other, but could not lift either more than three or four inches off the bed. There was great muscular flaccidity. He did not know where his legs were. The knee phenomenon was absent on each side. Over the right side of the face there was complete loss of sensibility to touch

FIG. 1.



and pain, with apparently increased (but at all events well-retained) sensibility to heat and cold. The anaesthesia was likewise observed, though to a less extent, over the left side of the face, and also, though here again in a less complete degree, on his forehead. He complained of great pain on the right half of the forehead, spreading towards the vertex (Fig 1). Below the middle of the forearm on each side there was almost entire loss of sensibility to touch and pain, whilst heat and cold were well recognised. Where the alteration in sensibility began there was what the patient described as a "band-like feeling around the arm." In the tips of his fingers there

FIG. 2.



was a constant tingling sensation, and anything which he touched with them felt hot (Fig. 2). In his

lower extremities sensibility was also greatly modified. Below the middle of the thigh on each side neither a touch nor the prick of a pin could be recognised. Over the whole of both feet, as well as half-way up the legs, and on the posterior surface of the rest of each lower extremity, sensibility to heat and cold appeared intensified. Over the whole of the trunk, and in the extremities down to the boundaries described, cutaneous sensibility was normal. He had frequent pains like knife-stabs in the lower extremities, and the legs would twitch when they occurred. At other times the pains were of a dull heavy character (Fig. 3). (a) In this case facial paralysis on the left side seems to have been the first symptom, which was noticed by his friends a month before admission. The patient knew nothing of this, and felt quite well till a fortnight before I saw him. He then noticed "pins and needles" in his hands and feet. Three days later he had diplopia, and his legs became weak. In five more days he could not walk, and there was difficulty in swallowing. In another three days he could not dress himself. On admission, and for a few days afterwards, reaction to induced currents was almost entirely absent in the muscles of the face, and also in the thenar eminence and interossei of each hand; it was lessened though not to the same extent, in the muscles of the front and back of the forearms. There was very slight reaction to induced currents in all the muscles of the lower extremities. Under active mercurial treatment the patient entirely recovered in about six months. On August 10th the knee phenomenon was found to have returned in the right leg, and three days later in the left. This patient was likewise shown at the Clinical Society. (b)

There is no doubt that the patient W. H.— was a tem-

FIG. 3.



perate man. As regards T. O.—, he is described in my notes as having "lived fast and drunk fairly," whatever that may mean. Both had had syphilis, and recovery in each case was absolutely complete under specific treatment. Diphtheria could be entirely excluded. I would draw attention to the fact that in the first case the patient suffered from girdle pain, a symptom which is usually considered as pointing distinctly to disease of the spinal cord or its membranes. In the second case again, what was equivalent to girdle pain was felt in the two forearms, at

(a) The illustrations are from diagrams made at the time by Mr. A. E. Broster, then resident medical officer, and exhibited at the Clinical Society, before which the patient appeared when recovered.

(b) Transactions of the Clinical Society, vol. xiii.

the point where the anæsthesia ceased. It is a curious circumstance, and well illustrates the difficulty there is in quitting well-worn grooves of opinion, that although I recognised that the lesion must be one of nerves, I failed to see in the diagrams of the anæsthesia conclusive evidence that the affection must involve the periphery of the nerves. and not their roots, nor did any member present at the meeting in which they were shown suggest such an explanation.

In March, 1881, Dr. Grainger Stewart brought before the Medico-Chirurgical Society of Edinburgh three cases of paralysis of the hands and feet from disease of the nerves. They were characterised by loss of power in the upper and lower extremities, affecting principally the feet and hands, and growing less marked as the trunk was approached; cutting pains; anæsthesia of forearms and hands, and also of legs and feet; diminution of electric excitability in proportion to the degree of paralysis; loss of patellar tendon reflex. Microscopic examination in one, which ended fatally with pneumonia, showed notable degenerative changes in the median, ulnar, and tibial nerves, the brachial plexus being unchanged, and the cord showing only changes of secondary character.

In a case of very similar character Leyden describes an acute or subacute inflammatory process as affecting the nerve trunks, especially the radial and peroneal, the nerve fibres showing signs of sclerotic atrophy. The disease affected only the periphery of nerves, the anterior roots and the spinal cord, with its large ganglionic cells, being quite intact.

Although the exigencies of time and space prevent the quotation of further illustrative cases of the kind, I may say that many such have lately been recorded both in Germany and France. The two cases of my own show a considerably greater diffusion of the lesion than was observed in those reported by Dr. Grainger Stewart, but in other respects they are strictly comparable, and there can be no doubt that a lesion of peripheral nerves similar to that which the fatal termination in one of Dr. Stewart's cases enabled him to disclose was also the cause of the symptoms in my patients, who perfectly recovered. The double facial paralysis in my cases, whilst apparently complicating the diagnosis, really aids it. The facial muscles showed well-marked "reaction of degeneration," evidencing lesion either of the facial nucleus or of the trunk of the portio dura. The simultaneousness of the paralytic phenomena in other parts of the body make it evident that they all (facial included) depended on strictly similar lesions. Therefore, had lesion of the facial nucleus been in question, the motor symptoms in the extremities would have been due to lesion of the ganglion cells in the anterior horns of the cord, homologous with the facial nucleus in the bulb. But the sensory symptoms were as strongly marked as the motor, and lesion of the anterior ganglion cells could not explain these. We are obliged, therefore, to seek the cause in the nerve trunks; and the strict limitation of the anæsthesia, as shown in the diagrams, coupled with the corresponding situation of the most marked paralysis, is conclusive evidence that the lesion was in the periphery of the nerves.

In cases of acute or subacute multiple neuritis, it very commonly happens that the first symptom noted by the patient is a feeling of "pins and needles" or numbness in the feet, and about the same time or a little later in the finger ends. In others there is less acuteness in the attack, and prodromal pains of a "rheumatic" character have been complained of before the occurrence of numbness. Fever is not usually a marked symptom, but occasionally there is considerable elevation of temperature. It is difficult to speak very definitely on this point, because from the insidious mode of onset which often characterises even the acute cases, the patient is not usually examined with the thermometer until some days after the commencement of his illness. More often than not the patient in the early stage of the disorder tries to go about his usual avocations, but finds day by day an

increasing difficulty in doing so. The numbness and deadness which had commenced in his feet and fingers gradually spread up the extremity, his legs appear to grow heavy so that he cannot move them quickly, his arms become more and more powerless, and in a few days he cannot stand or help himself in any way. The disease tends to affect both sides of the body symmetrically, though sometimes there are considerable differences in the severity of the symptoms as displayed on either side. In severe cases we find not only the muscles of the extremities, but also those of the trunk, becoming more or less powerless; there may be facial paralysis, and some of the muscles of the eye may become involved; swallowing and respiration may also become affected; and death may occur, with signs of the vagus becoming implicated.

But it much more commonly happens that at a certain point, which differs remarkably in various cases, the climax of the attack is reached, and then each day brings with it signs of amelioration, until in many cases absolute recovery takes place. But here, again, it is difficult to give a general sketch which shall be consistent with the many varieties which occur. The amelioration in some instances may take place with such quickness as to make it appear doubtful whether any serious organic lesion could have been present. In others, the amount of improvement which each day brings is so slight that the prognosis remains for a long time doubtful. Or there may be conditions between these two extremes. In that stage of the disease in which the patient is able to walk about, the gait is apt to be ataxic. The duration of the illness may be from a few weeks to many months, or even, if the sequelæ be reckoned, some years. During the entire illness there is in the large majority of cases great flaccidity of the paralysed muscular system. In many cases there is distinct muscular atrophy. This is especially marked in the muscles of the leg below the knee, and in those of the hand and forearm. As the patient lies in bed, even from a very early stage, it is characteristic of this disease that the feet are "dropped," so to speak, the power of dorsal flexion of the foot being the first to disappear. And so also with the upper extremities. The wrists are "dropped" exactly as is seen in cases of lead palsy. The flaccidity of the muscular tissue, its tendency to atrophy, and its behaviour to electric stimuli, likewise cause a strong resemblance to this well-known form of toxic paralysis—a resemblance due to the circumstance that a similar condition of the peripheral nerves may be due to the influence of lead. When the facial muscles are paralysed, the cheeks fall in bags, the food collects in them, and there is absolute want of power of expression. The soft palate, when it is involved, hangs loose, and is unable to be lifted, so that fluids regurgitate through the nostrils, and the voice has a nasal character. In very slight cases the electrical excitability of the muscles may be unchanged; and in severe examples, if the muscles about the body be severally tested, you will find a great variety in their response. In some, faradic excitability will be slightly, in others greatly, lessened. In others, again, "reaction of degeneration" will be distinctly marked. This is especially likely to be the case as regards the intrinsic muscles of the hands, and the anterior muscles of the leg below the knee. The patellar tendon reflex is almost always lost. It is usual to find the cutaneous reflexes of the sole, abdomen, and cremaster more or less weakened, or altogether absent. As a general rule, the functions of the bladder and rectum are not disordered, but in severe cases there is a loss of control over the sphincter ani, and if the patient is not quick to answer to the call of his bladder the urine runs from him. Or there may be some delay in passing urine when the desire to do so is present. On the sensory side we may expect to find pains which are often of lightning character, coming and going in sudden darts like stabs of a knife, and recalling those which are characteristic of *tabes dorsalis*. Or they may be described as "gnawing" or "burning," or "like molten



lead in the veins." They are usually more pronounced in the lower than in the upper extremities. It is very common to find that great tenderness of the muscles is complained of when these are grasped by the hand. The patient himself will sometimes describe a sensation of aching in the muscles, and very commonly, indeed, a feeling of "numbness," "deadness," or "pins and needles," which are referred especially to the hands and feet.

Remarkable differences may be found as regards the affection of various modes of sensibility of the skin. There may be, as we have seen, in the lower half of the forearm and hand, entire loss of sensibility to touch and pain, whilst heat and cold continue to be well recognised, or even exaggerated in intensity. Or we may find exquisite hyperæsthesia, so that not only is a touch unbearable, but even a current of air excites the greatest torture. In other cases there is only a "muffling" of common sensation, and in some no disorder of sensibility is to be noted. There is almost always a striking absence of tendency to bed-sores. The mental faculties may be expected to remain entirely free from disorder. It will happen, however, in those cases which are connected with alcoholism that intercurrent affections of the brain or its membranes may produce their peculiar effects. These complications are not unlikely, unless remembered and allowed for, to cause some obscurity in the diagnosis.

Many cases recover perfectly. In others, recovery is incomplete, owing to irreparable atrophy of muscular tissue having taken place. In cases marked by much atrophy there may be rigid contraction of the muscles which are antagonistic to those atrophied.

The endemic disease of Japan, called *kakhé*, is characterised, according to Scheube, by symptoms which remarkably resemble the above description.

Let us pass on now to another form of progressive multiple neuritis—that which is apt to take place in alcoholic patients. My personal observation of the disease dates from a case which I attended in 1870 in consultation. The patient was a lady who had for years been addicted to great alcoholic excesses, consuming large quantities of brandy. When called to her she was in bed suffering from considerable loss of power in the upper and lower extremities. The hands were dropped at the wrists, and she could not extend them. The feet, too, were likewise in a dropped condition, and there was no power of dorsal flexion. There was much mental disturbance, and such loss of memory that the patient could give no intelligible account of the duration of her illness. She could move her arms and raise the knees, though with difficulty. The functions of the bladder and rectum were not interfered with. Her naked feet projected from the foot of the bed-clothes, and she would not allow anything to be laid upon them, so exquisite was the tenderness of the skin. Her constant complaint was of the agonising pains in the legs, "as though the veins were filled with molten lead," and she appealed piteously to those around her for relief from this suffering. She was placed in charge of two nurses, who gave her no more than the very small amount of stimulant which was allowed, and under careful feeding and treatment her pains got rapidly less. There was much muscular atrophy of the hands and forearms and the anterior tibial muscles, with complete "reaction of degeneration." Her hands assumed the typical form of the "*main en griffe* of Duchenne." In the course of a little more than a year she had recovered so far as to be able to go about by herself, and the movements of the hands also were practically restored. The first use which she made of her liberty was to visit a succession of taverns, and inaugurate a debauch, which terminated her existence in the course of a week or two.

This case made a great impression upon me, for it was at that time a novel experience. Since then I have seen many examples of varying gravity. One very important feature of this subject is that we may see a remarkable difference of severity in these cases, so that it is difficult

at first sight to understand that they can possibly be examples of the same disorder. In this disease, as has been shown by Lancereaux and others, the spinal cord and the roots of the spinal nerves are found normal. It is in the periphery of the nerve fibres that the changes are discovered. They are cases indeed, which come into the category of multiple neuritis.

It may be useful to refer to some of the clinical features of the alcoholic form of the disease as I have observed it. In the nature of things, the patients usually exhibit more or less intellectual disturbance. The memory is especially weakened; there is a tendency to incoherent talk, and it may be found on inquiry that the patient suffers from nervous symptoms suggestive of incipient delirium tremens. I have found that pains and hyperalgesia have been, as a rule, extraordinarily pronounced. So, also, the degree of muscular atrophy seems to me to be frequently greater in this than in other forms of multiple neuritis. It is remarkable to see the extent to which in many cases the muscles of the legs and forearms are wasted. The muscular tissue seems to have almost entirely disappeared. This is especially to be seen in the extensor group, so that the feet, as the patient lies, drop helplessly forward. Pains and extreme sensitiveness to touch are, as I have said, of extremely frequent occurrence in alcoholic paralysis. It is interesting to note that when recovery takes place and a second attack occurs later on, the symptoms in this respect may vary in the same individual. A lady, given to great alcoholic excess, lost power in her legs, the feet being "dropped," and reaction to induced currents absent in the anterior tibial muscles. She complained of dull aching pains. Two years previously she had recovered from an attack of paralysis of similar kind, except that on that occasion the pains had been of an excruciating character.

The pains and inordinate sensibility of the skin may, I believe, be altogether absent in alcoholic paralysis, as happens likewise in some cases of multiple neuritis of non-alcoholic origin.

The absence of knee phenomenon is so common in these cases that we may almost confidently expect to find this symptom. It will now and then happen, however, that we may find the knee-reflex not only present but somewhat exaggerated. I do not see how to explain this as a result of neuritis, and as, I believe, it is only in alcoholic examples that the anomaly is observed, it may be due to interference with the inhibitory influence of the cortex cerebri caused by the action of alcohol.

The absence of the knee phenomenon which is so generally observed in all forms of multiple neuritis, coupled with the lightning pains so often experienced by the patient, may be strongly suggestive of *tabes dorsalis*. This resemblance is sometimes increased by the occurrence of a notable amount of ataxy. More than one case of this kind has been published as an example of *tabes* recovering under treatment.

Déjerine, in France, has drawn attention to cases in which pains, incoördination, absence of knee phenomenon, and anæsthesia have produced a striking resemblance to *tabes*, and in which after death no lesion of the cord was found, but there was degenerative change in the peripheral nerves. He has suggested for these the title of "*neuro-tabes périphérique*." This very important observation requires to be borne in mind ere we conclude of a case marked by the characteristic symptoms described that it is one of sclerosis of the posterior columns. In Déjerine's cases I cannot help thinking that alcohol was an important etiological factor.

Considering that the toxic influence of alcohol must be brought about through the medium of the circulation, it is not surprising that the upper as well as the lower extremities should be affected in cases of alcoholic paralysis. Indeed, it might be anticipated that the effects would display themselves equally upon all the voluntary muscles of the body. But this is not so. It is upon the lower extremities that the brunt of the

mischief falls. They usually suffer the most, and may possibly, perhaps, be occasionally alone affected.

In general terms, it may be said that just as in a case of lead paralysis we expect to find dropped wrists, so in a case of alcoholic paralysis we look for dropped feet. I would go further even, and say that if we meet with a case of dropped feet—a paraplegic condition affecting with marked preponderance the anterior tibial group of muscles—we should be on the alert to inquire respecting the possibility of alcohol being a cause. Let me not be misunderstood. The existence of this condition is not alone a proof of habits of excess, but it is so extremely constant in cases of alcoholic paralysis that we should be wanting in our duty if we failed to bear this in mind, and direct investigation accordingly. This is of course a delicate matter, and on more than one occasion I have observed a look of somewhat indignant surprise on the face of the medical attendant of whom the inquiry has been made. But we have no more right to omit the inquiry than we should have to avoid examining into the possibility of lead-poisoning when a case of dropped wrist comes under our observation. It is especially when we find not only the extensors of the feet but those of the hands paralysed, and also when there are some sensory disturbances as well as motor, that we shall do well to bear in mind the possibility of alcohol being at least a factor. Where careful observation shows that the lower extremities are alone involved, the upper extremities being quite normal as regards strength, sensibility, and electric reaction, it will usually, I think, be found that the influence of alcohol may be put out of the question. It is evident that there is but little likelihood of the effects of the alcohol being limited to certain extremities; but, as I have said, it is very common for the legs to show the disorder before the arms—and supposing that abstinence takes place at this point, it is perhaps conceivable that the latter might escape. This, I should think, must be extremely uncommon.

I am not able to explain the greater tendency of the lower extremities to suffer in this affection. It is an interesting circumstance that a similar proclivity for the lower extremities to be most affected (sometimes indeed exclusively so) is shown, as I have remarked, in the case of the endemic disorder, *béribéri*. But it is only in connection with alcohol and *béribéri* that this preponderance is observed. Several cases have fallen under my observation marked by characteristic symptoms of peripheral neuritis which have been entirely confined to the lower extremities, and I should much have wished, had time permitted, to bring these under your notice. In some of them I have not been able to satisfy myself as to the probable originating cause of the affection of peripheral nerves; syphilis, alcohol, lead, and diphtheria being out of the question. They have been characterised by loss of power in the anterior tibial muscles, so that one or both feet are "dropped," with cutaneous hyperæsthesia or anaesthesia, limited usually to more or less of the leg below the knee, and sometimes by œdema. Such cases constitute a peculiar form of paraplegia, which needs extended investigation.

## Clinical Lectures

ON

### HYSTERIA IN THE MALE

By Professor CHARCOT,  
Salpêtrière Hospital, Paris.

(Continued from page 525.)

GENTLEMEN,—The cases about to be submitted to your consideration present features almost identical with the preceding, and are regarded from the same standpoint, and consequently we do not require to enter upon them in very minute detail.

CASE II.—The patient G. *æt.* 32, a gilder on metal

entered the Salpêtrière in January, 1885. Nothing particular in his hereditary antecedents has been proved. His father, a violent man, died at the age of 60 of paralysis. His mother died of paralysis; she was nervous, but never had any nervous attacks.

The *personal antecedents* furnish a much more interesting study. At the age of 10 he was a somnambulist. Since his infancy he had had a dread of seclusion, and during the night he is the subject of hypnagogic hallucinations and nightmare. From an early age he has been addicted to venereal excesses; from time to time he experienced a kind of irresistible impulse towards the female sex. He was a confirmed masturbator. Notwithstanding he is intelligent; he is a good worker, and learns readily. He is a good musician, and plays the violin and accordion. He frequents the theatres; yet he is of a sombre character, and habitually desires solitude.

His trade, in which mercury is employed, has never been the cause of any mercurial poisoning. There are no signs of alcoholism nor of syphilis.

His first hysterical attack came upon him at the age of 20, and without any appreciable cause. He was riding upon the outside of an omnibus when he felt the first warnings. He had time to descend therefrom, and the attack took place in the street. After that the attacks recurred frequently. He has calculated that he has from four to five attacks per month. It would appear that at this period he passed his urine involuntarily. The convulsive crises during several years were somewhat rare, and only at long intervals, when in 1880 he became the victim of a nocturnal attack. He received a cut on the head from a knife in the right parietal region; he fell, perfectly unconscious, and was left for dead. He was taken up and carried to La Charité Hospital, where he was placed under the care of M. Gosselin, where he remained three or four days without regaining consciousness. Erysipelas developed a few days afterwards around the wound on the head, and at the period of cure an intense pain of a peculiar character originated in this region, which persists to the present time.

During a long time, in consequence of this accident, he remained in a condition of a kind of hebétude, from which he recovered but incompletely from time to time, for since this period, even during his best days, he is unable to work, or occupy himself even in reading. Hence he soon fell into misery. Besides, the attacks from which for a time he enjoyed an immunity, reappeared in greater intensity and frequency, in consequence of which, in February, 1883, he sought admission into the Hotel Dieu. Here he remained until March, 1884.

It was here that the complete left hemianæsthesia, which we find at present, was discovered. The attacks, then frequent, it appears, were considered as exempt from the comitial malady, and were during thirteen months treated with large doses of bromide of potassium without the slightest benefit.

When the patient was admitted into the Salpêtrière, in January, 1885, we found the following conditions:—The general state, so far as concerned the functions of nutrition, seemed sufficiently satisfactory. Patient eats well, and is not anæmic. On the other hand, it is not difficult to recognise a well-marked psychological depression. He is sombre, taciturn, and distrustful. He appears to avoid the attentions of, and hardly ever associates with, the other patients. He does not occupy himself during the day with any occupation, or any other form of diversion. The left hemianæsthesia recognised at the Hotel Dieu is complete and absolute in so far as concerns common sensibility. The sensorial troubles of the same side are likewise well-marked. On this side there is a notable impairment of hearing, and complete loss of the sense of smell and taste. The left eye is regularly and completely achromatopsic, as shown by M. Parinaud, and the field of vision extremely diminished for white light. Contrary to what usually obtains in such cases, the extent of the field of vision and the perception of colours are normal on the right side. There does not exist on

either side on the retinal surface any trace of a lesion. Continually the patient complains of an intense cephalalgia, constrictive and general, and occupying the occiput, the crown of the head, the forehead, and especially the temples, and more pronounced on the left than on the right side. He feels as if his head were encased in a tight and heavy helmet, which continually compresses it. This cephalalgia, as we have remarked, notably augments a little before and after the attacks. It augments especially when the patient devotes himself to the least occupation, such as reading or writing.

The attacks which we have frequently witnessed present the following characters: They are either spontaneous or provoked, and in each case they do not differ in any essential particulars. Three hysterogenetic zones have been discovered. Two of them right and left occupy the sub-mammary regions, and the third exists in the right iliac region. On this side neither pressure of the testicle nor of the cord produces any abnormal sensation. When the hysterogenetic surfaces are lightly pressed upon the patient immediately experiences all the symptoms of an epileptic aura, viz., throbbing in the temples, noises in the ears, vertigo, &c. Under the slightest provocation the attack supervenes very rapidly. Some epileptoid spasms of a short duration inaugurate the scene. They are soon followed by diverse contortions and the larger muscular movements, interrupted from time to time by the body forming part of an arc (opisthotonos). During this time the patient emits wild cries. A convulsive laugh, tears and sighs terminate the attack. On awakening G. retains no recollection of that which passed. The hysterogenetic points are, in him, only incompletely spasmofrenator; for while they are compressed during the attack they arrest it only temporarily, soon to resume its regular evolution. Provoked or spontaneous, the attacks repeat themselves a certain number of times in succession so as to constitute a series. The rectal temperature in such instances is never elevated above 37.8 deg. C.

After this abbreviated description you will observe that the case of G. resembles very much that of Rig—(1st case), from which it differs only in minor details. In both cases we have the same hysterical stigmata and the same melancholic tendencies, the same characteristic attacks, but with this sole difference in the case of G., that the aura is evolved with extreme rapidity, and that in the crisis the passionate attitudes are wanting. There are, further, the following minor differences worthy of notice in the second case.

We have said that in some of his attacks G. bites his tongue and passes his urine involuntarily. These facts have been proved by us. At times we have almost inclined to believe that in this case we have to do with a case of hystero-epilepsy with distinct crises, viz.—true epilepsy of one side, pronounced hysteria of the other, declaring themselves under separate attacks. A closer examination has dispelled this idea. All the attacks in the case of G. have the characters of pronounced hysteria, and it is during the course of these most characteristic attacks that he sometimes bites his tongue and passes his urine involuntarily. But the biting of the tongue and the involuntary emission of urine are not, for all that, unequivocal characters of the comitial disease. These occurrences may be observed in cases of hystero-epilepsy, entirely wanting in all the concomitants of the comitial affection. The fact is doubtless rare, but I have observed it, and have published several examples perfectly characteristic.

In concluding that which concerns this case, I would direct your attention to the cephalalgia from which G. permanently suffers, but which is certainly aggravated when he devotes himself to any occupation. Notwithstanding all the indications referred to above, cephalalgia of this nature does not appear to pertain to the hysterical state; it rather relates to the neurasthenic neurosis (neurasthenia of Beard), (a) of which it constitutes one

of the most predominant symptoms, and in which is equally observed the physical and mental depression so marked in our patient. I have been at pains to satisfy myself that the diverse symptoms in this case are caused in consequence of the injury to the head. But, gentlemen, the neurasthenic condition, with all its attendant phenomena as described by Beard in his remarkable monograph is one of the nervous affections which are most frequently developed as the result of *shock*, and in particular in case of railway accidents. It is to such cases that Page (b) bears witness by many reported examples. I have myself encountered two examples absolutely analogous to those reported by this author, the subject of one of which being one of our *confrères* in Paris. I have now to admit that I believe that two distinct elements co-exist in the case of our patient G. In the first place the neurasthenic condition, the immediate and direct consequence of the shock of which he had been the victim three years ago; in the second place, the hystero-epilepsy with all the concomitant symptoms which characterise it. The latter existed prior to the accident, but it has nevertheless been considerably aggravated since, as you will have observed in considering the details of the case.

(To be continued.)

## PEDICULI: THEIR TREATMENT BY PARASITICIDES; WITH OBSERVATIONS.

By W. FRAZER, F.R.C.S., M.R.I.A.,  
Examiner Royal College of Surgeons, Ireland.

WHEN reading the pages of the *Medical Press* for Nov. 11, I noticed a reply from the Editor in the columns for "Notices to Correspondents" relating to the most effective manner of dealing with pediculi. My attention was directed some time since to this point with reference to the action of different remedies and their comparative advantages. Of course to apply them with the best prospects of success it is desirable to remember the life history and stages of development these imperfect insects pass through. To the student of natural history these progressive stages are full of interest, but the safest and most certain modes of accomplishing their destruction is of far greater interest to us.

I find that during the immature stage, when a firm chitinous envelope, the nit, surrounds the embryo, this protective covering renders it almost impossible to attack them, they adhere with such tenacity to the hair in the case of *P. capitis* that all washes fail in detaching the ova, though a mixture of vinegar and proof spirit has a certain influence, but when once they escape from these capsules it becomes a matter of certainty and simplicity to deal in an effectual way with them. Of the various remedies tried by me the expressed oil of stavesacre (*oleum staphysagriæ*) proved by far the most safe and speedy remedy. This can be applied diluted with 6 to 12 parts of olive or almond oil, and the mixture, if considered desirable, may be perfumed with any of the aromatic essential oils, such as lemon, bergamot, lavender, or rose, according to the wishes of the prescriber. It is applied in the same manner as ordinary hair oil, and if liberally used a single application will kill every pediculus. The encapsulated ova which escape will become developed within a week or ten days, and an occasional application of the medicated oil at short intervals will destroy the entire race.

When delicate phthisical patients suffer from sweating, pediculi will multiply with such rapidity in the damp hair that they appear in perfect swarms, and add considerably to the unfortunate patient's distress. To such cases the oil affords certain relief. Again, in the heads of children attacked with impetigo or an eruption of

(a) G. M. Beard, "Die Nervenschwäche" (Neurasthenia), 2e Auflage. Leipzig. 1883.

(b) H. Page, "Injuries of the Spinal Cord, and Nervous Shock," &c., p. 170 and 172. London. 1885.

eczema, the serous or sero-purulent exudation which is poured out affords a pabulum in which pediculi appear to delight and multiply, and their presence aggravates the local irritation and prevents a cure, so that their destruction must be the first step towards affording relief. In such cases we may combine a proportion of stavesacre oil with any local application that appears appropriate. When children are attacked in this manner I have been in the habit of recommending that their nurses and immediate attendants should employ stavesacre hair-oil as a prophylactic. It is remarkable what excessive irritation is caused to some persons by the presence of pediculi, even where only one or two exist, whilst others seem to be unconscious of the presence of swarms.

The *P. corporis*, that appears most often on the bodies of elderly persons, and with those who are careless about the frequent changing of flannel garments worn next the skin, can be treated in the same manner with complete success. In some instances they multiply with rapidity, but I do not believe in a "morbus pediculosus." One such case shown to me was at once cured by removing an old truss which had remained undisturbed for years, and from beneath this the colonies spread.

In another case a habit of sleeping in dirty blankets kept up a constant succession of pediculi for months. This also yielded to stavesacre oil.

Again, "pruritus senilis," which is a most distressing affection, though beyond question its essential features are due to neurotic disease, is liable to have its paroxysms excited and the distress of the sufferer greatly augmented by slight causes producing itching, which, when once originated, appears to radiate to distant parts. Amongst those trivial causes of irritation pediculi are important, and for such stavesacre oil is of service. Nor can I help believing that in many instances it positively has decided power to relieve the nervous affection itself.

I should not have thought of writing about this subject except I had noticed the paragraph I have mentioned; but having obtained good results from stavesacre oil, I can recommend it. The remedy has nothing novel to claim; it is a very old application, which has fallen into comparative neglect, but deserves to be better known.

## Clinical Records.

### ST. BARTHOLOMEW'S HOSPITAL.

#### *Case of Foreign Body in Vermiform Appendix.*

Under the care of Mr. W. MORRANT BAKER.

A YOUTH, *æt.* 17, began to suffer from acute pain in the epigastrium on April 26 of the present year, and on the following day was so ill as to be obliged to take to his bed. When first seen, May 1st (8th day of illness) the pain had extended to the right iliac region, and was accompanied by frequent attacks of vomiting. The bowels were said to have been moved on the previous day (7th day of illness) by aperient medicine. On examination of the abdomen, nothing abnormal was discovered in the epigastric region; but in the right iliac region and immediate neighbourhood the abdominal muscles were found rigid; there was great tenderness on even moderate pressure, and a diffused hardness was perceptible to the touch. So far as the rigidity of the muscles and extreme tenderness permitted examination, there seemed also to be deep-seated fluctuation. Over the same region the percussion-note was less resonant than normal. There was, however, no discolouration of the skin, no oedema, and no indication as of "pointing" of an abscess. The abdominal walls did not move freely in respiration; but there were no signs of general peritonitis. The legs were drawn up, but they could be straightened by the patient without much discomfort. Urine had been passed in fair quantity. Nothing abnormal could be detected on examination *per anum*. The patient's expression was anxious and depressed. Temp. 103° F.; pulse 120; tongue thickly furred. It was said that the patient had suffered previously from a similar, but less severe, attack on more than one occasion,

at intervals of about six months, each attack lasting for three or four days. The patient was placed under the influence of chloroform; and, the sense of deep-seated fluctuation being more evident when the abdominal muscles were relaxed, an incision was made over the centre of the part affected (about midway between the umbilicus and the anterior superior spine of the ilium) and the abdominal cavity opened. On cutting through the peritoneum, several ounces of extremely fetid pus escaped; and, on introducing the finger into the abdomen through the wound, it entered a cavity, the boundaries of which were formed by coils of intestine, more or less adherent one to the other.

May 5th (9th day of illness). The patient is much relieved in every way. Much pus has escaped from the wound. Temp. last night, 100.4° F.; this morning, 99° F.

(15th day.) Since the last note much pus (less fetid now) has been discharged daily from the wound. On making pressure around the wound, there is sometimes a little bubbling of gas with the escape of pus. This morning, for the first time since the operation, the patient has been able to pass urine without the aid of a catheter.

(30th day.) The patient seems quite convalescent. There is no pain in the abdomen. The wound is healing soundly, and but little pus now escapes from it. The drainage tube, which has been gradually shortened, is dispensed with. Temp. normal; pulse 76; tongue clean; urine normal.

The patient now walks for a short time in the open air every day.

(38th day.) At this date, without obvious cause, the patient had a relapse. He suffered from pain in the abdomen and vomited frequently. Temp., 100.2° F.; pulse 90. Bowels open once yesterday.

(39th day.) The still granulating wound in the abdominal wall was re-opened this morning, and a small quantity of fetid pus escaped. The cavity was found quite small, with fairly well defined walls.

The abdomen is tense and rigid; there is tenderness to pressure on any part. The breathing is almost entirely thoracic. The patient lies on his back, with knees drawn up.

(40th day.) The symptoms remain about the same. The patient complains of constant nausea. The wound discharges, but only slightly, although there is a free opening into the cavity.

(43rd day.) The symptoms continued with gradually increasing signs of collapse during the last two days, and the patient died this morning.

The post-mortem examination disclosed general peritonitis. Projecting through the wall of the vermiform appendix was the pointed end of a pin, the other end lying within the canal of the appendix, and thickly coated with hardened fecal matter, which prevented its escape.

### A CASE OF RETARDED LABOUR.

By ALFRED WM. ROBSON, L.R.C.P.Ed.

On Oct. 2nd, about 10.30 p.m., I was sent for by a midwife to see Mrs. B., a multipara. I was informed that she had been in labour since 6 a.m., and that her pains were not sufficiently strong to expel the child. I at once made an examination, and found the labia very cedematous, with part of the vertex to be seen by slightly separating them. The patient had some years previously undergone amputation of the right thigh, and consequently her voluntary efforts of expulsion were greatly impaired. I waited about a quarter of an hour to see what course matters would take. Seeing that no progress was being made I applied the forceps, thinking that slight traction would be sufficient, but such was not the case, for although the vertex was born, each time I relieved traction the head receded. After a few minutes I felt something give way, and on passing my fingers up past the head I felt a rent in the throat, and concluded that the cervical vertebræ must have separated. My fears were verified, for in a minute or two the head became detached, which, on inspection, showed signs of decomposition. I next proceeded to turn, but soon changed my mind, choosing rather to hook my fingers through the child's axillæ, and again make traction.

After much trouble, fracturing one of the arms in the attempt, I managed to extract the child. It was of a dark liver colour, the epidermis peeling off extensively, and the

abdomen, the cause of all the delay and difficulty, was hugely distended by gases due to decomposition. The placenta was very extensively diseased, to the fatty degeneration of which the death of the foetus was no doubt owing. The placenta was retained, and had to be carefully peeled off the uterine walls. There was no post-partum hæmorrhage, and she made an uninterrupted recovery. Among my medical friends I have only heard of one such case as the above, where the head became detached owing to decomposition, the abdomen of the foetus being distended to such an extent as to interfere with its extraction. Even if the case were diagnosed early, I think podalic version would be inadmissible, because in turning so large and awkward a body rupture of the uterus might be the result.

## Transactions of Societies.

### CLINICAL SOCIETY OF LONDON.

FRIDAY, DECEMBER 11TH, 1885.

The President, THOMAS BRYANT, F.R.C.S., in the Chair.

Dr. F. de HAVILLAND HALL on a case of

ANEURISM OF THE ASCENDING TRANSVERSE PORTION OF THE ARCH OF THE AORTA, PRESSURE ON THE TRACHEA AND BRONCHI, ON THE LEFT RECURRENT AND (?) LEFT VAGUS. PARESIS OF THE CRICO-ARYTENOIDÆI POSTIORI.

The patient was a barrister, æt. 61. When seen on Oct. 5th he was found to be suffering from great dyspnoea, and there was some lividity. He had a brassy ringing cough with purulent expectoration. There were no respiratory excursions of the larynx, the breathing was equally stridulous on inspiration and expiration, voice quite clear. Examination of the chest showed rhonchi and stridulous breathing. Doubtful impairment of resonance across upper part of sternum. Heart sounds clear. Pulse in radials equal; pupils equal. Laryngoscopic examination revealed paresis of the crico-arytenoidæi postici. There was a history of shortness of breath for two or three months, much increased the last week. The patient had been previously seen by Sir Andrew Clark and Dr. Semon, and a diagnosis of pressure on the trachea with implication of both recurrents or of one vagus was arrived at independently. As regards the nature of the pressure, the absence of the usual physical signs of aneurism seemed to exclude that affection, and it was thought probable that the pressure was due to a malignant growth. The patient at first improved under the influence of iodide of potassium, but died quietly on October 8th. The post-mortem examination which was made by Dr. Hebb disclosed an aneurism on the posterior aspect of the ascending and transverse portions of the arch about the size of an orange, pressing upon the trachea, right and left bronchi, left recurrent laryngeal nerve, and possibly also the trunk of the left vagus. There was a second aneurism just above the diaphragm, fusiform in shape, and about two inches in length. The lungs were in a state of pneumonic consolidation, and there was some recent pleurisy. Inspection of the larynx showed the cords to be in the position of semi-adduction (i.e., nearer the middle line than the usual cadaveric position). The muscles appeared healthy to the naked eye, but on microscopical examination though the striation was good there was deposit of pigment beneath the sarcolemma. Dr. de Havilland Hall brought the case forward as illustrating the difficulty in diagnosing aneurisms springing from the posterior aspect of the arch of the aorta in cases in which all the physical signs of aneurism were absent. He was of opinion that in the case under consideration there were at least two factors to account for the dyspnoea, as the paresis of the abductors was insufficient to explain the great shortness of breath. Moreover, the absence of respiratory excursions of the larynx pointed to the chief impediment being below the glottis. He accepted Dr. Bristowe's theory that, in cases in which the trachea is compressed, accumulation of mucus takes place just above the constriction in consequence of the mechanical impediment existing to the performance of an effective cough. As regards the question of treatment in these cases of mixed obstruction to the respiration the justifiability of tracheotomy at once arises. Dr. Hall quoted Dr. Begbie as being in favour of the operation, and gave in his adhesion to this view. He pointed out the

great advantage of large doses of iodide of potassium in cases of aneurism.

Dr. FELIX SEMON fully confirmed the accuracy of Dr. Hall's description of the position assumed by the vocal cords in his patient; and he entered at considerable length on a defence of the reasons adduced by him some years ago to explain why this particular condition is assumed in such cases, and illustrated his statements by references to several other cases. Recent observations had been effectual in overthrowing the view, entertained from the time when Gerhardt enunciated it till lately, and which explained the disabement of the posterior crico-arytenoid muscles on grounds exactly opposite to the real ones for acceptance; and he felt that his own theory was now fully substantiated by a study of the observations made by other investigators. He doubted whether Dr. Hall's case could be truthfully characterised as one of paralysis of the vocal cords, because of the period during which the cause had been at work to produce the result. It was, however, clear that the pneumogastric nerve was involved. Unilateral pressure could not produce bilateral paralysis. On the question of tracheotomy he was able to speak with an amount of authority derived from an unfortunately large experience of its necessity in paralysis of the abductor muscles; and he advanced three points for consideration in this connection. viz.—(1) the progress of the case might be arrested at a certain point at which the operation would not be needed; (2) the abductors might be affected subsequently to the abductors, and thus free breathing be once more established; and (3) there might be a second stenosis low down, rendering the operation futile. He thought operative interference would be justified in cases where increasing stenosis rendered breathing increasingly difficult and painful; and above all, it should be resorted to sufficiently early to be of service.

Dr. OGLE remarked that Dr. Hall had not referred to the condition of the pupils as an aid to diagnosis in his case. Dr. C. J. B. Williams laid stress on this sign. He himself had under his care last year a military man suffering from thoracic tumour, who found much relief from iodide of potassium, which was prescribed through several months.

Dr. LONGHIRST also alluded to the diagnostic value of sympathetic affection of the pupils. He had seen many cases of aneurism, but never one demanding the operation of tracheotomy, the use of which in influencing the results of nerve irritation he failed to comprehend.

The PRESIDENT insisted on the necessity of operation in acute cases, as a means of averting death; although in chronic cases it might not be urgently called for. He narrated two cases in his own practice in which the adoption of this measure prolonged life, in one for thirty hours, in the other over several months.

Dr. HALL said the pupils were equal in his case, which was a remarkably acute one, and was left without treatment for some days. Such examples of acute obstruction due to spasm were, he considered, appropriate for tracheotomy; but he was unable to persuade his patient's friends to accept it.

Dr. THOMAS BARLOW and Mr. RICKMAN J. GODLEE on a case of

SUPPURATION AROUND THE VERMIFORM APPENDIX, TREATED BY ABDOMINAL INCISION.

The subject of this paper was a man, æt. 20, whose previous history was unimportant, except that for the last two years he had been subject to attacks of diarrhoea and vomiting. His illness began rather acutely on Sept. 12, 1885, with loss of appetite, severe abdominal pain, and later, vomiting and absolute constipation. He was admitted into University College Hospital on the 15th, with a temperature of 102.4 deg., intense abdominal pain and tenderness, intermittent bilious (not stercoraceous) vomiting, and tight distension of the abdomen. There was a small patch of slight redness in the right iliac fossa. The diagnosis appeared to be between mischief about the appendix and constriction of the intestine by a band high up. He was given opium and ice tea, and ice was applied to the abdomen. The temperature fell to normal, and the pulse was about 90 deg., full and soft, the tongue dry and the colour good; but as the symptoms were unrelieved, an exploratory incision was made in the middle line on the night of the 16th. General early peritonitis was found, but lymph only in the neighbourhood of the cæcum surrounding a collection of foetid pus. The vermiform appendix was much thickened. A second incision was made on the right iliac fossa, and a large drain-



age tube was inserted through it reaching down to the appendix, a smaller one being placed in the median incision which was closed with sutures. The peritoneum was first washed out with a solution of corrosive sublimate (1 to 500). The patient made an excellent recovery, the temperature remaining normal and the pulse about 90. He was fed principally by the bowel for some time; beef tea and arrow root were allowed on the 20th day, and minced meat a fortnight later. No drugs were given except morphia for the first two days. Thirst was allayed by means of warm water enemata. He had slight albuminuria a day or two after the operation, and a little later a parotid bubo occurred which did not suppurate. It was claimed that the uncertainty of the diagnosis justified the exploration; and that the early evacuation of the putrid pus rescued the patient from a condition of very great danger and prevented the matting together of the intestines which would otherwise have occurred. The freedom with which the peritoneum may be treated was pointed out, and the advisability of withholding food from the stomach for a prolonged period in such cases was insisted upon. Remarks were also made upon the absence of peritonitis, and the presence of albuminuria as points in the diagnosis, and upon the relation between inflammation of the parotid and diseased states of the peritoneum.

Mr. MORRANT BAKER related the case of a man about 29 years old, under his own care some months ago, in whom the symptoms were pain in the epigastrium and indistinct fulness in the right iliac fossa. A quantity of stinking pus escaped from an exploratory incision, and much relief was experienced after it. The abscess walls were formed of coils of intestine. The wound healed, and the patient went out in three or four weeks, but, as symptoms soon returned, the wound was reopened; a little pus escaped, and death occurred. *Post mortem* a needle was found sticking in the vermiform appendix, one end being coated with adherent faeces. Had free exploration been resorted to, this foreign body would have been detected and removed, and recovery probably ensued. But Mr. Baker was deterred from such measure by the fear of disturbing adhesions. In any similar case, however, he would not be discouraged from such course. (A fuller report of this case will be found on p. 551.)

The PRESIDENT related the case of a girl, *æt.* 10, the subject of an abdominal attack of pain in the region of the cæcum, who recovered, but was subsequently again troubled with a return of the same symptoms; constipation persisted for six days with pain and distension, and evident onset of peritonitis. Deep pressure gave a sense of fluctuation about the centre of the right iliac crest, and an incision in this neighbourhood, one inch from the crest was made, when a quantity of foetid pus was reached, flatus escaping with it, and thus indicating some communication with the intestine. The incision was then extended forward sufficiently to permit exploration by the finger, and free washing of the cavity with iodine water; a drainage tube was inserted, and the part dressed with iodoform gauze and terebene oil. The child was convalescent in ten days, and has been well ever since. He would suggest that acute peritonitis was a rare affection in the absence of a local cause, and that it would be a wise precaution for the surgeon in such cases always to explore the region of the cæcum, a practice he regularly adopted himself. He remembered to have heard Sir William Jenner declare, from the presidential chair of the Clinical Society, that he did not believe the vermiform appendix ever became the seat of a foreign body; but Mr. Baker's case proved the contrary.

Mr. SYMONDS was of opinion that Mr. Baker's case would influence surgeons to make careful explorations much more frequently than had been their custom, when called on to deal with abdominal mischief. Diagnosis in these circumstances was always a difficulty, and but little aided by symptoms, and he urged that abdominal exploration should be much more freely performed. Out of twenty-three fatal cases he had collected no foreign body was found in any.

Mr. A. BARKER raised the question of the propriety of operation during the existence of acute peritonitis. He had opened the abdomen under such circumstances, in a case of obstruction; the intestines were inflamed and covered with a layer of lymph, and a volvulus of the jejunum was unrolled, the cæcum examined and found to be healthy, and the intestines returned, a great extent of the gut having been drawn out during the manipulations. The cavity was washed out, and all went well at first, a knuckle of intestine,

however, protruded from the wound and complicated matters, but subsequently the case did very well. He thought that peritonitis itself ought to be taken as a reason for an exploratory operation.

Dr. BARLOW was glad that no one had offered adverse criticism on the decision to submit this case to a surgical operation, for Sir Andrew Clark had strongly deprecated the proceeding. It was done at an early period, and recovery had ensued without any thickening of tissues about the right iliac fossa. The after treatment had been directed to keeping the abdomen absolutely at rest, and a feature of the system adopted was the introduction of nutrient suppositories, whereby the irritation of the rectum and intolerance set up by frequent enemata were avoided. These suppositories consisted of peptonised meat extract, and peptonised milk, with a basis of cacao butter. Thirst was very effectually overcome by enemata of warm water, about three-quarters of a pint each. The dry and brown tongue was relieved by mastication of half-cooked meat, the juice alone being swallowed.

Mr. GODLEE said his own personal experience enabled him to say that the pain of typhlitis commenced in the right side, and passed over to the left, where, also, it was most acutely felt. Referring to the case under discussion, he admitted it would have been better had the incision been made over the red spot, which attracted altogether too little attention. The history of sudden onset in many of these cases was fallacious, and ought not to be trusted without close inquiry into all the antecedent circumstances.

Mr. HUTCHINSON said he had never himself opened the peritoneum when evacuating foetid abdominal abscesses, and did not gather that Mr. Bryant had done so.

In reply to a question to this effect, however, the President said that he very much feared he had done so, and, indeed, felt quite certain of the fact.

#### ACADEMY OF MEDICINE OF IRELAND.

##### MEDICAL SECTION.

Opening Meeting—FRIDAY, NOVEMBER 20.

The President, Dr. CRUISE, in the chair

##### THE PRESIDENT'S INAUGURAL REMARKS.

THE PRESIDENT referred to the excellent and comprehensive work of last session, and hoped that of the coming session might equal, if not surpass it. The subject of cholera was of burning interest, and had been treated of last session in a paper of great ability. Although so fortunate as to escape a visitation of cholera this year, they knew not when it might arrive from the portions of Europe where it still lingered; and those who remembered the visitation of cholera in the autumn of 1866 would welcome any suggestions to combat so formidable an enemy.

Specimens were then exhibited by Mr. ARTHUR BENSON and Dr. DUFFEY.

Deputy Surgeon-General JOHN R. BURKE then read some suggestions on the

##### TREATMENT OF CHOLERA.

After preliminary observations, the subject was divided into two parts—A. Prophylaxis; and B. Treatment. A. *Prophylaxis*.—All sensible precautions of quarantine to be observed: hospital ships where strong current to sea, or hospitals on healthy situations on shore, with observation stations for those unaffected. Cargo of suspected ships disinfected or destroyed. Passengers' addresses registered. Special sanitary inspectors, with small districts and magisterial powers; one member of each large institution look after health of others; diarrhoea and malaise to be at once checked; frequent house-to-house visitation, at by no means regular intervals. Water sources jealously watched, and stopped if necessary, and condensers used for distilling; all water for drinking filtered through animal charcoal, boiled some time, refiltered and slightly acidulated, or some Condry's fluid added; where water dangerous condensers easily fitted. Street channels, sewers, markets, &c., flushed and disinfected. Rigorous food supervision. Purgatives or laxatives strictly forbidden. Thorough ventilation of houses. Disinfecting pits, chambers, or boilers, with pressure of 20 lbs., for every village (rough apparatus described). Complete cleanliness to be observed, and anything soiled by discharges immediately disinfected or destroyed. Cheap bath-houses. Easy



running ambulances, or covered spring carts, with slung cots or stretchers. Dispensaries for diarrhoea and issuing disinfectants gratis. Houses of refuge for inhabitants of stricken dwellings. Flannel belts to be worn always. Anything lowering health or strength to be avoided. Temperance and moderation in all things. Dead bodies at once placed in shells with absorbent substances containing dry disinfectants—sand, sawdust, cotton waste, &c., would do.

**B. Treatment, divided in four parts.**—1. Malaise, most important to watch for and treat; rest mind and body; light liquid food; stimulants, chiefly aromatic; spirit of ammonia or carbonate of ammonia, tea, or small quantity of punch, not repeated; spirits very injurious. To these red pepper, tinct. capsic., or pepsine may be added to help to digest the poison, which healthy stomachs often do. Afterwards, small doses of quinine, calomel, opiates, and James's powder, hot bath, or nitro-muriatic foot-bath, to act on skin and liver, sinapisms to epigastrium, sweetened acid drinks of sulphuric acid (dilute), and pepsine—(Baillie) ox gall 30 grs., pepsine 15 grs., every half hour (Corrigan's shot) 20 mins. aromat. spirit of ammonia and 10 mins. tinct. opii. Licked up from hand, often prevents. 2. *Diarrhoea*.—Liquor morphia, chlorodyne or tinct. opii. in combination with astringents and anomalies, at frequent intervals; suspend opium directly collapse threatens; solid opium never to be given except in first stage; hot water vessels; hot salt bags; cupping wet or dry, and poulticing to loins, if kidneys threatened; head and shoulders somewhat elevated, although discomfort produced; patient to lie on right side on bed to be tilted to that side by blocks under legs, to relieve internal organs, promote circulation in liver, and help, by gravitation, to stop discharges, as also to let them drain away into disinfecting vessels, patient being laid on water bed, or waterproof sheet, with edges turned up. The following prescription to be used—R. Pepsinæ, gr. xxxvj.; acid nitric, dilut., fl. dm., j.; acid sulphuric diluti fl. dm. ij.; acid hydrochlor., dilut., fl. dm., iij.; spirit chloroformi., fl. dm., iij.; aquæ distillat., ad fl. ℥ xij. M.—Shake well. Half a wine glassful at once in an equal quantity of water. Toast water or cold beef-tea, if much debility. And half above quantity every quarter or half hour afterwards, according to urgency of symptoms. To first dose 20 mins. of liq. morph. tinct. opii. or chlorodyne, and five mins. every alternate dose after, unless collapse threatens. 3. *Rice Water Stage and Collapse*.—Condition closely allied to tetanus, through contraction of muscles irritating terminal nerve fibres. Patient's head to be somewhat elevated by disinfecting pillows; hot saline injections into rectum. (Strahan—Minute doses of creosote acid, tinct. iodi., for cholera infant., *why not useful here?*) (M'Farlane—1 gr. potas. permang., freely dissolved in ℥iv. distilled water; a teaspoonful every ten minutes—hot oatmeal and water for drink.) (Harkin—Blister over cervical portion of pneumogastric, right side alone often answers.) Have plenty of boiling water ready, and use it and the solution to be described as follows:—R. Sod. chlorid., part xij.; potas. chloral, part vj.; sodæ phosphat., part ij.; misce bene. Two and a half ounces by weight, or, roughly, two and a half small tablespoonfuls, to be dissolved in 24 ounces of hot water, to which a little *alkali*, albumen of egg, or Liebig's meat extract, should be added. Blankets doubled and wrung out of boiling water are to be sprinkled with the solution, and wrapped around patient above and below, leaving space at head, the whole to be covered by more blankets or waterproof sheets, and renewed as required, drawn under patient, who should not be allowed to move or sit up. Object of above to restore fluids, salts, sustenance, and warmth to system. Example of patient with dropsy contracting cholera. One disease cured the other:—Acid pepsin mixture to be continued in small doses of carbolic acid. For thirst, give acid drink, cold water, or ice, if warm drinks not tolerated; carbonic acid draughts in small quantities, with mucilage and syrup (Loundes gave with success liquid extract of raw meat at frequent intervals); *small* intravenous injections, often repeated; skim milk previously boiled and diluted with alkalis water, warm: a blood serum of animals deprived of gases and corpuscles in *vacuo* if human blood not obtainable (extempore apparatus described), allowed to gravitate into veins, or hypodermic injections of same in water well distributed under skin by massage. Drachm of ether in beef-tea injected into rectum to meet collapse. For cramps, *kneading* with oil or forcible flexion, or hypodermic injections of chloral hydrate, morphia, or water. Peritonitis not now so much dreaded as

formerly, therefore it is suggested that non-irritating, aseptic fluids should be allowed to gravitate gradually as absorbed into abdominal cavity through needle, or canula, strapped outside transversely to abdominal walls to prevent injury by spasm of rectum. This would allow fluids to pass dried to intestines, spare drain on blood vessels and tissues "imitating" dropsy in case referred to. Object of all the foregoing suggestions to enable patient to gain time and, by absorption, replace loss, and prevent disastrous effects through sudden abstraction of fluid. 4. *Reaction*.—Moderate this as much as possible. Absolute rest and strict attention to diet necessary to prevent irritation, inflammation, and repose. State of each individual the only guide for administration of medicine; but, as a general rule, mild diuretics and diaphoretics might be indicated by condition of viscera and blood.

Dr. HENRY KENNEDY called attention to the use of saline injections into the veins, as adopted during the last epidemic in London. Experiments had been performed in presence of a number of students, and in some cases, after 80 ounces had been injected, the patient recovered. Having himself treated cholera during the epidemic of 1866, he discovered that when the patient fell into second collapse, the second sound of the heart entirely disappeared.

Dr. H. C. TWEEDY said a French surgeon—M. Roullière—had recently published experiments on 55 cases of cholera in a very advanced stage of collapse, treated in the military hospital at Toulon. He had injected from 1½ to 2 grammes of serum in each case, and he spoke very unfavourably of the results, which Dr. Tweedy believed might have been due to the small quantity injected.

Deputy Surgeon-General BURKE then replied.

#### A CASE OF TRUE RELAPSE IN ENTERIC FEVER,

Dr. J. W. MOORE reported the case of Mrs. Mary B., set. 20, a domestic servant, who was admitted to Cork Street Fever Hospital, under his care, on Saturday, January 24th, 1885, on the ninth day of enteric fever. The area of splenic dulness was enlarged. There were several typical rose-spots on the trunk, and also some taches bleuâtres, and there could be no doubt as to the diagnosis. The bowels were for some days free, but towards convalescence obstinate constipation was a prominent symptom. The pyrexia lasted for 27 days, then subsided by lysis. The patient in due time went to a convalescent home in the suburbs, where, after an apyrexial period lasting twenty-four days, febrile symptoms again set in. These ushered in another attack of true enteric fever, which ran its course in twenty-four days, and terminated favourably. There were rose-spots in this second fever, and moderate diarrhoea existed for four days. Towards the close constipation returned. Mrs. B. left hospital finally on April 15, nearly three months after her first admission, and has since enjoyed good health. Dr. Moore alluded to two theories as to the ætiology of relapse—(1) the re-contamination of the blood with the virus of the disease as a result of non-elimination, owing to constipation, and (2) a similar re-contamination of the blood in consequence of the commingling in the general current of the circulation after crisis of non-depurated blood, which had lain by in the enlarged and congested spleen, and so had escaped the purification of crisis.

Dr. M'SWINEY said the case afforded a lesson to young practitioners, as it presented some obstacles to diagnosis.

Dr. WILLIAM MOORE was under the impression that cases of relapse were more frequent than ten per cent. In his own practice he recollected some remarkable cases.

Dr. GORDON had no doubt in his own mind that the relapses and the second fever arose from the contamination of another set of glands, which probably had not been implicated at first. But the important and truly practical point in this case was this, that there was no complication which they ought to dread so much in typhoid fever as constipation, whether in the commencement or in the course of the disease.

Dr. HENRY KENNEDY said that relapses in typhoid were more prevalent at some seasons than at others. He believed that very slight hæmorrhage indeed sufficed to modify very materially the fever.

Dr. FINNY referred to the fact that at the present day constipation was the rule rather than the exception. The danger of constipation might be averted where the bowels could be moved by enemata. He laid great importance on the size of the spleen, and he did not consider a patient well

until he saw the spleen reduced to its normal size. In reference to the secondary fever, Murchison, among other writers, suggested that rash was rare in relapse, and of a darker colour.

The REGISTRAR-GENERAL (Dr. GRIMSHAW) said Murchison did not consider there was *bonâ fide* relapse unless there were spots. Secondary fever could not be considered to be relapse of the original disease, and was extremely rare. He had not himself seen more than a dozen *bonâ fide* cases of relapse altogether.

Dr. JOHN WM. MOORE replied. True relapse was not so frequently met with as Dr. Kennedy seemed to think. The fevers that came on in convalescence they were familiar with, but a true typhoid fever was very rare. Murchison's experience was 3 per cent. With regard to the duration of the enlargement of the spleen, he observed that the spleen subsided very considerably after the period of the first attack. He thought Dr. Grimshaw was going too far when he considered the reappearance of rose-spots necessary. They knew that typhoid fever presented itself without a single rose-spot, and it is more philosophic and in the spirit of Stokes to consider that no one symptom was pathognomonic. In the first attack he suggested that the greatest mischief was low down in the ilium, and when relapse occurred they might infer that it was other glands high up in the ilium that were involved.

The section then adjourned.

#### LIVERPOOL MEDICAL INSTITUTION. MICROSCOPICAL SECTION.

The Second Meeting of the Session was held on Friday, December 11th,

The President, Dr. GEE, in the chair.

The meeting was a most successful and brilliant affair.

Professor HAMILTON, of Aberdeen, was present, in response to an invitation, and read a paper entitled  
IS THE COMMISSURAL THEORY OF THE CORPUS CALLOSUM CORRECT?

It embodied many years' original research on this part of the brain, and was illustrated by an immense series of sections of the entire brain mounted on glass, or in process of mounting in the stage of preservation between plates of gelatine. The paper was received with much applause.

The members of the Manchester Pathological Society were also invited, and to the number of seven or eight responded. Amongst those who accepted the invitation were Dr. James Ross, who showed sections of spinal cord from a case of primary sclerosis of column of Goll, and from a case of muscular atrophy; Dr. Ashby, and Dr. T. Harris, who showed specimens from a case of cavernous angioma of liver, with angio-sarcoma in the brain and kidneys.

The programme was so full that the remainder of the matter had to stand over for the next meeting.

### Special Articles on Drugs.

#### III.—IODOL.

By GEORGE M. FOY, F.R.C.S.,

Surgeon to the Whitworth Hospital; formerly Lecturer on Anatomy and Forensic Medicine at the Carmichael Medical College.

Few practitioners now remember the name "Dippel," and yet Johann Conrad Dippel's name was once very familiar to pharmacians, and may soon be so again. Our "Elixir of Vitriol" owes its origin to "Dippel's Acid Elixir," of which it is a slight modification, and he discovered Prussian blue and "animal oil," all of which he described in his "Fatum Fatuum" in 1710. "Dippel's Animal Oil" was once a favourite antispasmodic, and was employed in epilepsy by Boerhaave, Juncker, and Hoffman. Alibert, after experimenting with it in the Hospital of St. Louis, declared it prolonged the interval between the fits, but did not lessen their violence. Finally this oil, obtained in the processes

of manufacturing ammoniacal processes from bones, horns, &c., became a waste product, and with a full knowledge of the wonderful change modern chemistry is capable of producing in by-products few persons would think it at all probable that this dark, greasy, foul-smelling fluid would be made to yield an odourless and valuable antiseptic, possessing the good properties of iodoform without its very unpleasant smell.

Iodol, like iodoform, is an iodine substitution product, and is thus described by Dr. Vulpius (*Chem. Zeit.*, 9, 1446). Iodol has no unpleasant smell, and does not produce the same symptoms of intoxication as iodoform when wounds are dressed with it. It is a micro-crystalline brownish powder, which can be heated to 100 deg. without decomposition; at higher temperatures it gives off iodine vapours, and finally yields a voluminous carbonaceous mass. Iodol is readily soluble in ether, chloroform, and alcohol, but the addition of water to its alcoholic solution produces a copious precipitate. It can, however, be diluted with glycerine. Iodol can be recognised by the green colour of its solution in sulphuric acid, and by the bright red colour produced when its alcoholic solution is warmed with nitric acid. For chancres the direct application of the powdered iodol has been found most useful. It has been extensively used in the Royal Surgical Institute, Rome, in the treatment of open buboes and indolent ulcers, and has been found very valuable. As yet specimens of the drug are scarce, but I hope to soon be able to secure a sample and test its efficacy and to place before the readers of the *Medical Press* the results.

#### IV.—IODOFORM COLLODION.

ANY remedy that is safe to leave with the patient for self-application, and at the same time offers a fair prospect of efficacy in neuralgias will be warmly welcomed by the profession. Dr. Wm. Browning (*American Journal*, Oct., 1885) after an experience of 3—4 years of iodoform collodion recommends it strongly as a valuable remedy for external use in neuralgias, sciatica, lumbago, and spinal irritation. He gives a short history of 29 cases, of which 5 were cases of supra-orbital neuralgia, 3 of spinal irritation, 5 of lumbago, and the remainder of pains, principally muscular, and of which the cause was obscure. He recommends care to be exercised in its use on tender or thin skins, as it sometimes acts slightly as a rubefacient. Obviously the remedy is less suited for females than for males. It would be worth trying iodol in these cases; being odourless, it would be more suitable for application to females.

### Department of Lunacy.

#### REPORTS OF ENGLISH ASYLUMS.

*Moulford Asylum.*—Dr. Gilland's report is replete with facts and figures. The year 1884 has been eventful in several ways, septic diseases having been rather prevalent, and the necessity being recognised of reconstructing and improving the sanitary arrangements. A decrease of 50 in the number resident resulted from removals to Brookwood, &c., and an unusually large proportion of recoveries is registered. Thirty-seven patients were artificially fed—in all 398 times—during the year. A large number of pneumonias appear in the table of deaths, but their character and causation are not referred to. As 3 of the 8 occurred in aged persons, we presume they were hypostatic pneumonias; but considering that pneumonia in its causation has so long been identified with the use of airing courts and exposure to cold, it is well to be explicit in accounting for it. We should be glad to know Dr. Gilland's views regarding the germ theory of the disease, all the more interesting to him in view of the unsanitary state of the Asylum during a part of the year. The

Commissioners' Reports are not published. The average weekly charge for paupers is 8s. 7½d.

*Glamorgan.*—Dr. Pringle's report is succinct and practical. He pleads for more land, and with good reason (the proportion is 1 acre to 9 patients). One case of typhoid is recorded from drinking sewage water when working in the garden. A warm sympathy is manifested towards attendants: their hours of duty have been shortened, and reading rooms, &c., have been provided for them. The reports of the Committee and Commissioners are creditable to the management. The average weekly cost was 8s. 11½d.

*Devon.*—Additional accommodation is required, and is being granted by instalments. This hand-to-mouth policy is fatal to good and successful management, and handicaps the energies of the superintendent. Dr. Saunders' report is brief, but embodying a series of statistical charts, its interest is materially increased. These detail respectively (1) the increase year by year of the asylum population since 1847; (2) the percentage of deaths; and (3) the percentage of recoveries over the same period recorded in annual columns; and (4) the weekly cost of maintenance from the opening of the Asylum till the present time. The weekly charge is 8s. 6d. There is no appearance of a Commissioner's report.

*City of London.*—The recovery rate is high, and the death rate low. A female patient was admitted with a bent hairpin impacted in the throat. It was removed with difficulty, and after a lapse of time the patient was discharged recovered. The scale of wages for attendants has been raised. We agree with Dr. Jepson that "the choice of and maintenance of a staff of reliable subordinate officials is a source of never-ending anxiety and worry," but these can be lessened by considering something more than the magnetism of hard cash. Why do hospitals get the cream and asylums the refuse? Because money cannot give a *status*; other considerations of comfort, relaxation, shorter hours on duty, and special training are wanting.

*Newcastle-upon-Tyne.*—This asylum is suffering from overcrowding, which is being coped with in the meantime as judiciously as possible. Many superintendents will re-echo the following experience of Mr. Wickham: "Strangers visiting the wards frequently say that they do not see why a number of the patients should be here at all, but such a remark is rather a compliment to the management in making them appear so sane, than a reason for discharging them. Removed from the regular hours, light labours, and freedom from care and anxiety, which go to make up the sum of their existence here, they break down and speedily show themselves unfit for competing with the more healthy in the struggle for a livelihood. One has to keep this in mind in considering the propriety of recommending them for discharge, serious as may be the difficulties and responsibilities of superintending an asylum as overcrowded as this is now." Under headings of expenditure we find provisions remarkably low, and salaries unusually high. Only with exceptionally advantageous markets can 3s. 9d. a week usually suffice for provisions, except in an asylum for chronic patients. Even with this low charge for provisions the average weekly cost is 9s. 9½d.

*Bethlehem Hospital.*—The Commissioners report: "This Royal Hospital is still foremost in charitable relief of the insane." Dr. Savage believes in change from one asylum to another for cases which lag by the way. Especially does he believe change to be of service in young and middle-aged cases after a year or less of treatment. With regard to the recoveries from puerperal insanity, Dr. Savage states that about 20 per cent. recover. This is extremely low, and is surely an assertion from inadvertence.

*Dorset.*—The Medical Superintendent's report is brief, and is occupied chiefly with details of no far-reaching interest. Mr. Symes has now completed 30 years' service. The average weekly cost is 8s. 0½d. The charge for clothing is about 13s. 6d. per patient per annum.

*West Riding.*—Mr. Bevan Lewis presents a thoughtful and elaborate report. It deals with the questions of (1) alcoholism as a cause of female insanity; (2) an outbreak of typhoid, and its cause; (3) the essential ingredients of a new drainage system; and (4) the necessity of a more stable and better trained staff. Provisions cost 4s. 7½d. per week, and clothing and bedding 1s. 0½d. Total cost of maintenance, 8s. 8½d.

*Wilts County.*—The Medical Superintendent enters fully into the history of the year. The accommodation is occupied to its limits. It is concluded, but this is now an old story,

that the Government grant has given rise to a concentration of lunatics in asylums. Hereditary taint and intermarriage are said to be strong features of Wiltshire social history. An interesting case is recorded, that of a male patient who sustained fracture of left parietal bone, was seized with convulsions, was trephined, recovered, but ultimately died of acute phthisis. We hope this case will be placed on record in a medical journal. It bears on the problem of localisation, and ought to have furnished facts of the most accurate and indisputable kind. The cost per week is low—7s. 7½d. Provisions cost 3s. 4½d., and clothing 4½d. per week.

*East Riding Asylum, Beverley.*—The Commissioners are very flattering—unusually so. We congratulate Dr. M'Leod on the excellent report which he has received. Typhoid fever has been the bugbear at Beverley for some time, and Dr. Page and Dr. M'Leod have been at issue as to the cause. The former believes it to be due to contamination of the water supply by sewage, the latter to defective soil-pipes and sanitary fittings. Probably both are right. The important point is that prompt measures have been taken to shut off all known sources of infection. The cost per week is 9s. 6-7d. Provisions 4s. 7-7½d. Clothing 7-7d.

*Derby.*—Dr. Lindsay contributes a lengthy report, comprising a multitude of paragraphs, many of them statistical expositions or local references. The subject of beer as an article of diet again comes to the front, and Dr. Lindsay continues to find its discontinuance attended with satisfactory results. He quotes largely from Dr. Hack Tuke on the subject, and has a brush by the way with the advocates of the opposite system. The subject of fire prevention has in this as well as other asylums been an all-engrossing topic, and the safety of the institution has been placed on a sounder footing than formerly. Dr. Lindsay is rich in donations, from which he proposes to purchase an organ and band instruments, and has already obtained a piano. The cost per week is 10s. 5½d., 4s. for provisions, and 10d. per week for clothing.

REGISTERED FOR TRANSMISSION ABROAD.

## The Medical Press and Circular

Is published every Wednesday morning Price 5d. Post free 5½d.

POST FREE TO ANNUAL SUBSCRIBERS . . . £1 2 0

" IF PAID IN ADVANCE . . . 1 1 0

Post-office Orders and Cheques to be drawn in favour of—

A. A. TINDALL, 20 King William Street, Strand, London, W. C.

A. H. JACOB, 3 Molesworth Street, Dublin.

Agents for Scotland:—

MACLACHLAN & STEWART, South Bridge, Edinburgh.

A & W. STENHOUSE, Hillhead, Glasgow.

Sole Agent for the Continent:—

JOHN F. JONES, 31 Bis, Rue du Faubourg Montmartre, Paris.

ADVERTISEMENT SCALE—Whole Page, £5 0s. 0d. Half Page

£2 10s. 0d.; Quarter Page, £1 15s. 0d.; One-eighth Page, 12s. 6d.

Small Announcements of Practices, Assistances, Vacancies, Books, &c. of Seven lines or under, 4s. per insertion; 6d. per line beyond.

Considerable reductions are made from the foregoing Scale when orders are given for a series of insertions. Letters in this department should be addressed to the Publishers.

SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIÈRE, Rue Hauteville, Paris—post free in advance, £1 3s. 6d. per annum.

SUBSCRIPTIONS FOR RUSSIA are received by Messrs. RAJCHMAN and FRENDELE, 18 Senatoren Street, Warsaw—post free, £1 5s. 0d. per annum.

SUBSCRIPTIONS FOR THE UNITED STATES are received in New York by Messrs. WILLIAMS & ROGERS; Philadelphia, by Dr. BRINTON: post free in advance, 5½ dollars (£1 3s. 6d.) per annum or direct from the Offices in this country for the same amount, if remitted by International Post-Office Order.

## The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 16, 1885.

MR. JOHN WOOD ON ANTISEPTICS.  
THE Bradshaw Lecture at the Royal College of Sur-

geons of England, delivered on the 8th inst., by Mr. John Wood, F.R.S., is probably the most practical of any that have yet been given in connection with this foundation; and there can be no question that it will be found eminently serviceable by many of the younger generation of surgeons; while not a few of an older school may con its teachings with advantage, and adopt its precepts to the benefit of their patients. Mr. Wood's advice, and above all, his experience of the principles he has so clearly expounded, could not have been enlisted in behalf of a more useful purpose than that of affording instruction respecting the nature, and use, and *modus operandi* of antiseptic agents, and the very clear exposition to which his audience was treated, will do much to remove confusion and to simplify procedure. He very wisely insisted on the importance of affording due recognition to, and of promoting the activity of, the natural powers of recovery, which were summed up by Cullen under the title of *vis medicatrix natura*; and it is well that we should be reminded in such a way that antiseptics are, after all is said, but adjuvants, and not in any effectual sense curatives. The fact, too, that an influence of the first order is exercised over morbid processes by pure air and pure water, which are thus antiseptics of the most potent character, was strikingly illustrated by a personal experience of the lecturer, who related how, while holiday making in the Cumberland Lake district, he was suddenly called upon to treat a tourist who had fallen a distance of one hundred feet over a precipice. In his descent he had struck upon some rough rocks, by which his head and face were terribly lacerated and bruised, these parts presenting a spectacle which was, Mr. Wood declared, worse than anything he had ever witnessed. In the emergency the distinguished King's College professor's sole resources were pure water from an adjacent mountain stream, some shreds of linen rag, an ordinary sewing needle, and some silk thread. With these appliances, however, the wounded parts were cleansed, the crushed nasal bones replaced, and the lacerated tissues closely sutured; and the subsequent progress of the case was towards uninterrupted recovery, union by the first intention taking place without the formation of one drop of pus, or any other disturbing complication. Such a result could only be looked for in an atmosphere so free from morbid elements as the pure mountain air by which the patient was surrounded; and the case affords a striking instance of the powerful effect such air exercises to prevent putrefactive processes.

In a brief but succinct and satisfactory review, Mr. Wood proceeded to consider the long array of substances which have from time to time been pressed into the service of the surgeon as antiseptic materials; and the reasons for the gradual abandonment of carbolic acid were clearly sketched. The great superiority of perchloride of mercury as a germicide was naturally alluded to, and not a little emphasis was lent to the advocacy of this substance by the fact, incidentally alluded to, that Sir Joseph Lister has of late inclined strongly to it as an antiseptic agent. The uniform success experienced by Mr. Bryant in the employment of iodine water, and the sanction given to it by Mr. Savory's approval, were referred to, and the use of iodoform as a dressing, possessing

sedative as well as antiseptic properties, received the lecturer's commendatory notice.

The full importance of cleanliness and scrupulous attention to details in this association were dwelt upon by Mr. Wood with all the emphasis desirable, but while, admitting the extent to which these measures are able to influence successful healing, he is evidently not disposed to place the overweening confidence in such resources that leads a certain school of surgery to neglect the aid of specific agents of disinfection, and in speaking of the spray, too, he is evidently averse to its being generally discarded in circumstances which demand the utilisation of some method of atmospheric purification. He was, however, careful to point out the danger that arises during its employment, from its chilling effects on the body of the patient, and alluded to the necessary precaution, when it is used, of protecting the cutaneous surfaces as far as possible from the cold produced by it.

The question of drainage, in its important bearing on the progress of wounds to recovery, was referred to, its proper application tending, in Mr. Wood's experience, and it may be added, in that of all practical surgeons, to the prevention of many disastrous results, such as tension abscess and burrowing of matter, formerly common in hospital wards. Of all the materials employed for drainage of wounds the lecturer yields his preference to Chassaignac's rubber tubes, such substances as rolls of oiled silk, gauze, horsehair, or fowls bones, affording in his opinion, but imperfect substitutes.

We trust this lecture will receive the attention it deserves; and that when, as will speedily be the case, it is issued in pamphlet form it will be generally circulated. It is plain, practical and suggestive, and cannot fail to be especially useful to younger surgeons.

#### A NEW METHOD OF EXAMINING WATER.

A SOMEWHAT important report on the analysis of water has made its appearance within the last few days, in the form of an appendix issued by the Medical Officer to the Local Government Board, which might escape notice unless especial attention were drawn to it. The report referred to is by Dr. A. Dupré, one of the first among chemists to recognise the truth and value of arguments used again and again in this journal in discussing the water question—namely, that by no known chemical method could it be positively determined whether the germs of living micro-organisms were present or not in any sample of water, whether in such quantities or qualities to be dangerous, and passed as safe. Dr. Koch sought to solve the problem by encouraging the growth of organisms, until they became numerous enough to be seen under ordinary powers of the microscope. Dr. Angus Smith endeavoured to demonstrate their presence by measuring the evolved hydrogen from a given sample and measured quantity of water. Dr. Dupré, on the contrary, has proceeded on a new line. He measures the amount of oxygen absorbed, and takes this as indicative, not only of the quantity of organic impurity, but also of the proportion due to living organisms which may possibly be invisible under the microscope. Starting with the assumption that if a sample of perfectly pure water

fully aerated were kept under suitable conditions, it would remain fully aerated indefinitely, but that if the water contained any impurity capable of combination with oxygen a corresponding quantity of that gas would after a time be withdrawn from the air contained in the water; he sought to decide by experiment to what extent this action might be utilised in recognising the character of the impurities. By following up this method he arrived at the conclusion from results obtained with sewage water that the careful observation of the changes in aëration of a water, afford a reliable means of distinguishing between living and dead organic matter. There are, as he points out, obvious difficulties to overcome in manipulation; practically the process adopted by him consists in keeping bottles completely filled with fully aerated water at a constant temperature for ten days, and then estimating the amount of oxygen dissolved in the water. A single illustration of the value of the indications obtained will suffice: Water taken from the fountain at Trafalgar Square is found to consume nearly twenty times more oxygen from the dissolved air than it does from added permanganate; but the same water, after being heated to 60° C. for three hours, consumes practically no oxygen from the aëration, even after the addition of gelatine. On the other hand, the heating of sewage-contaminated water to the same temperature is not found to materially lessen its power of assimilating oxygen from dissolved air. It may therefore be inferred from this experiment that the Trafalgar Square water contains organisms that are killed at 60° C., but that in the sewage water the germs or spore of living organisms occur in such numbers or forms as to be able to resist very high temperatures.

Dr. Dupré's conclusions are summarised as follows:—

1. That water which does not diminish in its degree of aëration may contain organic matter, but presumedly not in the form of living organisms, and therefore may be pronounced free from organic impurity.
2. That a water which by itself or after the addition of gelatine consumes oxygen from dissolved air at lower temperatures, but does not consume any after heating for three hours at 60° C., may be regarded as containing living organisms not capable of surviving prolonged exposure to that temperature.
3. That if the water continues to consume oxygen from contained air after having been heated to 60° C., it is to be regarded as containing spores or germs of organisms that cannot be killed at that temperature. And, lastly. That the consumption of oxygen from the dissolved air of a natural water is, in the majority of cases, due to the presence of living organisms, and that in the absence of such organisms little or no oxygen would be thus consumed.

Dr. Dupré's investigations must have the effect of very considerably modifying the views of Dr. Tidy and of those of other water examiners, who month after month maintain that because a water is clear and bright it is necessarily "pure and wholesome;" but whatever may be the outcome of Dr. Dupré's researches, it will be admitted that they make a new departure in a branch of analytical science which is of great value and all important to the public health.

#### CAN TUBERCULOSIS BE INHERITED?

THE question is not new, but is one of such great importance that every fresh contribution to our knowledge must be welcomed and compared with the facts already known to us. Let us examine the arguments of those observers who consider that either the disease is transmitted from parent to offspring as such or that, at any rate, a peculiar tendency or predisposition is so transmitted. They point to the frequency with which tubercle has been found in the calf while still *in utero* as proof that it *may* be directly inherited. Here, however, it must be objected that although there is a good deal of analogy between tuberculosis in animals and that in man, yet there are points of difference quite sufficient, in their morphology, &c., to allow of a further difference in their capacity for transmission, apart from which no well authenticated instance has ever been furnished of the presence of tubercle in the unborn infant. Yet if the disease be directly inheritable why should its development be delayed in the fœtus? Again, we are told that the children of tuberculous parents are almost uniformly tuberculous. But is this so? From some statistics of the family history of patients at the Brompton Hospital, only 28 per cent. had tuberculous parents, a proportion which would probably be obtained with patients suffering from any disease, considering how common phthisis is in England. That the children of tuberculous parents become phthisical in a larger proportion than the debilitated children of syphilitic or drunken parents is possible and even probable, on the assumption that the infectivity of tuberculosis lies in the deficient power of resistance to the invading bacilli. The child is reared in an atmosphere charged with infecting particles, he breathes the tainted breath and drinks the impoverished, if not poisonous, milk of a tuberculous mother—what matter for surprise then if with an enfeebled constitution he falls a victim? One thing seems certain, that there is no necessity for any special predisposition still less any actually transmitted disease, to account for the facts before us bearing on its occurrence. The *quantity* of infecting bacilli necessary to set up the pathological changes which are characteristic of their presence, appears to depend upon the absolute vitality of the individual constitution. The lower the vitality the less the quantity required to overcome the resistance, the less able too is the enfeebled frame to resist their influence when once the process has established itself.

The preceding observations point to the supreme desirability of removing the debilitated organism from the pernicious influence of tuberculous and unhealthy surroundings. The indications are simple and are two in number: 1. Life under conditions favourable to the renovation of a weakly frame and the formation of tissue with normal powers of resistance; and 2. Residence in a *milieu* free from agents of infection.

#### THE FAULTS OF THE PHARMACOPŒIA.

THE fierce light of criticism which has fallen on the new British Pharmacopœia has revealed a very considerable number of shortcomings, some of which have been magnified into the importance of serious errors by those

who have essayed to point them out. So numerous, indeed, are the expressions of dissatisfaction uttered, many of them by pharmacists of acknowledged competence, that the representative of the pharmaceutical profession among the editors of the revised work, Professor Attfield, F.R.S., has felt it incumbent on him to return a specific answer to the charges levelled against it. In this communication the writer replies to all the criticisms on the *Pharmacopœia* which have appeared from pharmacists since the publication of the official volume; and as it, generally, deals with them in a satisfactory manner, affording information even where it fails altogether to remove objections, it is likely to prove a valuable and necessary companion to the *Pharmacopœia* itself. It is needless here to follow the answers of Professor Attfield in detail, the more especially as his paper is accessible in pamphlet form to all who care to peruse it; but the conclusions he draws may with advantage be considered by the pharmaceutical world.

We recently drew attention to a lengthy criticism of the work of the revisers, contained in a paper which was read before the Pharmaceutical Society of Great Britain by the well-known druggist Mr. Umney; and one of the points particularly urged by this gentleman is that practical pharmacists ought to be directly consulted in the production of a national *Pharmacopœia*. In connection with this demand the remarks of Prof. Attfield deserve very careful consideration. He affirms that "for the past eighteen years, in fact, ever since pharmaceutical editors have had anything to do with the volume, every pharmaceutical discovery made by pharmacists, every improvement of processes or tests, every comment, in fact, every contribution to the construction of the *Pharmacopœia* which has been deemed by their authors worthy of publication has been fully considered by the authorities responsible for the production of the book, and whenever the contribution has been considered worthy of incorporation, as it has in most cases, it has been incorporated. The consequence is, that so far as the pharmacy of the *Pharmacopœia* is concerned, the work is largely the pharmacists' own *Pharmacopœia*. The *Pharmacopœia* already is largely constructed by themselves; it is they who have supplied the chief pharmaceutical materials of the edifice, their own pharmaceutical experts being employed to put those and the other materials together. One would have thought that pharmacists would have been the first to perceive this fact, and, indeed, to have urged it in defence of their claims to that position in relation to *pharmacopœial* construction which they desire to occupy. But to assert, as the critics so often do, that the practical pharmaceutical element is wanting within the *Pharmacopœia*, and that therefore they ought to share in its construction is to assert what is first of all contrary to fact, while secondly, the counter-assertion and the statement that pharmacists already largely help to make the *Pharmacopœia* would better uphold their cherished policy.

DR. BALFOUR, of Edinburgh; Dr. Barnes, of London; and Dr. George Buchanan, of Glasgow, were in Dublin last week as visitors, deputed by the General Medical Council to be present at the examinations of the University of Dublin.

## Notes on Current Topics.

### Sir Andrew Clark.

THE first paper announced to be read at the Clinical Society of London on Friday evening last was one which Sir Andrew Clark was to have communicated, on a case of Desquamative Prostatitis accompanied by the discharge of hyaline tube casts. We regret to announce, however, that, through indisposition, the distinguished ex-President of the Society was unable to be present, so that the paper standing in his name was postponed to a later meeting, Sir Andrew being especially anxious to be present himself during the discussion it is likely to excite. We understand that the illness which occasioned this disappointment is not of a nature to excite any apprehension in the many who are interested in Sir Andrew Clark's wellbeing, and that there is every reason to anticipate that a brief period of repose will entirely restore him to health.

### Irish District Lunatic Asylums.

A PARLIAMENTARY return just issued records that in the twenty years from 1865 to 1885 the sum of £569,468 has been expended in the enlargement of district asylums in Ireland, the largest outlay having been on the Downpatrick Asylum, which cost £75,366.

### The West London Hospital.

FOR some time past the Committee of Management of the West London Hospital at Hammersmith have been experiencing the pressure of strained resources so distressingly familiar to a majority of the metropolitan charities of late; and the condition of affairs has at length reached such a pass that the question of continuing or closing the administration of the hospital has had to be faced. Accordingly, a public meeting was held on Friday evening last, at the Kensington Town Hall, to consider the financial straits of the institution. The Marquis of Lorne occupied the chair, and feelingly urged the claims of the Hospital to the sympathy and the support of the benevolent. It yearly affords relief to a great number of the necessitous sick, the in-patients numbering 1,200 in 1884, and out-patients over 14,000. It is the only refuge of the kind in the neighbourhood in which it is situated, and it is said that the population depending on its resources is little less than a million. It is certain that, should it be compelled to succumb under the monetary embarrassments surrounding it, its loss would be most sorely felt throughout a wide and populous neighbourhood; and it is right to add that it is no wanton extravagance of management that has led to the present state of affairs. From personal knowledge of the hospital we can affirm that it is administered both efficiently and economically; and the principal cause of the trouble now oppressing it is the dead weight of a debt of £8,000 due on the building. The result of the meeting was that a resolution, moved by Sir A. Borthwick, was passed, to the effect that no closing of the hospital, either wholly or in part, should take place, nor any curtailment of the aid it now renders to the sick poor. The exact mode for ensuring so desirable a result did not find expression, but doubtless a scheme has been



conceived; and for its successful fulfilment the committee entrusted with it will receive the good wishes of all interested in legitimate hospital work.

#### Erasures from the Dental Register.

At a cost to the profession of about £150, the Medical Council debated at its last meeting for some hours the question whether they should or should not insert in the Dental Register a falsehood, with full knowledge that it is a falsehood. A person named Partridge had been deprived of his diploma in dentistry by the Irish College of Surgeons because, having signed an undertaking not to advertise, he had persistently violated that undertaking and set at nought the by-laws of the College, refusing to give any pledge to refrain from doing so. This person, it appears, was registered on this qualification solely, so that, if the entry of the qualification were struck out, he would cease to have any right to appear in the list, but the Irish College did not offer any opinion on this point; they only asked that this person should not be gazetted as their licentiate when, in fact, he had ceased to possess that title. The Medical Council was advised by its solicitor that "it is the duty of the Registrar to keep his Register correct, and this he cannot do if the name of a person whose sole qualification is withdrawn is allowed to remain thereon. It is no necessary part of the business of the Committee to inquire the cause of such withdrawal, and I think they are quite within their powers in directing you to remove the name from the Register (the qualification being gone), although not expressly so directed by the Act." Notwithstanding this advice, Dr. Patrick Heron Watson and Mr. Simon, backed by a majority of the Council, insisted on referring the question to a committee, which cannot report for several months, and, it is to be presumed, the Dental Register will appear with the false statement on its face that Mr. Partridge is an L.D.S.R.C.S.I., when, in fact, the General Medical Council, who publish that list, are fully aware that he does not possess any such qualification. Dr. Struthers, the representative from Aberdeen, wasted much costly time in arguing the question whether a college should disbar a licentiate for advertising, with which question neither he nor the Medical Council have any concern whatever. The Irish College of Surgeons may be supposed to know its own business and its own powers, without instruction from the *ultima Thule* of the Land o' Cakes, and we have no doubt it will continue to weed out, without asking the leave of Dr. Struthers or of the General Medical Council, any licentiates who violate its regulations, or who, having given a written pledge, persist in deliberate violation of that pledge.

#### The Brighton Meeting of the British Medical Association.

THIS meeting will take place from the 10th to the 18th of August next, under the Presidency of Dr. Withers Moore, of Brighton. The Address in Medicine has been offered to and accepted by Dr. Austin Flint, of New York. The Address in Surgery is confided to a leading local practitioner, Mr. Humphry, surgeon to the Sussex County Hospital; while the Address in Public Medicine will be given by Dr. Mapother, consulting medical officer:

to the city of Dublin. The President of the Medical Section is Dr. Broadbent, while the Surgical Section will be presided over by Mr. Erichsen. Dr. Meadows is the President of the Obstetric Section; Dr. Taaffe, of Brighton, of the Section of Public Medicine; Dr. Clouston, of Edinburgh, of the Section of Psychology; Dr. Dreschfeld, of Manchester, of the Section of Pathology; Dr. Lauder Brunton of that of Therapeutics and Pharmacology. For Ophthalmology and Otology, representatives have been found in the locality; Mr. Oldham, of Brighton, taking the presidency of the Ophthalmic Section; and Mr. Hodgson, of Brighton, of that of Otology.

#### Professional Risks.

THE hourly danger to which our profession is exposed of being falsely accused by designing or semi-insane women has had a further illustration this week. Some months ago Dr. Leonard MacDermot, of Foxford, co. Mayo, and his man servant, were brought before the magistrates on a charge preferred by a labourer's wife of having forced her into a boat, rowed out from the land, and there criminally assaulted her seven times. The crime was stated to have been committed on a June afternoon, and to have occupied three hours in perpetration, and the complainant said nothing about the matter for three weeks subsequently. Dr. MacDermot was, of course, without living witnesses to testify for him, but, fortunately, he had his dispensary books, which conclusively proved that he was, at the time of the alleged assault, ten miles away from the scene. On this proof the woman was arrested for perjury, and, having been tried and convicted, was about to be sentenced, when she was seized with a hystero-epileptic fit in the dock, and the Judge's decision had to be deferred pending inquiry as to her mental state. How easy it would have been for a slight break-down in the evidence for Dr. MacDermot to have occurred, in which case he might possibly have found himself ruined in repute and consigned to gaol for eighteen months, as Dr. Bradley was.

We do not suggest that medical practitioners should be specially protected by the law, but we are anxious that they should be protected by the knowledge on the part of jurors that charges of this sort are very easily made, and excessively difficult of disproof, and that the utmost caution ought to be observed in arriving at a verdict.

#### The Dublin Class.

IN our analysis last week of the returns to the Anatomical Committee in Dublin, we pointed out how misleading these returns were, and how they ought to be discounted before any accurate conclusions as to the teaching work of the various schools could be come to. We pointed out that the school entries returned to the Anatomical Committee do not necessarily mean *bonâ fide* paid-up students; but there is another element of unreliability about these returns which needs to be exposed. As we have repeatedly stated, certain schools have been in the habit of returning their dissecting-class as much larger than it is, in order to get credit for doing a large business; but we have not previously been able to give the proof of this statement, which we now submit. Each school, when making its return to the Anatomical

Committee, has to hand in a cheque for the number of subjects required at the rate of £2 each subject, but if, at the end of the year, it appears that that school has not consumed its entire supply, it is entitled to receive a rebate for the subjects which it has not required. Thus it has been notorious that certain schools were content to make their original return largely exceed the truth, and to lose the interest on the excess money lodged in order that they might appear well in the returns.

The rebate handed back to each of the Dublin schools this year was as follows, and we have placed opposite to it the number of the nominal dissecting-class of the same school for the same year:—

	Dissecting class, 1884-5.	Rebate for subjects unsupplied.
Ledwich School .. ..	213	£71
Catholic University School..	121	49
Dublin University School ..	229	45
Carmichael College .. ..	117	15
College of Surgeons .. ..	111	5
<b>Totals .. ..</b>	<b>791</b>	<b>185</b>

Our readers can see for themselves, from the amount of the rebate, which of these returns were most to be depended on. It is right to say that the consumption of subjects in any school is, to some extent, influenced by the amount of operative surgery teaching therein, and that a large rebate may also be obtained by reducing the amount of dissection work done by each student. It being remembered that each subject represents £2 of this rebate, we can, subject to the foregoing reservation, arrive approximately at the following true corrected estimate of the dissecting-class of these schools for the year in question:—

	Returned class.	Estimated class.
Ledwich School ..	213 minus 35 =	178
Catholic Univ. School	121 " 24 =	98
Dublin Univ. School..	229 " 22 =	207
Carmichael College ..	117 " 7 =	110
College of Surgeons ..	111 " 5 =	106

There is one more observation which we wish to make upon the returns before us—viz., that they afford important evidence, not only of the number of dissecting students in each school, but of the actual quantity of dissection work done by each such student in the year on an average.

Each subject represents ten parts available for dissection—i.e., five for each side of the body. If, therefore, we multiply the number of subjects actually consumed by a school by ten we have the number of parts dissected in that school, and, if we divide that number by the number of dissectors, we ascertain how many parts, on an average, each student got through. Here is the calculation for 1884-5:—

	Dissection class returned.	Total parts dissected.	Each Student dissected.
College of Surgeons ..	111	580	4.7
Carmichael College ..	117	510	4.3
Dublin University School..	229	920	4.0
Ledwich School ..	213	710	3.3
Catholic University School	121	360	2.9

We have, it may appear to some of our readers, occupied much space with this analysis, but it is not without good reason we have burthened them with it. The system of anatomical returns in Dublin, and the state-

ments as to school work which have been based upon these returns, have long been nothing better than a discreditable piece of trickery, and we have not thought it right to throw away this or any other opportunity of exposing the existence in the Dublin schools of such proceedings, and trying thereby to bring teaching in Dublin to a fairer and more honourable level.

### The Bradley Testimonial.

ON Friday evening last, Dr. Bradley, whose case is so well known to the readers of this journal, was invited to a banquet at Sheffield, that town being selected as the nearest and most central to the scene of his labours when that foul charge of a hysterical patient consigned him to a felon's cell. The proceedings on Friday last were of the most cordial description, and if aught could contribute to efface the sting of base calumny and the indignities to which he was so cruelly exposed, the enthusiasm of his professional brethren and their absolute belief in his innocence were better calculated to accomplish this even than the money contributions which so readily flowed in on his behalf. This meeting was specially convened for the purpose of presenting Dr. Bradley with the testimonial which bore his name, the chair being occupied by Dr. Martin de Bartolomé, of Sheffield, who was supported by Dr. Balthazar Foster, M.P., and Mr. Lawson Tait, of Birmingham, Mr. Wheelhouse, of Leeds, and a large and representative number of the profession of Sheffield and its surroundings. We propose to revert to the proceedings more fully in our next; suffice it for the present to say that Dr. Bradley's reception was of the most cordial nature, and that full justice was done in the speeches to the persistent and determined efforts of this journal, which resulted in his release.

### A Case of Poisoning by Cocaine.

DR. KENNICOTT communicates to the *Chicago Medical Journal* the following interesting case of poisoning by *muriate of cocaine*;—Mrs. S., *et. 25*, of good constitution, has been using a two per cent. preparation of cocaine, prescribed for hay-fever by a well-known physician of this place, with good success. September 2nd, having exhausted the phial, her husband, *without a prescription*, procured from a druggist two five-grain phials of the *muriate of cocaine*, full strength, of which Mrs. S., about 5 o'clock p.m., applied two-thirds of the contents of one bottle to both nostrils with a small glass insufflator. In fifteen or twenty minutes she became dizzy, her vision became dark, a sinking sensation occurred, with great weakness. At 5.30 p.m. I was called. I found the patient in a semi-comatose condition, from which she was easily aroused, but answered questions with difficulty. When so aroused her mind was clear. Her temperature was above normal. Her skin was hot and dry. The radial pulse was very rapid, and so weak as to be scarcely discernible. Her pupils were widely dilated. Deglutition and articulation were difficult. There was some dyspnoea. She complained of dryness of her fauces and a bitter taste in her mouth. She complained also of cold shivers, and her teeth chattered, although her temperature was still above normal. She recovered in

about three hours under stimulants (brandy and ammonia) and digitalis. Heat and friction were applied to her extremities, and heat over the epigastrium. The next morning she was feeling well and noticed no ill-effects from the drug.

#### Honorary Degrees in Dublin University.

THE Board of Trinity College has resolved to confer, at a "Commencement" to be held next week, the following Honorary Degrees:—On Earl Carnarvon, Lord Lieutenant, the LL.D., *Hon. Caus.*; on Lord Rayleigh, the LL.D., *Hon. Caus.*; on W. Huggins, F.R.S., the distinguished Astronomer, the LL.D., *Hon. Caus.*; on D. J. Cunningham, Professor of Anatomy in the University, the M.D., *Hon. Caus.*; and on W. J. Sollas, Professor of Geology, the LL.D., *Hon. Caus.*

#### The Fellowship of the Royal College of Surgeons of England.

At a meeting of the Council of the College held on Thursday last, the following motion was proposed by Mr. Hutchinson and seconded by Mr. Bryant: "That a Committee be appointed to consider and report to the Council whether it is desirable in any way to widen the basis on which the Fellowship is obtained, and, if so, by what method." After some discussion this resolution was carried, and the following Committee appointed: Sir James Paget, Sir Joseph Lister, and Messrs. Marshall, Lund, Hutchinson, Cadge, Bryant, Hulke, and Hill, with the President and Vice-Presidents. At the same meeting of the Council the following candidates were admitted to the Fellowship, having previously passed the necessary examinations:—Henry Dawson Farnell, L.S.A., Francis Henry Weekes, L.S.A., James Thomas James, L.R.C.P. Lond., John Bowring Lawford, L.R.C.P. Lond., John W. Batterham, M.B. Lond., Henry Waytes Pomfret, L.R.C.P. Lond., Alfred Ernest Hind, Robert Jones, M.D. Lond., Charles Edward Henry Cotes, M.B. Cantab., S. Plowman, L.R.C.P. Lond., Henry Robert Woolbert, M.B. Lond., George Adlington Syme, M.B. Melbourne, and Jasper J. Garmany, M.D. Bellevue. Two other candidates passed the examination, but not having attained the legal age (twenty-five), will receive their diplomas at a future meeting of the Council. Nine candidates failed to reach the required standard.

#### Turpentine.

THIS drug, which is a hydrate of turpentine, also known as "turpentine camphor," is obtained by treating the oil of turpentine with nitric acid and alcohol. It has lately been introduced by Dr. Lépine, of Lyons, in the treatment of a certain class of bronchial affections. In small doses (4 to 12 grains) it increases the bronchial secretion, but larger doses diminish it. It is soluble in water and alcohol, and its taste is by no means disagreeable. Dr. Lépine ascertained by experiments on dogs that toxic doses (3 to 4 drams) produced albuminuria and hæmaturia, followed by death, hence it should be cautiously used, even in medicinal doses, in patients suffering from any form of Bright's disease, but it possesses diuretic properties which may be of service in diminished urinary excretion from other causes. It has been used in a series

of cases for patients with chronic bronchitis, bronchorrhoea, &c., with very beneficial results. The best method of administration is to prescribe the alcoholic solution in a syrup or other convenient vehicle.

#### Fees to Crown Medical Witnesses in Ireland.

WE notice with a great deal of satisfaction that in Galway, Castlebar, and Cork the Judges of Assize have responded to the remonstrances of the medical witnesses against the niggardly payment awarded to them by the Treasury scale, and ordered them, in every case, fees in excess of that scale. We trust that the opinions expressed by several of the Judges on this subject will convince the Treasury that their assessment of the value of medical evidence and of medical labour and time is not only mean and parsimonious, but unjust, and that, if they choose to adopt this policy, it is in the power of the Judges to veto their scale and order proper remuneration. At Cork, Mr. Justice O'Brien went so far as to state that he would treat any person who should dispute the carrying out of his order to that effect as being guilty of contempt of court.

#### The Dangers of the Street.

THE Court of Queen's Bench was occupied on Friday with a question of more than passing interest to pedestrians, inasmuch as the point in dispute materially affects the safety of persons walking in the dusk, or in the dim light of London gas along certain districts in the metropolis. It appears that the East London Waterworks Company are in the habit of perforating the pavement in the regions supplied by them with holes, to which the Vestry of St. Matthew's, Bethnal Green, take objection, on the ground that they endanger the safety of foot passengers, and especially of ladies wearing narrow-heeled boots. Accordingly the Company applied to the Court of Queen's Bench for an injunction to restrain the Vestry from interfering to prevent their hole-drilling tendencies. Strange as it may appear to all who have experienced the discomfort of being caught in one of these ingenious sprain producers, the judicial mind decided against the Vestry, which for once was on the side of reason, and granted the injunction asked for; so that now the East London Water Company can set traps for the unwary secure from interference from anyone unwise enough to set a higher value on human limbs than on the fads of a powerful trading corporation.

#### The M.R.O.S. Pass Examination.

THE Court of Examiners of the Royal College of Surgeons of England have taken steps for modifying the practical portion of the final or pass examination for the diploma of member, the direction of the reform being in the way of extending the time at present allotted to this part of the test. Henceforth, instead of each candidate being submitted to examination for ten minutes on each of the subjects of clinical surgery and diagnosis of cases, and surgical anatomy and bandaging, a quarter of an hour will be devoted to each section of the examination. These two "tables" will therefore occupy half an hour; the time at present devoted to the remain-

ing subjects of pathology and treatment remaining the same as formerly, viz., twenty minutes. This change is a partial return to the old plan of examination, under which a quarter of an hour was occupied at each of the four tables, and the effect will of course be to extend the duration of the *visd voce* examinations. The alteration is so far a favourable one to students that nervous candidates will have a longer time in which to recover themselves, and so probably will be able to improve the position they might otherwise obtain. In consequence of this decision of the Court, Mr. Macnamara will not proceed with his resolution, to which we have already referred.

#### Pasteur's Hydrophobia Patients.

OUR contemporary *Galignani* reports that one of the two patients under treatment at the Hôtel-Dieu, Herr Schnaering, of Dusseldorf, has left the hospital, the fearful dog-bites inflicted upon him having become entirely cicatrised. The inoculations, however, are still continued in the laboratory in the Rue d'Ulm, and it is hoped he will soon be able to return home. The other patient, M. Trinquart, of Malakoff, is in a fair way of recovery. Two other cases, the sufferers having been badly bitten, were admitted at the Hôtel-Dieu on Thursday, aged respectively thirty-five and sixteen. Besides the above, the director of the hospital has received orders to prepare beds for five Poles who appear to have been terribly mutilated by an enormous dog, known to be in a state of hydrophobia. It may be added that the number of persons under course of inoculation by M. Pasteur at the present time amount to fifty, and he daily receives telegrams advising him of the arrival of fresh patients from all countries, even from South America, who are coming to claim his aid.

#### Osteomalacia and Rickets.

A COMPREHENSIVE work on the above subjects has just made its appearance from the pen of Dr. Gustav Pommer, of Graz, and the conclusions at which this authority arrives are that the changes which take place in the bones both in osteomalacia and rickets arise through want of calcification of the newly-deposited bone substance, and that from this the diseases are at least closely allied to each other. Anatomical examination gave no results as to the cause of these diseases; the solution of the question must therefore be sought outside the bones themselves. From his examinations of normal bones he asserts: (1) that absorption and deposition of new bone are in continual activity during life; that atrophy of bone takes place for the reason that the deposition of new bone does not suffice to cover normal loss of bone substance that is continually taking place; (2) that under all circumstances bone is formed uncalcified, and that the lime salts are deposited at a later stage; (3) that the penetrating vascular canals arise from the absorbent activity of the vascular processes that grow into the bone tissue and obliterate through the capillary endothelium taking on osteoblastic activity. Resorption takes place only under two forms, either by the origination of Howship's lacunæ or of penetrating vessels. Osteomalacic bones are characterised by deficiency of

lime and softness of their substance over strikingly extensive surfaces; the interspaces and surfaces of widely different parts of the skeleton are clothed by bone substance deficient in lime. This characteristic depends principally on the fact that the newly deposited bones remain uncalcified; extraction of lime is only demonstrable in a few places.

ON the recommendation of the Viscount Monck, the Lord Chancellor has been pleased to appoint L. Hepenstal Ormsby, M.D., F.R.C.S., 92 Merrion Square West, Dublin, and Sandymount House, co. Dublin, to the Commission of the Peace for the County Dublin.

### Literary Notes and Gossip.

A BIOGRAPHY of the late Sir William Siemens is being prepared, at the desire of the executors, by Dr. William Pole, F.R.S. Dr. Pole will be grateful for the loan of any of Sir William's letters, which may be sent to him at the Athenæum Club.

THE jubilee of the Statistical Society is about to be celebrated by the publication of a "jubilee volume," which will contain the proceedings of this interesting Society, with special papers by the President (Sir Rawson W. Rawson), Dr. F. J. Mouat, Monsieur Levasseur, and Prof. Neumann-Spallart, at whose initiation the International Statistical Institute was founded last June.

A CHINESE edition of "Gray's Anatomy," prepared by Dr. John Dudgeon, who has resided in China for over twenty years, has been published, and some curiosity is felt to learn in what manner the Celestial mind will welcome the overturn of all his cherished anatomical principles. It will certainly be a startling awakening that he must undergo should the classic "Gray" approve itself to him, and it is an encouraging fact that a work so opposed to professional opinion in the Empire has been permitted to appear.

MESSES. SMITH's admirable "Visiting List" for 1886 is just out, and in a form which shows that the forty years during which it has been issued have expurgated it from every redundant word or page. It is just as large as is necessary, just as small as it must be for the pocket, just as compendious as the wants of the general practitioner require, and just as brief as is consistent with usefulness. The "Prescriber's Compendium" of medicines and doses is an essential appendix, and seems to be well done and accurate.

THE new edition of the British Pharmacopœia has produced a plentiful crop of sprouts in the shape of Aids and Companions. Thus we have had during the last few weeks—Griffith's Posological Tables (sixth edition, edited by Peter Squire); James's Guide to the B.P.; Semple's Pocket Pharmacopœia; Bailey's Physician's Pharmacopœia; Martindale's Extra Pharmacopœia; Beasley's Pocket Formulary; and the fourteenth edition of that classic work, Squire's Companion to the British Pharmacopœia, is, we hear, in active preparation.

BESIDE the before-mentioned guides, existing editions of all the leading text books of materia medica and pharmacology have been cancelled, and revised ones, in most cases, issued in their places; so that, if the errors in the new official volume be for argument's sake assumed, neither the profession nor pharmacists can complain that sufficient voluntary assistance has not been vouchsafed to steer them through the shoals and quicksands of an erring committee. Let us hope the question will not resolve itself into "too many cooks."

A CONTENTIOUS crowd of pharmacists have recently held meetings, read papers, and discussed the merits and demerits of the new Pharmacopœia, with—in some cases, we are fain to admit—more zeal than discretion; and Dr. Attfield, an "expert" on the Committee, has championed the work in

face of all opposition, both on the grounds of expediency, of priority in experimental research or introduction, and, curiously enough, in more than one instance, on the score that a manufacturer did not always "know his own child" when it got into an official document.

THE author of the "Foundation of Death," Mr. Axel Gustafson, is a right valiant champion in the cause of temperance. In a lecture just published, "Some Thoughts on Moderation," he contends that by the very nature of things there is no such thing as moderation in drink, no half way house as a stopping point. The author advances some very powerful arguments, and brings to his aid a number of witnesses in support of them. This *brochure* will be read with interest by those who have lately been advocating moderation as a help in staying the plague of intemperance.

WE have received the first volume of the "Transactions of the Willan Society," edited by Mr. James Startin. This society was started by the medical staff of St. John's Hospital for Diseases of the Skin, London, towards the close of 1883, with the object of exhibiting cases and affording discussion, &c., on all questions relating to dermatology and syphilis. In the list of members, however, we miss the names of many well-known dermatologists, both London and provincial. The present volume contains several instructive papers, notably those by Mr. Milton, Dr. T. Robinson, Dr. C. R. Drysdale, and Mr. Startin; and the volume is very nicely got up.

THE public have certainly no cause for complaint in these days that there is no provision of good and cheap literature. With the new year will be commenced by Messrs. Cassell the weekly publication of a series of threepenny reprints of known authors. Each volume will be complete in itself, and will contain about 192 pages, small 8vo, printed in clear readable type, representing all periods and forms of thought, and including the records of history, biography, religion, philosophy, discovery, enterprise, natural science, natural history, art, and political economy, as well as plays, poems, and tales, and whatever may be worth lasting remembrance. Professor Henry Morley has undertaken to edit this new library and be answerable for the selection of the books, and for a brief introduction to each.

THE guardianship of the Royal Gardens at Kew is a subject of not a little importance to the medical profession, and the retirement of Sir Joseph Hooker from the post of Chief Director is calculated to excite a feeling of anxiety respecting his successor, as well as one of regret that the familiar name so long associated with the post will henceforth give place to another. The new director, however, is a gentleman well calculated to command the confidence of medical men, as well as purely scientific botanists. Mr. W. T. Thiselton Dyer, C.M.G., on whom the choice has fallen, has for many years been immediately associated with Sir Joseph Hooker—whose son-in-law he is also—in the care of the Gardens, and his elevation to the office vacated by Sir Joseph is a natural and just reward for the devotion he has exhibited to the interests of the Kew establishment and of the science of botany.

THE long-awaited "Principles and Practice of Medicine," on which the late Dr. Hilton Fagge was known to have expended more than a dozen years of labour, is now in the hands of the profession, the publishers, Messrs. J. & A. Churchill, having issued it with commendable promptitude under all the circumstances. It is much to be regretted that its accomplished author was not permitted to complete the work entirely, but his manuscript could not have fallen into the hands of two more conscientious and faithful editors than Dr. Pye-Smith and Dr. Wilks, by whom the unfinished sections—on diseases of the skin and of the cardiac valves respectively—have been contributed. The dimensions of this *magnum opus* extend to eighteen hundred closely-printed large octavo pages, and it is a veritable mine of information, forming a worthy monument of the life-work of one who ranked prominently among the leaders of modern medicine.

THE ninth volume of the *Liverpool Medico-Chirurgical Journal* contains several papers of interest. Dr. Oxley contributes one on tubercular meningitis. In forty out of forty-one cases a focus of caseating material was found. Dr.

Alexander advocates excision of the hip in suitable cases and seeks to prevent the operation falling entirely into disuse. He only removes a small portion of the head and neck of the femur, avoids cutting across the capsular muscles and condemns the turning of the head of the bone out of its socket for the purpose of sawing. The communications on the prostate and floor of the bladder, rheumatic fever, and chronic pyæmia, by Mr. Harrison, Dr. W. Williams, and Mr. Chauncy Rizy respectively, will well repay perusal. Of the various plates which adorn the volume, those drawn by Dr. Hyla Greves, illustrating the pathology of tubercular meningitis are well worthy of mention. The rest of the book is mainly devoted to reviews and the transactions of the Medical Institution, disfigured in parts by interleaved advertisements.

THE new volume of the Clinical Society's "Transactions," the eighteenth of the series, is especially valuable as containing a complete report of the memorable discussion on Charcot's joint disease, which occupied four evenings during the early part of the session 1884-5. This present volume is, moreover, enriched by the voluminous report of the committee appointed to investigate the subject of spina bifida; and it may be safely asserted that the exhaustive consideration there given to the questions involved in the treatment and prognosis of this affection, supplemented as it is by a most comprehensive table of cases, will do much to create a definite practice in connection with a most difficult department of surgery. The presidential address of Mr. Bryant, also, is an important document, more especially from the suggestiveness of its contents; and it affords an ample theme for careful thought. The general contents of the volume are in no respect behind those of preceding issues, and indeed it may be safely said that the work is one of unusual importance in every way.

LAYMEN are sometimes heard to remark on the seeming facilities enjoyed by medical practitioners for prescribing with the least possible trouble through the assistance afforded by the numerous "Companions," "Books of Prescriptions," "Selections," &c., published in their behalf. Undoubtedly the number of such manuals is considerable; but the information they afford and the suggestions they contain are ample justification for their issue, and while admitting the justice of the layman's criticism from his point of view, it need not be insisted on that the books in question possess value only for those whose experience is wide enough to enable them to employ the hints given judiciously. Among the most recent publications of this class, "A Physician's Pharmacopœia," by Mr. J. Baily, of Margate (J. & A. Churchill) is worthy of more than a passing word of praise. It consists of a collection of formulæ of unofficial preparation, and is intended by its author to encourage uniformity in dispensing, and to discourage secret nostrums. The shape and character of the little volume admirably adapt it for becoming the practitioner's pocket-companion; and in such a relation it will be found invaluable.

THE announcement that our contemporary the *Medical Times and Gazette* will no longer be published after the end of the current year is certain to arouse a general feeling of regret that a journal which has so persistently done its duty in the interests of the profession should thus fail of receiving the support necessary to its continued existence. Its unsullied reputation for honest dealing and straightforward expression of unbiassed and impartial opinion finds now, as ever, the most ungrudging recognition, as well from those who may have fallen under its adverse criticism as by those who have never chanced to incur its censure; and in the open expression of the hearty appreciation of its efforts in behalf of medical progress its proprietors will find some solace under the circumstances attending its extinction. Though the *Medical Press and Circular* is verging close upon its fiftieth year of issue, yet are slightly the junior in point of age to our expiring contemporary, the *Medical Gazette*, in whose long line of volumes there are to be found many of the brightest productions of the men foremost in the ranks of scientific medicine, and which will remain for all time a proof of the vigorous influence for good this organ of opinion exercised years gone by.

NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our last list,

Nov. 4th:—An Index to Surgery, C. B. Kestley, F.R.C.S. (3rd edit.) Student's Guide to the Practice of Medicine (4th edit.), by M. Charteris, M.D. The Extra Pharmacopœia (4th edit.), by W. Martindale, F.C.S., and W. Wynn Westcott, M.B. The Life of Sir Robert Christison, Bart., M.D., edited by his sons. Some Thoughts on Moderation, by Axel Gustafson. The Preservation of Health, by Clement Dukes, M.D. Fagge's Principles and Practice of Medicine, 2 vols., edited by P. H. Pye-Smith, M.D. The Pocket Formulary (11th edit.), by Henry Beasley. Transactions of the Clinical Society of London, vol. xviii. The Influence of Sex on Disease, by W. R. Williams, F.R.C.S. Worlomot's Manual of Animal Vaccination, translated by A. J. Harris, M.D. Unconscious Memory in Disease, by Chas. Creighton, M.D. Handbook of Therapeutics (11th edit.) by Sidney Ringer, M.D. Syllabus of Materia Medica, by Drs. Harvey and Davidson. Manuel des Injections Sous-Cutanées, par MM. Bourneville et Bricon.

CHRISTMAS BOOKS.

FEW books but those of a medical or scientific nature fall into the hands of a reviewer in a journal ostensibly conducted on medical lines. Yet would it be a ridiculous assumption to contend that the profession either has no leisure or taste for lighter fare than medical text-books and journals. Again, medical men, after the manner of others, beget families, and, fortunately or unfortunately, these are not unlike their fellows in their wants; and healthful literature, either as presents or necessities of education, become equally matters of supreme importance. It is on this account, we presume, that that excellent Society—the Society for Promoting Christian Knowledge—send specimen volumes to the medical journals at Christmas time; hence our heading "Christmas Books." And be it understood the works under notice are in no sense of a proselytising character, or they would find no reference in these columns. The *Boy's Own Annual* is a work of surpassing merit for boys; its eight hundred and thirty pages are literally loaded with good things, which will keep the recipient of it fully employed and interested in its games, its amusements, and its tales of school-life and adventure for the next twelve months. There is an utter absence of mawkish sentimentality throughout, the editor—who, by the way, if we mistake not, possesses medical degrees—ever aiming to impress his readers with the noblest side of life, its duties, and its privileges, which may be best enjoyed whilst cultivating manly virtues and courageous conduct under all circumstances. The companion volume, the *Girl's Own Annual*, is conducted on the same principles, and we can offer the children of our readers no better Christmas wish than that they may receive one of these handsome and instructive (yet inexpensive) volumes as a present. The third volume before us from the same publishers, the *Leisure Hour*, is intended for a more mature age, eminently suited for the waiting-room of medical men, from its attractive exterior, varied contents, and the high moral tone pervading its tales and teachings. There is also much of medical interest in this volume, which we have perused with considerable pleasure during its progress in monthly parts during the year.

MESSRS. WEISS AND SONS' INSTRUMENTS.

THE removal of this firm from its old quarters in the Strand is an event of some interest to the surgical portion of our profession, with which it has been intimately associated for the past century. For many of the inventions and improvements in surgical instruments and orthopædic appliances we have to thank this house, which may be said to have inaugurated a new era in surgical cutlery; and their medico-electric batteries are still extensively used, even in these days, when one form so rapidly succeeds another. Keeping pace with the times, the firm has now migrated farther westward, taking up its quarters at 287 Oxford Street, close to the offices of the General Medical Council, and in the very centre so to speak of the metropolitan colony of surgeons. The new premises of this firm are certainly worth inspection, whether one has an immediate need of instruments or not. The show-rooms are fitted up in the most elaborate style of modern art in polished moulmieu teak, with separate rooms for carrying out the instructions of surgeons towards patients needing appliances. In the rear are three tiers of workshops, with forge and steam power, where the whole of the instruments for which the firm

has such a well-known reputation are manufactured under the personal superintendence of Mr. Weiss, jun. Personally our visit afforded us much satisfaction, and we think it but an act of justice to a firm to which the profession owes so much to call attention to its new premises.

Medical News.

Royal College of Surgeons of England.—At a meeting of the Council on Thursday last, December 10th, the following were elected examiners for the ensuing year, viz. :—

- ELEMENTARY ANATOMY.—Messrs. J. Black, J. N. C. Davies Colley, A. P. Gould, C. W. Moulin, and R. W. Reid.
- ELEMENTARY PHYSIOLOGY.—Messrs. E. H. Fenwick and C. H. Golding-Bird.
- ANATOMY.—Messrs. W. H. Bennett, R. J. Godlee, H. G. Howse, and E. B. Owen.
- PHYSIOLOGY.—Messrs. W. M. Baker, J. McCarthy, and H. Power.
- ANATOMY (FELLOWSHIP).—Messrs. W. Anderson, E. J. Godlee, H. G. Howse, H. Morris, and E. B. Owen.
- PHYSIOLOGY (FELLOWSHIP).—Messrs. W. M. Baker, C. H. Golding Bird, J. MacCarthy, and H. Power.
- MIDWIFERY.—Drs. F. H. Champneys, W. A. Duncan, A. L. Galabin, and G. K. Herman.

University of Durham.—The following Candidates having passed the necessary examinations during the Michaelmas term, received the several Degrees on Friday last, December 11th:—

- The M.D. for Practitioners of Fifteen Years standing.
- Bodington, G. F., F.R.C.S., | Hembrough, John W., M.R.C.S.
  - M.R.C.P. | MacCormac, J. McGee, L.R.C.S.
  - Eustace, Edward, L.R.C.S., | L.R.C.P.
  - L.R.C.P. | Maguire, Thomas S., L.K.Q.C.P.
  - Fennings, Allen, M.R.C.S., L.S.A., | Perkins, Whitfield, M.R.C.S.
  - L.R.C.P. Ed. | Shepherd, Robert John, M.E.C.S.

- For the M.D. (Essay).
- Spicer, Frederick, M.B. M.R.C.S., | Gordon, Thomas E., M.B.,
  - Gold Medal, 1885. | M.R.C.S.
  - Barley, David H., M.B., M.R.C.S. | Mosse, Herbert E., M.B. M.R.C.S.

- For the M.R. (Essay).
- Wilkinson, Auburn, L.M.
- For the M.S.
- Boobyer, Philip, M.B. M.R.C.S. | Hart, A. H., M.R.C.S., L.R.C.P.
  - Hall, George Rome, M.B. | Reilly, Alexander Yates, M.R.C.S.

Second Examination for the Degree of M.B.

- Whyte, Alexander, M.R.C.S. } Second Class Honours
- Platt, Henry Thomas }

- Pass List in Alphabetical Order.
- Baigent, William | Lazenby, James Matthew
  - Baker, John | Lyth, Edgar Roe
  - Biggam, William | Panton, John Edward, M.R.C.S.
  - Coad, John Edwin | Reilly, Alexander Y., M.R.C.S.
  - Gayford, Charles, M.R.C.S. | Walker, F. J., M.E.C.S. L.R.C.P.
  - Hart, Arthur H., M.R.C.S., | Wightwick, F. P., M.R.C.S.,
  - L.R.C.P. | L.R.C.P.
  - Beells, Robert, M.R.C.S., L.R.C.P. | Williams-Freeman, John Peere

The Mortality of Foreign Cities.—The annual death-rates per 1,000 in the principal foreign cities, according to the last weekly returns communicated to the Registrar-General, are as follow:—Calcutta 23, Bombay 23, Madras 33, Paris 24, Geneva 21, Brussels 19, Amsterdam 26, Rotterdam 28, The Hague 22, Copenhagen 23, Stockholm 22, Christiania 14, St. Petersburg 24, Berlin 22, Hamburg 29, Dresden 20, Breslau 24, Munich 26, Vienna 23, Prague 30, Buda-Pesth 27, Trieste 26, Rome 27, Turin 22, Venice 29, New York 19, Brooklyn 19, and Baltimore 15.

Vital Statistics.—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 20.2 per 1,000 of their population, and were—Birkenhead 11, Birmingham 16, Blackburn 24, Bolton 31, Bradford 19, Brighton 21, Bristol 17, Cardiff 23, Derby 23, Dublin 24, Edinburgh 23, Glasgow 26, Halifax 18, Huddersfield 16, Hull 17, Leeds 19, Leicester 19, Liverpool 23, London 19, Manchester 23, Newcastle-on-Tyne 21, Norwich 21, Nottingham 26, Oldham 23, Plymouth 16, Portsmouth 22, Preston 22, Salford 20, Sheffield 15, Sunderland 18, Wolverhampton 19. The highest annual death-rates in these towns last week from diseases of the zymotic class were—From measles, 1.5 in Salford, 2.0 in Nottingham, and 2.2 in Liverpool; from whooping-cough, 1.7 in Oldham, 1.9 in Portsmouth, and 2.4 in Bolton; from scarlet fever, 1.0 in Bradford, and 1.5 in Leicester; and from "fever," 1.4 in Plymouth. Of the 29 deaths from diphtheria, 16 occurred in London, 2 in Glasgow, 2 in Oldham, and 1 in Dublin. Small-pox caused but 1 death in London and its outer ring, 3 in Liverpool, and 1 in Glasgow.



## Notices to Correspondents.

**✉** 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.

**READING CASES.**—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

### A CAUTION.

We understand that a well-dressed man, sometimes accompanied by his wife, a fashionably-dressed woman, is calling on practitioners in various parts of the country for advice under assumed diseases and complaints, either for himself or his companion. After consultation, with which he always professes to be well pleased, he tenders a cheque in payment for a larger amount than the fee, and receives two or three guineas in cash in exchange. He then goes straight to the druggist, whom he also pays by cheque, for compounding the prescription, receiving change from him in like manner, removing forthwith to some other spot to recommence operations so soon as his easily-gotten wealth is exhausted. It is needless to add that his cheques are worthless.

DR. C. (Kensington).—We have purposely avoided commenting on the case, because we deemed the hasty and unmeasured condemnation by a certain contemporary as little less than persecution. We were aware of the rumour referred to in connection with the resignation, but at present we prefer letting the matter rest.

### COCAINE IN ASTHMA.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR.—Having had a fair amount of experience in the use of cocaine since July last, and it having had such a good effect in asthma on myself and others, I wish to let it be known that how, even in very small doses, it produces on myself the most painful nervous and giddy feeling, which, fortunately, does not last for very long. I have not found this in any other case. It is stated to be non-cumulative in its actions and effects; this I very much doubt.

I am, Sir, yours, &c.,

TOM GILSTON, M.D.

DR. LUDLOW.—So far as our present information enables us to answer your inquiry, the reply would certainly be *Yes*. You should have no difficulty, however, in comprehending that a definite answer is quite impossible until the matter has been fully discussed, and the decision of the committee reported. You will have no means of ascertaining what is being done till then.

DR. HARLEY.—We hope to be able to commence your papers early in January.

### "THE DANGERS OF PRACTICE."

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR.—The case of Mr. G. H. Heald, of Leeds, quoted in your last issue, calls for an urgent appeal to the members of the medical profession to take the opportunity which now presents itself to secure a perfect and powerful defence, so that cases of this kind could be met by joining the Medical Defence Union, which, with the moderate subscription of 10s. per annum, offers to its members the privilege of being supported financially and morally by their medical brethren in time of need. The Union continues to be heartily taken up, and it is hoped by January next that it will have upon its rolls at least a thousand members.

I am, Sir, yours, &c.,

CHAS. F. RIDEAL, Secretary.

The Medical Defence Union, Limited.

**NYSTAGMUS.**—Mr. Juler's work on Ophthalmic Science and Practice is one of the most trustworthy and readable manuals in the language. A somewhat smaller work is that by Mr. Nettleship, or Mr. Swanzy. All are good.

### AMBULANCE LECTURES WANTED.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR.—Under the above heading you have a short but effective editorial in your last issue. Allow me to say that here, at our Zenana Medical School, though not yet a "recognised school," because not affiliated to a general hospital, there are delivered excellent practical lectures on every subject necessary for the education of ladies going out as medical missionaries to India, China, Ceylon, Africa, Burmah, &c., to every place where medical men are not allowed to attend women, and consequently women are unattended altogether, or, what is almost as bad, left to the tender skilled (?) mercies of the native women.

Our lecturer in surgery is an accomplished surgeon, whose discourses are eagerly attended, and I am sure any lady attending them regularly, as all our students do, would know how to save life in such a case as that which has drawn from you the editorial to which I have referred.

I am, Sir, yours, &c.,

G. DE GORREQUER GRIFFITH,

Hon. Sec. Zenana Medical School, 68 St. George's Road, S.W.

DR. COMBE.—The remedy is a very time-honoured one, and is familiar to most of the older generation of mothers. Its virtue resides in the spirit with which the tincture is manufactured.

## Meetings of the Societies.

FRIDAY, DECEMBER 18TH.

**ACADEMY OF MEDICINE IN IRELAND (Medical Section).**—At 8 p.m., Papers: The President (Dr. Cruise), Notes upon the Quantitative Analysis of Urine.—Mr. Arthur Benson, Embolism of a Branch of the Central Artery of the Retina—a case (the patient was exhibited at the last meeting)—Dr. Purser, The Therapeutic Uses of the Digestive Ferments.—Dr. H. Kennedy, Two Cases of Fœtid Expectoration from the Lung, with some remarks on the Treatment.—Specimen: Dr. J. Magee Finny, Ulcer of the Stomach perforating the Left Ventricle of the Heart, and causing death by hemorrhage.

**SOCIETY OF MEDICAL OFFICERS OF HEALTH.**—At 7.30 p.m., Dr. E. C. Seaton, The Recommendations of the Royal Commission on the Housing of the Working Classes as they affect the Status of the Medical Officer of Health.

## Vacancies.

Blackburn and East Lancashire Infirmary.—House Surgeon. Salary, £100 per annum, with board, &c. Applications, with testimonials, to the Secretary not later than December 24.

Borough of Oldham.—Medical Officer of Health. Salary, £400 per annum. Applications, with testimonials, to the Town Clerk not later than December 30.

Middlesex Hospital.—Assistant Surgeon, Honorary. Applications, with testimonials, to the Secretary-Superintendent by December 22.

Royal Albert Hospital, Devonport.—Assistant House Surgeon. Applications, with testimonials, to the Chairman of the Managing Committee not later than December 23.

Royal Hospital for Children and Women, Waterloo Bridge Road, S.E.—Honorary Physician. Also a House Surgeon. Honorarium of £70 per annum, with board, &c. Applications, with testimonials, to the Secretary on or before December 16.

Teignmouth, Dawlish, and Newton Infirmary and Convalescent Home.—House Surgeon and Dispenser. Salary, £71 per annum, with furnished apartments, &c. Testimonials to the Secretary on or before December 22.

## Appointments.

CHAPMAN, J., L.F.P.S. Glas., L.S.A. Lond., Medical Officer for the Hursley District and Workhouse.

CHAPMAN, F. M., M.D. Lond., M.B.C.P., Physician to the Hereford General Infirmary.

HARRISON, C., M.R.C.S., L.S.A. Lond., Medical Officer for the Bitton District of the Keynsham Union.

NEWBERRY, W. J., M.B.C.S., L.S.A., Medical Officer for the Burton District of the Kendal Union.

PHILLIPS, E. W., M.B.C.S., L.R.C.P., House Surgeon to the Windsor Royal Infirmary.

RUSSELL, W., M.D., M.R.C.P.E., Tutor in Clinical Medicine in the Royal Infirmary, Edinburgh.

THOMPSON, J. A. B., M.D., C.M. Glas., Medical Officer for the Brailes District of the Shippton-on-Stour Union.

THYNE, T., M.D. Ed., F.R.C.S. Eng., Medical Officer for the First District and Workhouse, Barnet Union.

VICKERY, G., M.D., M.Ch. Q.U.I., Medical Officer to the Kinsale Dispensary.

WALTER, E. W., L.R.C.P. Ed., M.R.C.S., Medical Officer for the Fourth District of the Havant Union.

WILLIAMS, H. T., L.F.P.S.G. L.M., Medical Officer and Public Vaccinator for the Aberdaron District of the Pwllheli Union.

## Births.

ALABONE.—December 12, at Lynton House, Highbury Quadrant, London, N., the wife of Edwin W. Alabone, M.D., of a son.

HUDSON.—December 8, at Dingle, Co. Kerry, the wife of Robert Hudson, M.D., of a son.

WICKERS.—December 9, at 59 Upper Tollington Park, the wife of Henry A. Wickers, L.R.C.P. Lond., M.B.C.S., of a daughter.

## Marriages.

CARTNE—GOODE.—December 9, at the Parish Church, Moseley, Alfred Henry Carter, M.D., of Birmingham, to Constance Mary, daughter of Albert C. Goode, of The Glebe, Moseley.

MACLAACHLAN—WEARING.—December 12, at St. John's Church, Paddington, Andrew MacLachlan, M.D., C.M., West Dulwich, to Jessie Blanche, eldest daughter of the late Mr. Justice Wearing, of the Supreme Court, Adelaide, South Australia.

## Deaths.

BLACKHAM.—December 7, at his residence, Ballymount, Co. Dublin, Charles Blackham, sen., 103.

BODKIN.—December 5, at his residence, Eastland House, Tuam, Patrick Joseph Bodkin, M.D., aged 38.

EATON.—December 7, at Ancaستر, John Chamberlin Eaton, M.R.C.S., L.S.A. Lond., County Coroner, aged 41.

GILCHRIST.—December 7, at Linwood, Dumfries, James Gilchrist, M.D., late Medical Superintendent of the Crichton Royal Institution.

JOYCE.—December 5, at Ashby-de-la-Zouch, William Joyce, M.R.C.S. and L.S.A. Lond., aged 58.

KROGH.—December 5, at Eccles Street, Dublin, of acute bronchitis, Edward T. Keogh, M.D., formerly of Keoghville.

SHERRIN.—November 25, at Vari, Southcoast Road, Bournemouth, Francis Mark Sherrin, M.B.C.S., L.R.C.P.E., aged 32.

WHITE.—At St. Columba's, Cornwall, Barnewell Peter White, M.D., aged 74.

# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 23, 1885.

CONTENTS.		PAGE	PAGE
<b>ORIGINAL COMMUNICATIONS.</b>			
Hysteria in the Male. By Prof. Charcot, Salpêtrière Hospital, Paris .....	567	Progressive Muscular Atrophy in a Lad, <i>æt.</i> 18.....	756
Harveian Lectures on Some Forms of Paralysis dependent upon Peripheral Neuritis. Delivered at the Harveian Society by Thomas Buzzard, M.D., F.R.C.F., Physician to the National Hospital for the Paralysed and Epileptic.....	569	Necrosed Tibia: Sequestromy performed Many Years Ago .....	776
Abstract of Presidential Address on the Recent Progress of Obstetric and Gynecological Science. By Thomas More-Madden, President Obstetric Section, Academy of Medicine Ireland: Obstetric Physician, Mater Misericordias Hospital Dublin, &c.....	573	Meeting of Fellows and Members of the Royal College of Surgeons of England..	576
<b>CLINICAL RECORDS.</b>			
Sheffield General Infirmary.—Two Cases of Pseudo-Hypertrophic Paralysis. Under the care of William Dyson, M.D., London, Physician to the Infirmary .....	575	The Case of Dr. Bradley .....	580
<b>TRANSACTIONS OF SOCIETIES.</b>			
SHEFFIELD MEDICO-CHIRURGICAL SOCIETY—		<b>LEADING ARTICLES.</b>	
Aneroid Thermometers .....	575	DR. HEYWOOD SMITH AND THE ROYAL COLLEGE OF PHYSICIANS, LONDON .....	581
Extra-Uterine Fecundation .....	575	THE MEETING AT THE ROYAL COLLEGE OF SURGEONS OF ENGLAND .....	582
Pseudo Hypertrophic Paralysis .....	576	PRESENTATION OF THE BRADLEY TEST-MONIAL .....	583
		<b>NOTES ON CURRENT TOPICS.</b>	
		Prideaux Memorial Fund .....	583
		Hypnose .....	583
		Marion Sims Memorial .....	583
		A New Endowment for Research .....	584
		The Medical Council and its Dental Register .....	584
		A Curious Decision .....	584
		Is a Name a Practitioner's Trade Mark? ..	584
		Another Hospital for Women .....	584
		Reporting Contagious Diseases .....	585
		Massage in the Treatment of Infantile Paralysis .....	585
		Can Hydrophobia occur in the Absence of Dog-bites? .....	585
		Tænia Echinococcus in Dogs .....	585
		House of Industry Hospitals, Dublin .....	585
		A New Human Parasite .....	585
		Irish College of Surgeons .....	585
		New Medical Knights .....	585
		<b>SCOTLAND.</b>	
		EDINBURGH.....	587
		<b>CORRESPONDENCE.</b>	
		The Government of the Royal College of Surgeons of England .....	588
		<b>LITERATURE.</b>	
		Norton's Operative Surgery .....	588
		Ralfs's Diseases of the Kidneys.....	588
		Gonorrhoea in the Female .....	590
		Warner's Case-Taking .....	590
		Buckmaster's Physiology .....	590
		Pepper's Surgical Pathology .....	590
		Novelties.....	590
		Medical News.....	591
		NOTICES TO CORRESPONDENTS.....	592

## Clinical Lectures

ON

### HYSTERIA IN THE MALE

By Professor CHARCOT,  
Salpêtrière Hospital, Paris.

(Continued from page 550.)

I NOW proceed to the examination of a third patient, whose case corresponds exactly with the two preceding ones.

CASE III.—The man under your observation is named G., *æt.* 27, a locksmith by trade. On the 28th Feb. 1884, he became a patient of my colleague, M. Luys. As to his parents, he knows only that his father died at the age of 48, a confirmed drunkard, and that his mother still lives, and has never suffered from any nervous affection. He has had seven brothers and sisters. But one of his brothers is living, and he is not aware that he has ever suffered from any nervous affection.

Towards the age of 12 or 13 he became very timid, and was unable to remain alone in a room without experiencing a feeling of anxiety. Otherwise he was not irritable, nor of a troublesome character. At school he learned easily, and later, towards the age of 17 or 18, he manifested marked proficiency in his trade. He frequently obtained medals of proficiency in competitions in connection with his special calling. Towards this period he unhappily developed an inordinate penchant towards females and drink. He wrought during the day at his trade, but his evenings were passed at taverns or with females. Such excesses were repeated frequently during the week. He was thus deprived of the normal amount of sleep. Meanwhile he did not appear to be unduly fatigued; he wrought as usual, and satisfactorily acquitted himself of his duty.

At the age of 21, in 1879, during one of his nocturnal expeditions, he received a cut from a knife which penetrated the left eye. He was immediately taken to the Hôtel-Dieu, and placed under the care of M. Panas, who

after some time enucleated the injured eye. On leaving the hospital G. was not slow to resume his riotous life.

Towards the commencement of 1882, at the moment of shutting his eyes in order to sleep, he experienced the vision of a monster in human figure advancing towards him. Frightened, he emitted a cry, and on opening his eyes the vision disappeared, but to return whenever he closed his eyelids. He fell into a state of extremely painful anxiety, and he frequently remained in this condition for a great part of the night, being consequently unable to sleep.

These hypnagogic hallucinations continued during six months, when in July, 1882, the patient was the subject of a more terrible accident than the first. Occupied in fixing a balcony on the third story of a mansion, when doubtless in a state of intoxication, he fell to the ground, landing, as he alleges, on his feet. During an hour subsequently he was in a state of total unconsciousness. On recovering he was again carried to the Hôtel-Dieu, and placed under the care of M. Panas. It would appear that at this time a fracture of the skull was suspected. Meanwhile the progress towards recovery was slow, and it was only after a lapse of two months that the patient was able to return home. Soon after the terrible nocturnal hallucinations reappeared, and for the first time the spasmodic attacks. At first these were not so characteristic as they subsequently became. They consisted especially of vertiges coming on suddenly, and followed by rigidity, and then by trembling of the members. There was no loss of consciousness. Furthermore, they were not frequent. Matters remained in this state during eighteen months. About this time the treatment of the various physicians was found to have no effect, and G. left, in order to enter the Salpêtrière (under M. Luys).

A short time after his admission G. became subject to frequent abdominal and gastric colic, followed by a feeling of constriction about the pharynx, and vomiting, which supervened, without any effort. These complications, for which medicine was employed in vain, suddenly ceased about six weeks afterwards. Towards this time the existence of a right hemianæsthesia was discovered, and like-

wise a particular trembling of the hand instantly to be considered.

In Jan., 1885, in consequence of changes in the staff, the patients of M. Luys were committed to our charge, and it was then that G. was seen for the first time. He is, as you know, tolerably muscular and vigorous, and his general health appears satisfactory. His mental condition does not present any marked anomaly. The nocturnal (hypnagogic) hallucinations have almost entirely disappeared for a year. G. is not sad, and he willingly converses with the other patients, and renders himself useful in the ward.

The right hemianæsthesia is absolute; neither contact nor pricking is felt on this side of the body. The organs of sense of the same side are equally affected—hearing, the sense of smell, and taste in particular. With respect to the organ of vision, regular examination discloses characteristic abnormalities. On the right side—you have not forgotten that the left eye is wanting—the field of vision is extremely diminished. Red only is perceived by this eye, and the circle of that colour is reduced almost to a point.

The trembling of the right hand above referred to is remarkable for the perfect regularity of its rhythm. It consists of oscillations numbering on an average five in a second. In this respect it is intermediate between the slight oscillations of paralysis agitans and the vibratory trembling or rapid oscillations of general paralysis or the malady of Basedow. It is not exaggerated under the influence of voluntary movements. The patient is able to use his hand for the purpose of eating and drinking, and is even able to write tolerably well providing he balances his right wrist on his left hand, a manœuvre which arrests the trembling for an instant. The muscular sense is entirely preserved in every part of his right arm. The sole hysterogenetic zone found in G. occupies the testicle and the course of the spermatic cord, almost up to the right loin. The skin of the scrotum of this side is extremely sensitive, and when it is pinched firmly the same effect is produced as by compression of the testicle itself, or of the cord, that is to say, either the development or the arrest of an attack.

These attacks, either spontaneous or provoked by excitation of the hysterogenetic zone, are always preceded by the sensation of a perfectly characteristic and painful aura, which originates either in the right testicle, extends to the epigastric and cardiac regions, then to the throat, determining a feeling of constriction, and finally affecting the head, causing singing noises in the ears, especially the right, and throbbing, chiefly of the temple of the same side. The patient then loses complete consciousness; the epileptoid period has commenced; the trembling of the right hand is increased, the eyes are turned upwards, the extremities are extended, and the fists are

in a condition of exaggerated pronation. Soon the arms are approximated to one another in front of the abdomen in consequence of a convulsive contraction of the pectoral muscles. After this the period of contortions supervenes, characterised especially by extremely violent movements of salutation, intermingled with mixed gestures. The patient breaks or tears whatever he carries in his hands. He puts himself in the most ridiculous poses, so as to justify the term *clownism*, which I have suggested to designate that part of the second period of the attack. After a time these contortions cease to be followed by a characteristic attitude designated an "arc of a circle." Soon there is a veritable opisthotonos, in which the loins are raised above the bed to a distance of 50 centimetres, the body reposing only on the head at the one extremity and the heels at the other. In other instances the circle is forwards, the arms are crossed upon the chest, the thighs are in the air, the trunk and head are raised, and the buttocks and loins alone rest on the bed. At other times, in the attitude of the arc of a



Arc of a circle forwards.

circle, the patient reposes either on his right side or on his left. All this part of the attack in G. is exceedingly pretty, if I may thus express myself, and each of the details deserves to be fixed by instantaneous photography. I show you representations thus obtained by M. Londe. You notice that, as a work of art, they leave nothing to be desired. For as they are otherwise most instructive. They show us, indeed, so far as concerns the regularity of the periods and the typical character of the diverse attitudes that the attacks in G. are not wanting in anything which we daily observe in hystero-epilepsy of the most



Arc of a circle backwards.

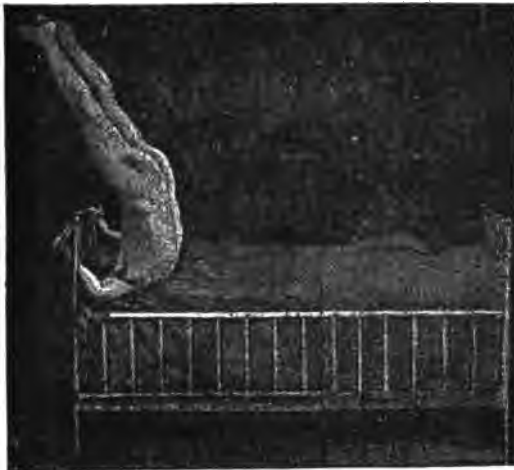


Attitude ill-gique.

classic type in the female sex, and that perfect correspondence is peculiarly worthy of being pointed out, seeing that G. has never entered the female dormitory so as to see feminine attacks and be thus influenced by contagious imitation.

The period of hallucinations and passionate attitudes is alone wanting in G. Sometimes we have seen towards the end of a crisis his physiognomy express alternately fear or joy, and his hands extended as in search of an imaginary being.

The end of an attack is, in our patient, frequently marked by a kind of motor aphasia which does not generally continue more than eight or ten minutes; but on one occasion it persisted for six days. Then when the patient desires to speak some ropy, inarticulate sounds only escape his mouth. He becomes impatient, but agitates himself so as to make himself sometimes understood by very expressive gestures. In such cases he has been known to take the pen and legibly to write some correct phrases.



Forward arc of a circle.



Backward arc of a circle.

This is sufficient in regard to this perfectly classical case. We will find in our next lecture the details of three other cases quite as characteristic as those we have been considering.

(To be continued.)

## Harveian Lectures

ON

### SOME FORMS OF PARALYSIS DEPENDENT UPON PERIPHERAL NEURITIS.

DELIVERED BEFORE THE HARVEIAN SOCIETY,

By THOMAS BUZZARD, M.D., F.R.C.P.,

Physician to the National Hospital for the Paralyzed and Epileptic.

#### LECTURE III.

MR. PRESIDENT AND GENTLEMEN,—The possibility of paralysis from peripheral neuritis occurring in the sequel of specific febrile affections may give rise to a curious difficulty of diagnosis.

A few years ago a gentleman brought me a letter from his medical attendant abroad, which stated that the patient, after a severe attack of pernicious malarious fever, had become paralysed in both legs, sensibility being normal, but the electric excitability much diminished. The memory likewise was weak. Under treatment he had recovered, except as regards the movement of the foot. It was added that the patient was very fond of liquor, and had required great restriction in this respect. When I saw him he had quite recovered. It is evidently difficult to say what share alcohol may have had in the production of the symptoms. In another instance a female patient, who had suffered several times from tropical dysentery, was sent to me from abroad on account of a quasi-paralytic condition of the upper and lower limbs, described in a letter from her medical attendant as resembling locomotor ataxy. In addition, there had been marked loss of memory, and her conversation had at times been incoherent. Irritability of the stomach, flying pains, and numbness of the limbs had characterised her attack. Though she could move her limbs in bed, "and though sensation was but little at fault, she could neither stand on her legs nor walk a step. She complained bitterly of pain and tingling, and numbness in both arms and legs, and the co-ordinate power of the small muscles of the thumb and fingers was greatly impaired." It was a couple of months or so later that I saw her, and although she had recovered to a great extent, the knee-reflex was still absent, and there was greatly reduced electrical excitability in the anterior muscles. I could learn nothing of the patient's habits, but her complexion was sallow and the conjunctivæ yellow, and her attack had commenced with so-called "biliousness." She came from a country where malarious fever is rife, but I could get no evidence of any characteristic intermittent disorder. The symptoms, it is evident, were those of multiple neuritis, but whether this depended on alcohol or malarious fever I am unable to say.

One occasionally meets with alcoholic cases in which there is paralysis to a considerable extent which has escaped the notice of the patient's friends. The patient (usually a female) lies in bed in such a muddled condition of mind that she does nothing for herself, and takes sustenance at the hands of others. When moved from side to side in bed, or when her limbs are touched, she cries out with pain. It is not at all uncommon to find this condition referred to rheumatism and gout. In some cases, as an explanation of the mental condition, one is told that the rheumatism or the gout has "flown to the brain." Although evidently there is a great probability of persons who indulge to excess in alcohol being affected with gout, yet I am disposed to think that much more often this condition is due to peripheral neuritis from alcohol. The persons who suffer in this way do not drink wine or beer—the liquors which tend so much to induce gout—but brandy or gin. In such cases as I have described there will often be an amount of muscular wasting of the extremities, not to be explained by mere emaciation. If examination be made, it will very likely be found that the knee-jerks are absent, and the faradaic excitability in the muscles greatly reduced or lost

Amongst the toxic influences apparently liable to give rise to multiple neuritis, besides alcohol, syphilis, and the essential cause of bérubéri, whatever that might be, I have mentioned lead and diphtheria. There are circumstances connected with the question of the pathology of lead poisoning which appear to place it on a somewhat different footing from the other varieties described; and this, together with the narrow limits of my space, renders its discussion on the present occasion impracticable. I will therefore conclude this part of my subject by a few remarks upon diphtheritic paralysis. The symptoms of diphtheritic paralysis are so well known that I need not trouble you with any systematic account of them. My intention is to refer briefly to those clinical features which show that the disease ought probably to find a place alongside of the other forms of paralysis essentially dependent upon peripheral neuritis which we have been considering.

The ataxy of gait which is so frequently seen in the sequel of diphtheria is precisely of the kind which occurs in multiple neuritis arising from other influences, such as alcoholic, syphilitic, and also in certain unclassified forms. It never, so far as I have seen, acquires the pronounced character of the ataxy which is so often associated with sclerosis of the posterior columns of the cord. We do not see in these cases the wild flourishing about of the legs, with stamping action, so characteristic of the latter disease. The ataxy in multiple neuritis is probably due, I think, not to any affection of the posterior columns of the cord, but to the want of harmony in the strength of various muscular contractions owing to the varying amount of the lesion of peripheral nerves.

I long ago drew attention to the chance of diphtheritic paralysis being mistaken for tabes dorsalis, of which several instances have come before me. When the electrical reaction of the muscles is unimpaired this is peculiarly liable to occur. The condition of the pupils should be a help towards differentiation. In tabes, as was first pointed out by Argyll Robertson, the pupils are very apt to lose their capacity for contracting to light whilst retaining the power of contraction during an effort at accommodation. In diphtheritic paralysis, so far as I have seen, the pupils retain the power of contracting to light. How they behave in an effort at accommodation I cannot say, and several ophthalmological friends to whom I have applied have not been able to tell me, but have kindly promised to observe the point. In view of the peculiar affection of accommodation in this disease, it would be interesting to know whether there is normal contraction of the pupil during convergence for accommodation. The tenderness of the trunks of nerves which is sometimes conspicuous was long ago observed by Dr. Greenhow. In the cases of multiple neuritis which I have seen, including those of the alcoholic form, the optic nerve has been unaffected; but in one patient who, I believe, suffered from the non-alcoholic form of the disease (though the diagnosis is not absolutely sure) there was optic neuritis. It occurred also in a case related by Strümpell.

Opportunities of examination after death in cases of diphtheritic paralysis are comparatively rare. The results in such cases as have been recorded are at first sight conflicting. Changes of an atrophic character in the ganglion cells of the anterior horns of the spinal cord have been described by Vulpian, Déjerine, Abercrombie, Kidd, and others. On the other hand, many investigations support the opinion that the cause of diphtheritic paralysis lies in a lesion of the peripheral nerves. Charcot, Vulpian, Lorain, Lépine, Lionville, Leyden, and Meier have contributed testimony in this direction. Changes also in the vascular system and its contents have been noted by Buhl, Oertel, Mendel, and others, in the form of hyperæmia, capillary hæmorrhage, and thrombosis.

It must be remembered that the cases in which disease of the spinal cord has been discovered have been of necessity fatal cases; and the question is, What is the

pathology of the infinitely more numerous cases which not only recover, but recover without leaving a trace of any permanent change? I do not think that, with the clinical evidence before us, we are justified in saying that diphtheritic paralysis in its ordinary form, passing to complete recovery, is dependent upon an affection of the spinal cord. It is, in my opinion, more reasonable to conclude that in this disease we have usually to do with peripheral neuritis of very varying severity, which in the mildest cases is probably represented by a mere transitory hyperæmia with effusion in the interstitial element.

Were such changes in the spinal cord as I have referred to ordinarily present, the complete recovery which is well known to be the rule would be impossible. The alterations in the number and structure of the ganglion cells would certainly be attended, as they are in cases of infantile paralysis, by more or less permanent paralysis and atrophy in corresponding nerve districts. Nor should we find, as we do in many instances, the electrical reaction of the muscles remaining normal. Moreover, the sensory disturbance which is so often present in diphtheritic paralysis, cutaneous anaesthesia, tenderness of muscles and nerve trunks, and darting pains, cannot possibly depend upon lesion of the ganglion cells, of the anterior horns of the cord, whilst they point as strongly as possible to affection of nerve fibres.

Practically one very seldom indeed meets with examples of diphtheritic paralysis exhibiting such a near approach to the symptoms of typical interstitial neuritis as is so frequently seen in alcoholic paralysis. No doubt now and then a case is seen in which severe shooting pains are very prominent, another in which there is extreme and widespread loss of muscular power, or it may be that loss of cutaneous sensibility is strongly marked. So also here and there we may find one in which there remains a narrowly localised and permanent muscular atrophy. But if we take a very common type of alcoholic paralysis and the most frequent form of diphtheritic paralysis, the contrast appears to be strongly marked. In the former we have notable paralysis of the extensor muscles of the extremities, with cutaneous tenderness or anaesthesia, pains of an agonising description, rapid muscular atrophy, and complete loss of faradaic excitability. In the most common examples of diphtheritic paralysis there is weakness and ataxy rather than marked paralysis, a varying amount of cutaneous anaesthesia, pains either absent or of trifling character, no muscular atrophy, and electric reaction to induced currents either normal or but slightly reduced.

But alongside of these strikingly contrasted symptoms there are others which point more or less strongly to a kindred origin. In each case, for example, loss of patellar tendon-reflex is a very constant symptom, and tenderness of the muscles to palpation is likewise very generally marked in both. If, again, we pass from the strikingly contrasted forms to which I have just referred, we shall find cases more and more approaching a common character—cases of alcoholic paralysis with ataxic symptoms predominant, with pains but slightly marked or absent, and only a moderate amount of anaesthesia; or, it may be, cases of diphtheritic paralysis without affection of accommodation or of the palate, and with ataxy rather than paralysis. Moreover, in some rare cases of diphtheritic paralysis there may be exceedingly severe lancinating pains, great tenderness of the muscular masses, "dropped" hands and feet, followed by more or less general powerlessness of the upper and lower extremities, absent tendon-reflex, without affection of accommodation, or of the velum palati—a train of symptoms, indeed, which is literally only distinguishable from those of alcoholic paralysis by the absence of any mental disorder. It is indeed hardly possible to doubt, from the mode in which the clinical characters of the two conditions thus approach each other and sometimes meet, that they depend essentially upon similar lesions varying in severity in different instances.

The diagnosis of multiple neuritis is of great import-

ance, and may present no small difficulty. It is evident that there are certain points in the symptomatology of this disease which enable us to narrow the question of diagnosis, so far at least as strongly-marked cases are concerned. The alteration in the electrical reactions of the muscles alone permits us to say at once that the disease is not dependent upon an intra-cranial lesion. We know that we have to do with paralysis of either spinal or peripheral origin. In its mode of onset and progressive character there is a strong *primâ facie* resemblance between multiple neuritis and the acute ascending paralysis of Landry. This disease (of which I know but little, save what I have read), beginning usually like multiple neuritis with numbness in the finger ends and feet, is characterised by motor paralysis, which commonly first affects the lower extremities, and spreads upwards over the trunk and upper extremities. The circumstance that the distal portions of the extremities are first involved gives rise to a great resemblance to the aspect of multiple neuritis. But in acute ascending paralysis the general sensibility is said to be scarcely, if at all, affected; there is no notable atrophy of the muscles, and no change in their electrical reaction.

Weakness of the arms, with pain in one or other of them, accompanied by loss of power in the lower extremities, and anæsthesia extending to the upper ribs, may be caused by a tumour pressing upon the cord in the lower cervical region of the spinal cord. But in such a case we should expect to find more or less paralysis of the bladder, with a strong tendency to the occurrence of bed-sores. The reflexes, deep and superficial, would be increased below the waist—the electrical excitability of the muscles of the lower extremities would be unchanged. There would be notable tendency to spasmodic contractions of the lower limbs.

The symptoms arising from Pott's disease of the spinal column when the affected vertebrae are in the cervical region are of course very comparable with those resulting from tumour in the same region. The symptoms of compression-lesion just enumerated will be found, and will alone suffice to distinguish from multiple neuritis, even without the evidence afforded by the spinal deformity.

Where there is paraplegia from acute softening of the cord, the symptoms are far more rapid than is the case in multiple neuritis. The bladder is apt to be paralysed quite early in the case—sometimes indeed, a failure to pass urine is the first symptom. Disorder of the bladder and rectum are, indeed, ordinarily as conspicuous in this disease as they are altogether absent or trifling in multiple neuritis. There is also constant tendency to destructive bed-sores in the sacral region and other parts, in striking contrast with the immunity which almost always obtains in multiple neuritis.

The diagnosis of multiple neuritis from spinal leptomeningitis is more complicated; for here likewise there are shooting pains in the course of nerve trunks, with more or less hyperæsthesia or anæsthesia in the districts of certain nerves, together with impairment of muscular power. But in meningitis we should find superadded to these symptoms deep-seated pain in the back, materially increased by movement, especially by turning from side to side in bed. There would probably also be rigidity of the spine, as well as muscular spasms in the limbs. None of these symptoms form part of the symptomatology of multiple neuritis. Perhaps the greatest difficulty might be found in the differential diagnosis from cervical pachymeningitis with extension of meningitis of the soft membranes through the length of the cord. In this condition there might easily be a more or less complete loss of power of grasp, coupled with darting or burning pains in the nerve trunks of the arms, exactly resembling those which are apt to occur in the course of multiple neuritis. Moreover, there would be atrophy of certain of the muscles of the hands and arms, with loss of electrical excitability. It is not, indeed, surprising that there should be this striking resemblance, because when the

cervical dura mater is thickened by inflammation (which necessarily involves also the soft membranes below it), the lesion attacks likewise both anterior and posterior roots of the nerves and sets up neuritis in them. But besides the symptoms in the upper extremities, the pressure on the cord in the cervical region would occasion loss of power in the lower extremities, combined with more or less sensory and trophic disturbance in them according to the degree and extent of the inflammation of the soft membranes. But in this condition, again, we should expect to find stiffness of the neck, with a good deal of pain in the back, increased by movement, and twitching in the muscles of the extremities. Moreover, there would be a great preponderance of symptoms referred to the *upper* extremities, whereas in multiple neuritis it is usually the lower extremities which suffer most.

In meningitis it is the roots or central ends of the nerves which are the subject of inflammatory change. The symptoms resulting will therefore be liable to appear equally developed in the various districts of distribution of the nerves, and will not be confined, as is so often characteristic of multiple neuritis, to the distal portions of these districts. The localisation of pronounced paralysis and sensory disorder in the periphery of the limbs points most strongly to multiple neuritis, but in certain cases a more or less extensive spread of the lesion upwards towards the centre may easily mask the significance of this sign.

Hæmorrhage into the substance of the cord or outside the membranes will, if extensive enough, occasion motor paralysis of limbs and trunk, with complete loss of cutaneous sensibility, muscular atrophy, as well as loss of electric excitability. The suddenness of the onset will alone suffice to distinguish such a case from one of multiple neuritis, to say nothing of the fact that paralysis of the bladder and bowel, together with strong tendency towards the occurrence of bed-sores, would almost necessarily form part of the symptoms.

I have already referred to the resemblance to tabes dorsalis found at a certain stage of multiple neuritis. The patient is able to walk, but it is with an ataxic gait; the knee phenomenon is absent, and he complains very likely of sharp shooting pains. The alteration of electrical reaction in the muscles of the affected limbs will serve, when present, to distinguish the condition. But at a certain stage of recovery the muscles may be found to respond normally to the induced current. In these circumstances the difficulty of diagnosis on the part of anyone who had not watched the case in its antecedent stages would be very great. A little time, however, would clear up the obscurity, for the return of the knee phenomenon would show that the case was not one of tabes.

The subacute atrophic spinal paralysis described by Duchenne is characterised by symptoms on the motor side closely resembling those of multiple neuritis, but it differs from the latter in presenting no affections of sensibility.

The differential diagnosis between multiple neuritis and acute anterior poliomyelitis may be very easy indeed, or so difficult as to give rise to considerable doubt. It appears to me that there are three principal points to be borne in mind: (1) In acute anterior poliomyelitis, what may be called the first stage—the stage of increasing intensity of symptoms—is usually much shorter than in progressive multiple neuritis, the paralytic symptoms far more complete, and the motor disturbance much more marked than the sensory symptoms, where these chance to be present. In multiple neuritis, on the contrary, such forms of the latter as “numbness,” “deadness,” and “pins and needles” are usually more prominent at first than the loss of power. (2) In acute anterior poliomyelitis groups of muscles functionally related are apt to be struck simultaneously with complete loss of power, whilst in progressive multiple neuritis the groups of muscles invaded by the disease are apt to be those in the district of distribution of



various nerve trunks rather than of plexuses. (3) In progressive multiple neuritis, severe enough to cause marked paralysis, you may expect to find distinct tenderness if you press upon the trunks of nerves where these are superficial. Sharp shooting pains in the course of peripheral nerves lasting several days probably furnish in an otherwise doubtful case conclusive evidence in favour of progressive multiple neuritis. This is the best diagnostic scheme which I can suggest, but I acknowledge that in certain cases it will not be sufficient for the required distinction. For it may chance, in a case of multiple neuritis, that the motor disturbance is exceptionally rapid, severe, and unaccompanied by sensory disturbance. It may be so extensive as to merge in one common powerlessness all the muscles of a limb, whether functionally or anatomically related. As regards the tenderness on pressing the nerve trunks, I am not able to say whether this is constant in cases marked by motor symptoms chiefly or entirely, as well as in those characterised by striking pain and hyperalgesia. It is in the latter only that I have noted the symptom.

No doubt, if we take the example of a purely motor nerve—the portio dura,—in cases of neuritis of its trunk causing facial palsy, there is not any tenderness on pressure. But in a spinal mixed nerve, a nerve containing sensory as well as motor fibres, even when the symptoms point only to lesion of the motor nerve fibres, it may well happen that there is over-excitability of the sensory fibres. But, as I have said, whether this is the case or not I do not know.

It may be asked whether, considering that in each case the lesion of the peripheral nerves is immediately the cause of the paralytic symptoms, it is not over-refining to try to determine to which category a particular example belongs. The importance lies in the fact that the prognosis is, on the whole, far more favourable in a case of multiple neuritis than in one of anterior poliomyelitis.

It is highly probable that a certain number of cases of so-called "infantile paralysis" are examples of multiple neuritis. I am much disposed to think that in the cases of "infantile paralysis" which make unexpectedly good recoveries after very long delay, the lesion may have been in the nerve trunks, and not in the anterior ganglia of the cord.

A very few words are necessary in reference to prognosis. In the early stage of multiple neuritis of non-alcoholic form, when the disease is spreading almost hourly so as to invade fresh nerve districts, the prognosis is necessarily an anxious one. The cardiac and respiratory apparatus may easily become involved, and death occur almost suddenly. But it is quite remarkable, as was seen in two cases of my own which I have related, to what an extent the respiratory apparatus may become affected and recovery yet take place. When the disease seems to be no longer making fresh inroads, but, on the contrary, slight ameliorations begin to appear, a highly favourable result may generally be looked for. It is not so easy to speak as regards the alcoholic cases, as in them the brain also is always more or less involved in the disorder. But, as I have already remarked, my personal experience has decidedly disposed me to give a very favourable prognosis even in cases which are marked by extensive paralysis and muscular atrophy.

In diphtheritic paralysis the prognosis is distinctly favourable. It is probably through invasion of the pneumogastric that a fatal result now and then occurs, and for that reason serious modifications of the circulation, especially if accompanied by vomiting, should cause anxiety and care. So long as the knee-reflex is absent the patient should be looked upon as still an invalid, and not allowed to be incautious. This will obtain equally in other forms of multiple neuritis.

There are various degrees of severity shown by this disease, from a slight loss of power scarcely noticed by the patient, to a rapidly extending and complete paralysis, involving not only the nerves of the extremities and trunk,

but also those belonging to the organs whose functions are essential to life.

The treatment of localised neuritis occurring in a person of gouty habit, and presumably dependent upon that exciting cause, should be in accordance with the customary methods adopted for acute gout. After the acute symptoms have subsided, good is sometimes experienced from the application of small flying blisters in the neighbourhood of the affected nerves, and comfort may be derived from the employment of the constant current.

In severe cases of a progressive multiple neuritis it is advisable to place the patient at once upon a water-bed although it will have been noted that in this disease there is not seen the same tendency to dangerous bed-sores which is observed in certain lesions of the spinal cord. But I think that the water-bed supports the weak patient better than an ordinary couch; and this becomes of importance when, as sometimes happens, life is carried on with difficulty, owing to the nerves presiding over respiration, deglutition, and the heart's action becoming involved in the progress of the disease. In such cases as these the administration of food in easily assimilable form and quantity, and at very short intervals, is urgently required, and stimulants often need. During the first stage of the disease it will be advisable to administer iodide of sodium in all cases except examples of diphtheritic paralysis and those in which a syphilitic taint can be safely put aside. In the progress of the disease it may be found necessary to give the salt in increasing doses. In one of my cases the dose of iodide of potassium was increased from ten to sixty grains three times a day with evident advantage, and to this mercurial treatment was added. In a case of multiple neuritis with a distinct syphilitic history, I should now begin with mercurial inunctions, and also employ iodide of sodium at the same time. In cases of non-specific character, and especially where there is reason to think that exposure to cold and other causes of rheumatism have been present, it will be well to employ the salicylate of sodium, which in the hands of Leyden has apparently yielded favourable results. The dose and mode of use is like that for acute rheumatism. For the relief of pain a combination of morphia with Indian hemp and belladonna may be employed internally with advantage, and lint steeped in chloroform may be pressed for a minute or two on the seats of greatest suffering if the state of the skin admits of this. But very often, and especially in alcoholic cases, there is an amount of exquisite hyperæsthesia which renders it difficult to apply any local remedy. In such instances the best thing is to envelop the tender limb in cotton-wool and cover this lightly with oil-silk. When multiple neuritis has arisen in connection with the abuse of spirits, I am accustomed, as a general rule, to withhold alcohol in any form, and to depend entirely upon frequent administration of food for the support of the patient. Nutrient enemata will sometimes be required. In such cases as these it is remarkable how rapidly the pains and hyperæsthesia which have been the cause of intense suffering to the patient cease. It is very difficult to say how long a patient suffering from multiple neuritis should be kept strictly and absolutely at rest. This should certainly be done during the continuance of pain or hyperæsthesia, and in case there is any important elevation of temperature. But when it is evident that the process of regression or repair has taken place to a considerable extent, the patient should be allowed to get up and cautiously try to move the muscles of the affected limbs. By slow and careful steps the effort at voluntary movement may be increased. At the same time the galvanic current slowly interrupted should be applied to the muscles.

There are some grounds for believing also that faradisation with the wire-brush upon the dry skin may be employed with advantage. Massage is also useful in this stage, and in this I would include passive movements by the operator, as well as active movements against resistance on the part of the patient. In the contracted state

of limbs which occasionally results, the contracture being due to unbalanced muscular antagonism, division of a tendon may sometimes be adopted with advantage. Considerable patience should be employed before proceeding to this measure, as I have known contractures, which were to all appearance hopelessly permanent, yield, without operation, to assiduous massage combined with active and passive movements. Along with the contracture of the muscles, it will sometimes be found that adhesions have taken place in some of the joints owing to disuse. These should be forcibly broken down. The aim generally should be to disengage muscles from obstructions to their movement, and to encourage their growth and functional activity by various kinds of physiological stimuli.

## Abstract of Presidential Address

ON

### THE RECENT PROGRESS OF OBSTETRIC AND GYNÆCOLOGICAL SCIENCE.

By THOMAS MORE-MADDEN,

President Obstetric Section, Academy of Medicine, Ireland;  
Obstetric Physician Mater Misericordie Hospital, Dublin, &c.

GENTLEMEN,—My first duty here is to express my grateful appreciation of the compliment you have paid me in my election to the Presidency of this Section of the Academy of Medicine. Passing now to the changes and progress that have recently taken place in the twin sciences of obstetrics and gynecology, we shall find therein much reason for congratulation, as well as for hope of still greater advancement in the near future. For instance, on contrasting the midwifery practice of the present day with that which prevailed in the student days of those who, like myself, have approached the "*mezzo del camino della nostra vita*," it will be seen that within this comparatively short time child-birth had been largely divested of its former sufferings and dangers.

Thus by the more general employment of anæsthetics in obstetric practice, the throes of labour have been rendered more endurable. By the earlier and judicious use of the forceps and of those other recently improved methods of affording assistance in cases of difficult parturition, the duration as well as the risks of that formerly too commonly protracted period of agony and danger have been diminished. By the aid of the means now available for the prevention and treatment of *post-partum* hæmorrhage that cause of obstetric mortality has been almost completely removed. By those antiseptic and prophylactic measures now taken for alleviating puerperal fever the occurrence of that whilom most serious of all the dangers consequent on parturition, has been strikingly lessened. Moreover, if, as it sometimes still happens notwithstanding these precautions, that septicæmic puerperal disorder should supervene, we are no longer, as of old, in the position of helpless spectators of the irresistible course of disease to a fatal termination, being now armed with rational therapeutic resources for its effective treatment. Lastly, by the substitution of version for craniotomy, in cases of pelvic contraction or induction of premature labour other modes of practice compatible with safety of mother and child, in cases where formerly embryotomic operations were unhesitatingly and often recklessly resorted to, the proportion of such cases in recent practice are so reduced as to justify the hope that their performance will, before long, be altogether unheard of.

The progressive diminution in the mortality consequent on child-birth is well shown by the annual reports of the Registrar-General. Thus, in the ten years 1861-70, the deaths from child-birth and puerperal fever in England and Wales averaged 60 to every 100,000 women between the ages of 20 and 55. In the five years 1876-80 this mortality fell to 53 per 100,000 women. Not many

years have elapsed since it was calculated by Dr. Matthews Duncan that the average mortality consequent on child-birth in these countries was something like 1 in 120 confinements. Now, in the English Registrar-General's last report we find that in 1883 the maternal death-rate from all causes in connection with parturition was about 1 in 230 births. In the Dublin Lying-in Hospital the same result is apparent. In the ten years ending 1864 there were 8,224 births with 252 deaths, or 1 in 32 in the Rotunda Hospital; whilst last year, according to the report published in 1885 of the Dublin Hospitals Board of Superintendence, there were 1,156 deliveries therein with 9 maternal deaths or 1 in every 128 cases.

The Dublin School of Midwifery ever since the establishment, in 1745, in this city of the first lying-in hospital in the British Empire, has always been foremost in the van of obstetric science and in the discovery and practical application of most of those improvements in its practice which have so happily conduced to the saving of life and suffering in connection with child-birth. Therefore, I for one can see no reason why we should sit so submissively as we do at the feet of foreign obstetric teachers, who having learned the value of practices with which we were conversant, on the strength thereof are now regarded as shining lights of obstetric science. Thus the expression of the placenta by the method with which the name of Professor Credé, of Leipsig, is so commonly associated, has been here constantly practised from time immemorial down to the present day. The operation of version in cases of contracted pelvis as a substitute for craniotomy advocated by recent English and German authorities was first carried into effect by Sir Fielding Ould, of Dublin, in 1742, and a century subsequently was revived in a lying-in hospital by the late Dr. M'Clintock. In like manner the preventive and immediate reparative treatment of perineal lacerations; the revival of the timely employment of the forceps; the prophylaxis of *post-partum* hæmorrhage, and countless other improved procedures in the management of child-birth which have been claimed elsewhere as original ideas, have all emanated from this ancient school of midwifery.

Turning now to the second of the two branches of medicine with which this section of our Academy is especially concerned, it will be apparent that remarkable as has been the recent progress of the obstetric art, still more wondrous has been the cotemporaneous development of gynecology. So rapid, however, are the strides with which this youngest creation of modern medico-chirurgical science is daily advancing, and so widely extended have become the boundaries of the field of practice cultivated by its followers, that it would be impossible here to do more than allude to some few of the many pathological and therapeutic problems of late solved by gynecologists or with the investigation of which they are still occupied.

To illustrate the change which has taken place in this department of medical practice even within the recollection of many of my present audience, I shall briefly contrast the imperfect diagnosis and unsatisfactory treatment of various utero-ovarian diseases some twenty years ago with the results now attained by the modern science by which the defective gynecological knowledge that then prevailed has been so happily replaced. At that time the cavity of the living uterus was yet a sealed book, a *terra incognita* to uterine specialists then unprovided with any efficient means for exploring its condition, or with any reliable method of dealing with those intra-uterine disorders, which, thanks to the procedures suggested by Kidd, Atthill, and Ringland, may now be easily recognised and effectually treated. In the pre-antiseptic surgical period to which I refer it would obviously have been impossible to foresee the successful results which, in so many instances, have been obtained in the removal by abdominal section of ovarian tumours, as well as in other intra-peritoneal and pelvic morbid conditions. In like manner the physiology and pathology of menstruation having only of late become understood

the management of its abnormalities was previously largely empirical. The bearing of cervical lacerations on pelvic disorders was ignored until within the past years elucidated by Dr. Emmet. Lastly, many of the morbid conditions of uterine appendages, such as salpingitis, pyosalpinx, and hydro-salpinx to which so much importance is now attached, were wholly unknown in the student days of the majority of the gynecologists whom I now have the honour of addressing.

The prolongation of life and the alleviation of sufferings formerly beyond possibility of help, which have resulted from this progressive development of modern gynecological science, afford, I think, a more than sufficient answer to the attacks which have been recently again directed against our specialty and its followers by Dr. Clifford Allbutt and others. Nor can those who devote themselves mainly to gynecological practice be said with truth to be engaged in any narrow specialism. On the contrary those thus occupied have constant necessity for treating the constitutional consequences of periuterine disorders, reacting as these do, not merely on the physical but also on the mental condition of their patients, and hence requiring that whoever are responsible for their treatment, whilst primarily gynecologists, should also be in the highest sense of the term, accomplished physicians, conversant with the principles and practice of medico-chirurgical science.

It is not improbable that the process of gynecology might have been still more rapid than it has been had its advance not been somewhat retarded by the over hasty generalisations by which successive discoveries and improvements, however important and valuable in certain cases, were dignified into systems and extended to cases wholly beyond their proper sphere. Thus, as I have previously observed, when I entered the profession Dr. Henry Bennett's theory concerning chronic inflammation and ulceration of the cervix uteri was almost universally adopted. At that time hardly a female patient whose symptoms could possibly be converted into any evidence of supposed uterine disease escaped the frequent vaginal examinations and local application to the cervix of nitrate of silver or other uterine escharotics then in vogue. In this way it was that, in those halcyon days of early gynecology many a practitioner speculated his easy way to fame and fortune. At last, however, this facile line of practice became played out, and the cylindrical speculum and stick of caustic ceased to draw crowded consulting rooms. Then came the no less generally accepted and perhaps better-grounded doctrine of ortho-uterine therapeutics acting on which, for the last fifteen years, the followers of Dr. Graily Hewitt have found the evidence of some uterine displacement or flexion in every variety of pelvic ailment, and exhausted their inventive fertility in the designing of new pessaries or the remodelling of old instruments. This mechanical theory of uterine pathology has not, however, had as undisputed a supremacy as that which it displaced, being interfered with first, by Dr. Emmet's widely adopted and important views concerning the influence of cervical lacerations in the causation of uterine hyperplasia; and, secondly, by the revival, in recent practice, of the old doctrine of the ovarian and tubal origin of many of the diseases peculiar to women and their curability by oophorectomy and removal of the Fallopian tubes. The former idea, originally suggested by Dr. Blundell, was resuscitated by Dr. Batty, whose operation is now employed with increasing frequency and success, though in some cases in which I would myself prefer a trial of less heroic treatment. These theories, each of which however unquestionably applicable in many cases, has been pushed beyond its legitimate employment, all point to different forms of purely local treatment, and have tended to the existing disposition to ignore or under estimate the value of constitutional remedies in conjunction with whatever special local treatment may also be necessary. Another circumstance that may be alluded to is the enthusiasm prevailing

with regard to abdominal surgery in the treatment of uterine tumours, malignant disease of the uterus, pyo- and hydro-salpinx, and other peri-uterine diseases. None can estimate the value of operative gynecology in all appropriate instances more than I do, nor better appreciate the success which has attended the practice of some eminent authorities in this branch of Surgery. Still I would venture to repeat for the benefit of younger practitioners that in cases, for example of uterine fibro-myomata abdominal section, whether for hysterectomy or oophorectomy, by no means invariably indispensable. Such tumours may in some instances be removed by enucleation *per vaginam*, in other cases they require no active treatment whatever; and in others again by purely medical means we may be successful in tiding patients suffering from myomata over the dangers that otherwise await them before the occurrence of the menopause, when some arrest in the development of the disease, or some abatement of its most formidable symptoms, may naturally be anticipated.

Our profession knows not clime or creed or race in the scope of its beneficent operations, and hence, over long as perhaps this address has been, I shall in conclusion venture to add a word on a matter which appears to me of some concern to all here, who, as obstetric or gynecological practitioners, are interested in the advancement or extension of the sciences which have for their object the prevention and treatment of the sufferings and diseases peculiar to women. I refer to the recent appeal which has been recently made by Lady Dufferin in behalf of the efforts now in progress for extending, through the agency of duly qualified medical women, the incalculable benefits of our branch of the healing art to the millions of Indian and other Oriental women who, by the prejudices of their race and creeds are still deprived of medical assistance. If, therefore, so large a portion of our fellow creatures are thus condemned to parturient, gynecological, and other sufferings and dangers from which their sisters in happier countries are now freed by the aid of our science, no higher duty can devolve on us than that of co-operating as we may in this work by taking part in the training and education of those female practitioners who alone can gain admission to the sick chamber of Oriental woman kind. Whatever difference of opinion may yet exist with regard to the expediency of women practising medicine and surgery in these countries, there can be no question as to the necessity of supplying such practitioners for the purpose of attending their own sex in lands where no other skilled aid is admissible. The medical corporations of this city have been amongst the first to admit women to their diplomas, and our Academy has followed their example by receiving within its fellowship, irrespective of sex, all who may be qualified for that honour. No place can afford larger facilities than are available in our hospitals for the fitting education of women for this most important work. And I am confident that in these institutions with which so many present are officially connected as gynecologists or obstetricians, every encouragement and assistance will be afforded to any ladies who may here seek to qualify themselves for such a mission of mercy to those countless women who, in India and elsewhere, have hitherto been beyond reach of the ministrations of our noble calling.

It only remains, gentlemen, for me to thank you again not only for the honour you have done me in placing me in the position of your President, but also for the patience and apparent interest with which you have endured this address.

THE late George Redford, of Southport, who died a few weeks ago, has bequeathed the sum of £8,600, to be equally divided between the following charitable institutions—viz, the Southport Infirmary, the Southport Convalescent Hospital, and the Oldham Infirmary.

## Clinical Records.

### SHEFFIELD GENERAL INFIRMARY.

*Two Cases of Pseudo-Hypertrophic Paralysis,*

Under the care of WILLIAM DYSON, M.D. Lond.,  
Physician to the Infirmary.

CASE I.—H. M. at. 11, a boy, was admitted to the Sheffield General Infirmary in July, 1885. *Family History:* He is the eldest child; the third died of brain disease. The mother is living and perfectly healthy; the father is also very healthy, he is a roller by trade. There is no history of neuroses, either on father or mother's side, except that his great grandmother died in an asylum. *Probable cause:* The mother states that the boy was very healthy until he was five and a half years of age, when he had measles, followed by a severe attack of scarlet fever. He has never walked properly since. *Present condition:* The boy is a red-faced, well-made lad, and complains of nothing but his difficulty in walking. He stands with his feet about eight inches apart, and is very insecure; the slightest touch would knock him down. Lordosis in the lumbar region is very well marked, but a perpendicular line drawn from a point between shoulders does not fall behind the sacrum. His gait is waddling and digitigrade; when placed upon his back on the floor and asked to get up, he goes through the various steps usual in this stage of the disease—he first turns on his face, then his elbows and knees, then puts one foot up and then the other, makes a jump with one hand on to his thigh, and then with difficulty follows with the other, and then climbs up his thighs, slowly into the erect position. The enlargement of muscles is most marked in the calves, then, but less so, in the buttocks; the muscles about the chest and arms all seem atrophied and somewhat feeble, but those of the forearm appear, if anything somewhat enlarged. He says his legs always feel tired on going to bed at night. Sensation is normal. Patellar reflex on both sides almost entirely absent. Superficial reflexes slightly deficient. His mental condition is all that could be desired. *Treatment:* Is encouraged to get up daily and walk about, occasionally out of doors. Nervine tonics, e.g., Easton's syrup, and Fellowe's syrup. He has also taken Donovan's solution. The continuous current (10 cells of Leclanché's elements) were applied daily, and for some time he seemed to improve with it; but latterly the reaction to both galvanism and faradisation is diminished. The patient gets slowly worse. I am indebted to Mr. C. Atkin, the House Surgeon, for procuring me the family history.

The following was a case in private practice—

CASE II.—Arnold R., at. 12, I was permitted to see by the courtesy of Dr. Ed. Barber three years ago. *Family History:* Father suffers from spasmodic asthma; mother has some paralysis about the arms, and some awkwardness in her gait. She attributes this to a fall sustained during her first pregnancy (this boy is the third child), but her husband states it was present before this time, and that the fall was caused by the weakness of the limbs. A grandmother and grandfather both died of apoplexy. Father is comfortably off, and is an engraver. *Onset:* Ailment came on very gradually when he was six years old. Up to that time he appears to have been moderately healthy, he was always thin and delicate-looking. They first noticed a slight waddle in his walk, and that he had difficulty in rising from the ground. *Condition three years ago:* This was precisely similar to that of Case I. His calves and buttocks were moderately enlarged, his gait was waddling and digitigrade, he stood with his feet wide apart, was particularly insecure to external interference, and his difficulty in getting up from the floor was very great. *Present condition:* Greatly emaciated. All the muscles appear wasted; the calves are still prominent, though much less so than they were. He cannot stand at all, his legs are bent at the knees probably partly with sitting so much, and partly with the contraction of the calf muscles, his heels are drawn up, his lordosis is not so prominent as it was, his intellect is now, as it always was, precocious. Patellar reflexes are entirely absent; superficial reflexes fair. *Treatment:* Parish's food, Easton's syrup, Fellowe's syrup, iodide of potassium. Faradisation has been chiefly used in this case; the current required to produce contraction gradually increasing. Three years ago the muscles responded very readily to the continuous current. *Remarks:* I think it worth while to record every

case of this intractable malady. Both the cases were as usual boys; the disease commencing before ten years of age. The cause of the first was probably scarlet fever and measles; of the second probably hereditary, and as usual transmitted through the female line. In neither case were poverty and its congeners concomitants of the patient's conditions, and this accords with the experience of Dr. Gowers, who considers the disease more common amongst the lower middle class than amongst the poor. The phenomena of the disease in both cases were typical. The ineffectual attempts to stay the progress of the disease are unfortunately the usual experience, but I think cases should be still observed and chronicled. Some day perhaps some light as to the pathology of the disease may burst upon the observer, and probably, as the result of this, some treatment prophylactic and remedial, may be found for this interesting, mysterious but discouraging malady.

## Transactions of Societies.

### SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD, THURSDAY, DEC. 3RD.

MR. W. A. GARRARD, Vice-President, in the chair.

#### ANEROID THERMOMETERS.

Mr. W. BANHAM showed an aneroid thermometer made by Morritz Munich. He remarked that he had not found it to be strictly accurate, nor could he see any special advantages over the ordinary mercurial clinical thermometer, unless it were strictly accurate; then its shape would certainly commend itself as being more portable than the clinical thermometer in general use.

#### EXTRA-UTERINE FETATION.

Mr. C. ATKIN showed specimens including uterus and ovaries taken from a woman who died from internal hæmorrhage, the result of extra-uterine fœtation. He then read the following note of the case:—

On the 20th of August last, I was called upon by the Coroner, to make a post-mortem examination on the body of a woman who had died after a few hours' illness. The peritoneal cavity was found full of blood, and at the junction of the left Fallopian tube with the body of the uterus was a tumour about the size of a walnut. The aperture through which the blood had oozed was just perceptible as a minute crack about the size of a pin's head. On making a section of the tumour it was found to consist chiefly of blood-clot—newly formed placenta—with a central cavity in which the foetal elements could not with any certainty be distinguished by the naked eye. The history, as gathered from the friends and relations, was as follows:—She was 32 years of age, and had been married 11 years. She had had four normal labours previously. The menses had commenced at 13, and she had "low fever" at 16; otherwise she had always been healthy. A week before she was taken ill the menses appeared, but as "the show" was slight, she took some "pennyroyal tea." They recurred again the morning of her seizure. At 6 o'clock in the evening—after a hard day's work—she was suddenly seized with *cramp*, and told her friends she felt as if the bottom of her belly were being tied up in knots. A druggist being called in from over the way, poisoning was diagnosed, so an emetic was promptly administered. The result was that vomiting, which had previously been absent, was set up, and once started could not be stopped by the medical man who was subsequently called in. After a night of suffering the unfortunate woman died at 10.30 next morning—16½ hours after being taken ill, perfectly conscious up to the last. The case is interesting, mainly as to diagnosis and treatment. Would it be possible for a medical man with ordinary care, to mistake the symptoms of internal hæmorrhage for those of poisoning? The pain and burning sensation in the throat caused by the caustic alkalies or acids; the rapid action of prussic acid; the absence of pain in alcoholic and opium poisoning surely ought to be differentiated from the more or less gradual symptoms of internal hæmorrhage where faintness, loss of temperature, pallor, palpitation, tinnitus aurium, thirst, &c., would be expected.

The medical man who was called in did not see the woman till she was moribund; but supposing he had been called in earlier, what would have been the proper treatment to pursue? Cold and haemostatics having been proved to be worse than useless, the surgeon's duty is evident—to seek help and immediately perform abdominal section. There would be plenty of time. Though this woman was so barbarously treated by the druggist, she yet lived 16½ hours; the chances are, had the case been diagnosed, an opiate given, and subsequently an operation performed, she would have lived. Of such a case a surgeon might justly feel proud. It would be a triumph of surgery.

In the discussion which followed Dr. LAW drew attention to the difficulty in diagnosing internal hæmorrhage from rupture of the bowel or perforation of the stomach. He instanced cases occurring in his own experience, such as one where a person apparently previously healthy was suddenly seized with symptoms of collapse, and after death a typhoid ulcer was found; also other cases of perforating ulcer of the stomach where the diagnosis was exceedingly doubtful.

Mr. ATKIN, in reply, after drawing attention to the original seat of pain, noted the symptomatic differences between gradual hæmorrhage and the sudden collapse which usually obtains in intra-peritoneal rupture, and stated that even if rupture of the stomach or bowel were found no harm would be done, and finally expressed his opinion that for these conditions laparotomy would be the surgery of the future.

#### PSEUDO HYPERTROPHIC PARALYSIS.

DR. DYSON showed on a patient in which the symptoms of this disease were well marked, and related the notes of this and another case, of which a full description will be found under the head of "Clinical Records" page 575. In the discussion which ensued Mr. Garrard and Dr. Gwynn made some remarks upon the cases. The boy who was shown, had been under the care of Dr. Gwynn for over a year at the outset of the disease. Treatment had failed to make any impression upon the progress of the disease.

Dr. THOMAS mentioned the particulars of a case which had fallen under his notice, and, in which, the cause seems to be pretty clearly ascertained to be syphilis. The mother had miscarried six or eight times. The father was found to be syphilitised. Both parents were subjected to prolonged mercurial treatment. The woman became pregnant. In due time a child was born, who at a very early period developed symptoms of this disease. The boy was an idiot and died at the age of 4 years.

Dr. S. ROBERTS had seen some six or eight of these cases in St. Bartholomew's wards. The patients were all boys. He sees no reason to think the disease due to lesion of the cord. He laid particular stress upon the increase in the connective tissue in the affected muscles.

Dr. PORTER exhibited a case of

#### PROGRESSIVE MUSCULAR ATROPHY IN A LAD, ÆT. 18.

None of the usual predisposing or exciting causes of this disease could be assigned. The symptoms had been coldness and blueness of the hands, slight pains in the back and shoulders, and cramp-like pains at first in the arms on exertion. These were followed by rapid atrophy of the muscles of both shoulders and both scapulae, with well marked lordosis and wing-like projection of the scapulae, the lordosis disappearing when the patient assumed a recumbent or sitting posture. The affected muscles responded well to both Faradic and Voltaic electricity. There were no fibrillar twitchings, this characteristic phenomenon being absent in at least one-fifth of the cases of this disease. The temperature of the surface over the affected deltoids was 4° F. lower than that of the axilla and mouth. Latterly, the hands had begun to assume the *main en griffe* form. The treatment, which had been to some extent successful in the earlier stages of the disease, was arsenic, iron, and cod liver oil internally, with daily friction and faradisation to the affected muscles. Latterly, the case had gone from bad to worse. In reference to the lordosis, Dr. Porter said that Duchenne had described two varieties of curvature in the spine, differing according as to whether the extensors or flexors of the trunk were principally involved. The case before the society seemed to bear out this view as to the causation of the lordosis. The curve resembled the variety attributed by Duchenne to atrophy of the flexor muscles, and whereas the patient could recover the erect posture after stooping, by virtue of the extensor muscles of the

trunk, he was unable to rise from a recumbent to a sitting posture without assistance, owing to failure in the flexor muscles. Dr. Porter thought that the lowered temperature and deficient cutaneous circulation in the affected part might be due to narrowing of the vessels, owing either to atrophic changes in their muscular coat, or to the diminished demand for blood in the atrophied muscles. In reply to a suggestion that pseudo-hypertrophic paralysis might be really the same disease as progressive muscular atrophy, in a younger subject, Dr. Porter alluded to the infantile form of the latter, described by Duchenne, in which the muscular atrophy commenced in the muscles of the face, particularly those of the lips. Alluding to a question that had been asked as to the reason of the different electrical reactions in infantile spinal paralysis and progressive muscular atrophy, Dr. Porter said that whereas in the former disease (acute anterior polio-myelitis) both motor and trophic nuclei were involved, in progressive muscular atrophy (chronic anterior polio-myelitis) it was probably only the trophic nuclei that were affected.

Dr. DYSON, in discussing the case, said he had had three cases amongst miners, who had sustained injuries from falls of land in the mine. He thought there was probably some connection between such injuries and the development of the disease.

Dr. S. ROBERTS doubted if cases arising as a result of accidents are cases of true progressive muscular atrophy.

Dr. GWYNNE had noticed intense pain as a premonitory symptom in the muscles subsequently affected, and also in the muscles of the abdomen. He asked if any increase had been noticed in the body temperature in the case under notice? He also asked how the different electrical reactions were to be explained in infantile palsy and progressive muscular atrophy?

Mr. R. J. PYE-SMITH asked what treatment had been adopted—whether galvanism or faradism had been tried? He had under his care at the present time a case of the disease in the person of an old lady, whose right hand is affected. The disease seems to be benefited and held in check by faradism. Stoppage of the treatment is always followed by relapse; its resumption is followed by benefit.

Dr. PORTER, in reply, said there was no increase of temperature throughout the course of the disease.

#### NECROSSED TIBIA; SEQUESTROTOMY PERFORMED MANY YEARS AGO.

Dr. GWYNNE showed a tibia, which had become the subject of osteitis some twenty years ago, and from which a sequestrum of bone six inches long had been removed. Two other pieces of dead bone about three inches long had been subsequently removed. The sinuses, after discharging more or less for five years, gradually closed up, leaving a fairly useful limb for about fifteen years. The patient (a woman) afterwards getting into low health through nursing weakly children, became subject to severe attacks of periostitis, with intense pain, which necessitated amputation; this was performed through the condyles of the femur. The specimen showed most of the shaft to be formed of dense callus, with obliteration of the central canal. The bone was abnormally thick, and there was a small sequestrum of dead bone about two-thirds of an inch long occupying its centre.

#### DOUBLE THIRD NERVE PALSY AND MYOSIS.

Mr. SNELL introduced a patient with double third nerve palsy associated with contracted pupils.

### MEETING OF FELLOWS AND MEMBERS OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

SUCH a mass meeting as was held on Thursday when sitting accommodation was out of the question, and many had to stand outside the theatre, is probably unique in the history of the College.

The PRESIDENT, on taking the chair, said that the Council had deemed it best to place a copy of the above report in the hands of the Fellows and Members some days before its formal communication, so that the grave questions at issue might be carefully examined. He added, that the resolutions of the Council had been unanimous. Some people had imputed unworthy motives to the Council, but for his own part he failed to see what desire they could have to keep anything



back. Further, he asked that the Council should be credited at any rate with common sense, and he could not see what the Council could possibly gain by withstanding their demands, except in the interests of the College. He would now call upon the Secretary to read the report.

The Secretary, Mr. TRIMMER, then read the statement, which has already appeared in our columns.

The PRESIDENT said that several resolutions had been sent in and proposed to take them in the order in which they had been sent in, the first being one by Mr. Kenneth Cornish, which consisted in a request that the Secretary of the College should read the proposed memorial to the Queen in Council, praying that no new charter be granted to the College without the consent of its members.

Dr. JOSEPH ROGERS in seconding the resolution said that he considered it to be absolutely useless to appeal to the Council of the College of Surgeons, the only way in his opinion, was to appeal to the Queen in Council in the Houses of Parliament.

The resolution was put to the vote and lost.

Mr. TIMOTHY HOLMES then moved:—"That the answer of the Council is not satisfactory, and that the Council be respectfully requested to reconsider the subjects—(1) Of the Representation of Members of the Royal College of Surgeons. (2) Of submitting for approval any alterations proposed to be made in the constitution or in the relations of the College, or in any part of its by-laws, to a meeting of the Fellows and Members." He said that, from a long acquaintance with the College and with the Council, he was sure that any well-considered resolutions, which could be shown to be beneficial to the constituents of the College, were certain to receive an impartial consideration at the hands of the Council. He, and those with whom he was acting, felt that the matters at issue had not been placed before the Council in their proper light, and they felt that the answer which the Council had made was not satisfactory; for the arguments they had used were but a summing-up of the imperfect arguments which had been brought forward at the previous meeting. The Council had not taken any part in the discussion. It was perhaps a wise resolve on their part, for, like other bodies of men, they were not agreed, and it would have been very inconvenient to have tried to come to an understanding at a public meeting of the entire body corporate. The real truth was that the matter was not yet thrashed out. He differed from the Council's interpretation of the resolutions. The Members had not advanced any claim that all Members should vote unconditionally in the election of the Council; they felt, however, and he felt too, that it would be greatly to the advantage of the College and to the profession if Members, under some circumstances, could vote. As to whether the Members got an equivalent for their £21 diploma, he would not discuss; the real question was whether the College got an equivalent from the possession of a constituency of 18,000 of the most energetic men in England. They never would until there was a more intimate connection between the College and the Members, and that connection would only commence when they obtained a vote. It was largely on this argument that he voted with the Members. That the College had been very successful in its career was no argument in favour of the present system; it was to make it more successful that he would urge the Council to avail themselves of the great reserve force to be found among its Members. The College had three chief functions to subserve; the collection and care of its library; of its museum; and the arrangement of its examinations; and each one was a splendid monument of the skill and success with which the Council discharged their functions. The College, thanks to the liberality of the late Sir Erasmus Wilson, had come almost into possession of an enormous property. This fact would probably attract other properties. So that within a brief time the College would become the patron of professional research and the arbiter of professional conduct. Would the 18,000 Members stand aside and let 24 of their body manage all this for them? Besides, would a College, managed by hospital and consulting surgeons, stand? What about the general bulk of practitioners? Did the Fellows fear that they would be swamped? A scheme could be formed which would not upset existing privileges. Such a scheme might be sketched as the following, Members should only be entitled to vote after some years had elapsed. Members wishing to vote would have to be put on a Register, and either vote personally or by voting-paper. The right of the Members to sit on the

Council was even more important than a vote, for it was essential that there should be some who were cognisant of the requirements of the general practitioners. When he was serving as a member of the Conjoint Scheme, and while the matter was under discussion, he had been struck with how little the Council knew of the wants of the general practitioners. He would hesitate to support any scheme which would upset the present Council: either the Council could remain as it was, and add to their number some few Members; or a proportion—a fourth, say—of the Council should consist of Members. He would not rush these changes on, but bring them about only after a thorough discussion of them had been made.

Mr. GAMGEE after alluding to the fact that on the 29th October last, the resolution claiming the right of representation of the members was carried by an overwhelming majority, and that the solidarity between the Fellows and Members was declared without a dissentient voice, said that it was with much pleasure that he was there on that occasion to second Mr. Holmes' resolution. The mere fact that the Medical Press has unanimously pronounced an adverse judgment on the Report of the Council, was in itself one very great reason why it would not prove satisfactory to the profession. It was his duty as the chosen representative of the members' association to express the reasons of their dissent and he did so in the hope that the Council would accede to their request and reconsider their reply. To the Council's assertion that the main argument in support of their claim was based on the analogy between the payment of fees and taxes as a claim to representation, he would reply that it was not their main argument, it was merely collateral to the issue. But what, he asked, are the sources of the honour, power and wealth of the College? As to its chief possession, the splendid museum of which they were the custodians, it was purchased with funds voted by Parliament so far as that part left by John Hunter was concerned, and the rest had been purchased by funds voted by Parliament and partly by the members. And if the members have contributed liberally to the College, can anyone doubt to whom it is indebted for its great fame, to such men as John Hunter, Abernethy, &c., simple members! By insisting on the exclusive rights of the Fellows, scant justice was done to the most illustrious among them. If protection be fatal to industrial productiveness, is it not equally so when applied to intellectual work. Mr. Gamgee expressed his regret that the susceptibilities of the President should have been awakened by the College having been called a corporation, and apologised for the use of the term. He would take note, he said, of his admission that it was something more than a corporation, and had duties and responsibilities towards the profession, the State, and the public. Why then, does the College allow unqualified practitioners to be sheltered under cover of diplomas of this College? How is it that they, the national custodians of Hunter's Museum, did not protest against the action of men in high places who did their best to make impossible the inquiries prosecuted by John Hunter. It could not be doubted that their influence in redressing the evils referred to, would be augmented if they really represented the body of the members instead of a restricted portion. It was a mistake, he said, to suppose that it was only in the political world that a representative was better than an autocratic form of government. If Members were only eligible for a seat on the Council after twenty years' standing that would be an acknowledgment of the superiority of the Fellows who were eligible at twenty-five years of age, and if the Members were to obtain the right to vote after ten years' standing, that would be another concession in the same direction. The Members only desire was to further the glory of the College, and to be in a position to show their confidence in the eminent men who compose the Council.

Mr. BRUDENELL CARTER said that it had become a custom with those by whom changes are proposed and advocated, if any such proposal were advanced with less than usual semblance of reason, or a less than usual appearance of foresight, to endeavour to conceal these peculiarities from themselves and others by calling it a reform, and before that word, all who heard it were expected to sink down and prostrate themselves. It often happened that what was called a reform might only be a change and not an improvement, so that in spite of its being called a reform we must consider calmly upon its merits what are likely to be its consequences. He thought it might be taken for



granted that the College could not be successfully governed by tumultuous assemblies—(ironical cheers)—and that the intervention of some sort of council was necessary. That being so the question was as to the means by which it should be elected. Two ways were open, one by the admission of a large constituency consisting of the bulk of the Members and Fellows, or by a more restricted admission to the franchise. The Charter of 1843 had decided in favour of the small constituency, limited only to Fellows, and to Fellows who would vote personally. He maintained that the qualities requisite in a candidate for a seat on the Council were such as could be best ascertained by personal intercourse, and therefore the system of voting in person was preferable, as being more likely to ensure such a knowledge on the part of the voters. The result of allowing voting papers would be, since men would probably vote for the men they had known at their respective schools, that the Council would come to consist of representatives of the larger schools to the exclusion of the smaller ones. What would happen if the resolution of Mr. Timothy Holmes were acceded to, would be, if voting papers were not allowed, that the election would rest in the hands of the London practitioners. If voting papers were allowed then the Member would probably vote, either for the men of his own school or it would depend upon the views of the medical journal he was in the habit of reading—(cries of no, no). This movement had been promoted to a great extent by the medical journals—(loud cries of dissent)—and the advocates of the changes were, consciously or unconsciously, simply taking the chesnuts out of the fire for men like Mr. Wakley or Mr. Ernest Hart. (General uproar, cries of withdraw, sit down, &c., and it was only after some time and several appeals for silence from the Chairman, who declined to interfere, that order was at last restored.) Mr. Carter, on resuming his speech, said that he had been endeavouring to explain that he had no intention of imputing unworthy motives to anyone, but he still maintained that it was only to be expected that men engaged in a commercial enterprise would do all they could to further their interests—(repeated expressions of dissent). It was on these grounds that he had voted before against the movement and should now vote against the resolution proposed by Mr. Timothy Holmes.

Dr. WARD COUSINS gave his hearty support to Mr. Holmes' motion, and regretted that the Council could not see their way clear to falling in with their views. With reference to the assertion of the Council that the members received value in exchange for their fees, did not the Fellows acquire their rights in the same way? He objected to the expression "some Members" in the statement before them, as if it were only a limited number of the Members who were interested in the movement. He asked if the privileges of the Fellows were so delicate as to require such careful handling. He did not, indeed, believe that the Fellows really had any rights and privileges, when he asked were they called upon to express their opinion on matters before the Council? Could an extension of the franchise be wrong when it was given to a good and reasonable constituency? There were 16,000 members outside the pale of the College, and he wished to know how it was that the Council in their statement had not in any way referred to the eligibility of Members to exercise their vote. It could not be doubted that they were eligible, and this College would never be a Parliament of British surgeons until this reform takes place. He called attention to the allusion of the Council to its relation to the State, to the profession, and to the public, and expressed his pleasure at seeing these responsibilities fall upon such eminent shoulders. But had not the Members and Fellows also duties and responsibilities outside the profession?—had they no responsibilities to the public, to the State, and to their brother professionals? He thought they had, and he could not help thinking that those responsibilities would sit more lightly and kindly upon their shoulders if, instead of being supported by the minority and the few, they were supported by the majority of the Members and Fellows of the College of Surgeons. They were, he said, no revolutionists, but ardent and sincere reformers, wishing to infuse a new life into the Council by means of their voices. On reading over the Report he thought he detected a feeling of fear, a noble sort of fear, it might be, and he would, in conclusion, urge upon the Council to give them the sketch of a scheme which could be met upon and discussed.

Dr. WM. HAUGHTON was of opinion that the alterations

now proposed would amount to an abrogation of the Charter. He had heard gentlemen talk of the *rights* of the members, but he maintained that they had no rights except those given by the Charter. Moral claims and legal rights were very different things, if such alterations were really to the interest of the profession they must be effected in an orderly way, and the promoters of such alterations should come before the meeting with some carefully considered plan, and not mere undigested resolutions on the terms of which they were themselves at variance. As to the question of expediency, he agreed with Mr. Carter (uproar) though he regretted the personalities which had marred an otherwise admirable speech. He saw no necessity himself for any such alteration. The fellowships were open to everybody, and he thought nobody should have a seat on the Council unless he had qualified himself as a Fellow.

Dr. JOSEPH ROGERS said that the analogy between the payment of fees and taxes had been denied, but he submitted that it was under similar circumstances that as a graduate of the University of St. Andrews he became entitled to a voice in the election of the Senate.

Mr. T. SMITH denied that the movement had been promoted by the Medical Press, or even noticed by it until it had acquired a name for itself. It was only natural that once started the press should take the matter up. He wished to make a formal assertion that no one connected with the organisation or management of the Association was connected either directly or indirectly with the Medical Press.

Mr. RIVINGTON said as an independent Fellow, unconnected with any Association, and untrammelled by the weight of office at the College, he was unwilling to give a silent vote on the present important, and, it might be, historical, occasion. For many years it had been obvious that this College possessed too close and exclusive a constitution; that the Fellows and Members ought to enjoy the right of meeting annually within the College for the discussion of collegiate and professional affairs; that, looking solely to the present constitution, the Fellows have no sufficient voice in the conduct of the business of the College, partly by reason of the small number of Councillors who vacate office every year, or, in other words, by reason of the length of time, an average of eight years, for which Members of the Council are usually elected; and partly by reason of the practical disfranchisement of the country Fellows, who were denied the privilege of using voting papers at the election of Councillors; and lastly, and this was the main point before the meeting for discussion, and the point to which he would confine his remarks—namely, that the members of this College ought to be represented in the Council of the College. In declining to accede to what many believe to be the reasonable claims of Members of the College, the Council, who are said in their Report to be unanimous, though he trusted sincerely that the unanimity was greater in appearance than reality, based their opposition on several grounds. The first ground of opposition is not openly alleged, but rather was insinuated, in an early paragraph in the report. It is contained in the following carefully-worded sentence:—"With reference to the first resolution of the meeting, the Council have carefully considered the question which *some* Members of the College have recently raised, and it does not appear to the Council that the main argument which *these* Members advance to support their claim, that all the Members should be entitled to vote in the election of Members of the Council, is a valid one." From the use of the phrases "some Members" and "these Members," it was evident that the Council believe the movement has very little vitality in it, that it has originated from, and is supported by, a small minority, possibly a minority of wire-pullers and demagogues who make up by empty clamour for what they lack in inherent strength. If this is the kind of belief which is prevalent in the Council, he would take the liberty of doubting whether it has any solid justification. On the contrary, there could be little doubt that the present agitation is a *bonâ fide* movement, begotten of intrinsic injustice to the Members of the College, and that it must gather fresh strength until success crowns the work. In the interest of all parties concerned in this controversy, he earnestly invited the Council to poll the constituency and ascertain the numbers of Fellows and Members in favour of, or adverse to, the representation of the Members of the College in the Council, and by the result of such an appeal let both the Council and the promoters of this movement be prepared to abide. On the one hand, it would be a pity to continue the agitation if only a small minority of the 18,000

constituents of the College favoured the proposal, and, on the other hand, it would be a serious error for the Council to continue to resist the change if mistaken in the belief which the wording of their report undoubtedly implied. The second ground of opposition was comprised in an attempted refutation of the argument that the members of the College are entitled to representation because they have been taxed, and taxed heavily, for the maintenance of the Institution. The abandonment of this argument altogether would do little to weaken the case of the Members, but, in point of fact, it was not destitute of considerable cogency. The diploma of Member was actually the very dearest single-barrelled licence to practise in the three kingdoms. It was dearer by £6 5s. than the licence of the Royal College of Physicians of England, which entitled its holder to practise both surgery and medicine, and it was dearer by £1 than the conjoint licences to practise, granted by the Scotch Colleges in combination. What the special rights, privileges, and immunities, and the professional and social advantages, conveyed by the Membership as an equivalent for this extra tax, were, he was at a loss to discover, for, beyond the privilege of admission to the Museum and Library, of which comparatively few could avail themselves, and beyond recent eligibility to examinerships and lectureships, which not 1 in 1,000 could ever attain, he knew of none, and the lavish way in which the Council spread all these rights, privileges, and immunities, and social and professional advantages, before the bewildered and incredulous reader reminded one of the lines in Shakespeare—

Are such things here as we do talk about,  
Or have we eaten of the insane root  
That takes the reason prisoner?

He had always supposed that the Members of the College were neglected and left out in the cold, and that, from the time of their obtaining the diploma of Membership to the time of their death, they might never receive an official communication from the College unless they had been guilty of some offence which demanded erasure of their names from the Register. In the third place, the Council sheltered themselves behind the Charter of 1843, by which a constituency of Fellows was provided, and to any argument for extension they simply replied, "non possumus," or "Nolumus leges Collegii Anglicani mutari." He was not one of those who found retrospective fault with the Charter of 1843. That Charter at least abolished an intolerable and effete régime, viz., a Council which was a close borough, entirely irresponsible to any body of their professional brethren, and whose members could only be removed by their own sign-manual or by the hand of death. The Council appointed themselves examiners for life, and the examiners became responsible to themselves on the Council. The oldest Fellows were elected and re-elected members of the Council, the oldest members of the Council were elected examiners, the oldest examiners President and Vice-President. Whatever injustice may have been done to individuals in the selection of the 250 to 300 Fellows prescribed by the Charter, it must not be forgotten that the Charter recognised the representative principle as the basis of election to the Council, and, by opening the Fellowship to all members of the College by examination, gave every member, at all events, a chance of belonging to the constituent body. So much must in fairness be admitted, but practical experience of the working of the Charter showed that this plan of forming a constituency to be a failure. The Fellows were a diminishing constituency, and new Fellows were mostly young men fresh from the schools, who could be regarded as better qualified to elect surgeons on the Council than the potent, grave, reverend, and distinguished seniors who would be an honour to any constituency, and who are shut out from the franchise. The fact was proved to be a mistake to elevate a merely academic distinction, obtained after an uncertain and occasionally capricious examination, into a test of political capacity and competency. Lastly, the Council urge that the Members of the College must be excluded from the franchise in order to keep up the attraction of the Fellowship, and in the interests of the Fellows themselves. Could the Council prove that any single Member or person passes the Fellowship, for the purpose of obtaining a vote in the election of Councillors? Surely the Fellowship attracts candidates almost entirely on account of its being a professional honour, and because it carried with it certain con-

spicuous professional advantages in the competition for public appointments and in the estimation of professional brethren. And then, as to injustice to the Fellows themselves, there could be no injustice to Fellows if an act of justice had to be done to the Members, any more than an injustice to the old parliamentary constituencies was inflicted when the Legislature admitted 2,000,000 fresh voters to the franchise. Exclusive privileges which could only be maintained by ignoring the just claims of their professional brethren, as worthy and as competent as themselves to exercise the franchise, so far from being valued, were a source of regret, dissatisfaction, chagrin, and mortification to a large number of Fellows, probably as enlightened, though possibly less distinguished than the illustrious Members of that unanimous Council. Having replied to the arguments adduced in the report of the Council, he desired to formulate the grounds on which it was desirable to allow the Members to elect a proportion—a small proportion, if it were so willed—but still a proportion, say not less than one-fourth, of the 24 Members of the Council. Whatever might be said, the Members are an integral portion of the Corporation; they are the backbone of the College, they are not mere Licentiates, and by the Members the College is alone able to exist. Without them the College would sink into a surgeons' club in its present flourishing condition. The Members of the College were generally well-educated gentlemen, fitted to uphold the dignity and honour of the profession in the eyes of the public. And the culture of the great body of the profession improved every year. The enfranchisement of the Members would place the College on a broader basis and a more stable foundation, for it would rest on a united profession and be upheld by the cordial sympathy—aye, and on that which the Council could never secure but by generous concession, the affection—of its magnificent constituency. The measure was absolutely necessary in the interests of the profession at large. The Members, being generally engaged in general practice, were more fully acquainted than most of the Fellows with the wants and requirements of the ordinary practitioner, and better able to appreciate some of the defects of our present system of education and examination. A few representatives of the Members sitting in Council would be a valuable and important addition to that august body, and some needed improvements might be expected as the practical outcome of the enfranchisement. The profession was a disunited body, and needed organisation. It might fairly be asked what, under the present condition of things, is the advantage to the College of possessing so magnificent a constituency as 18,000 Members of our profession, and what is the advantage to the 16,800 Members of the College in their connection with the College of Surgeons of England? All the great advantages which might accrue to both are scattered to the winds. The only organised body which the profession possesses is the British Medical Association, but the number of members is several thousands less than the constituency of the College of Surgeons. Moreover, it is not altogether satisfactory that the only organised body possessed by the profession should be a voluntary association. A Royal and Chartered College under the immediate guidance of the recognised leaders of the profession, backed by the suffrages of 18,000 medical practitioners, must necessarily carry a weight and influence with the public and with the Government of the country with which a voluntary Association like the British Medical Association could not pretend to compete. He was not a Radical or a Revolutionist, but a Conservative. As a Conservative, he was extremely anxious that this question should be settled by the existing Council, and surely it was better that a boon of this kind should be gracefully conceded from above than forced on an opposing Council from below. Better that it should drop as the gentle rain from Heaven upon the place beneath, blessing both him that gives and him that takes, rather than that the surging waves of professional Democracy should rush in and burst the artificial barriers which were being erected to stay its progress, and perhaps sweep away in its headlong course much that it would be desirable to retain. It rested with the Council to determine whether they were content to remain at the head of a body distracted by controversy, torn asunder by dissension, disaffected to the existing régime, or whether, by a timely concession which could do no possible harm to anyone or anything in the College, but which must be fruitful of good in the time to come, they would place themselves at the head of their

magnificent constituency, united in one common bond of professional sympathy and brotherhood, imbued with one common spirit, animated by one common aim and hope—the advancement and elevation of the great profession to which all are proud to belong.

The PRESIDENT then put the resolution to the vote, and it was carried by a very large majority of the Fellows and members present. After a formal vote of thanks to the President, proposed by Mr. H. OLMES and seconded by Dr. COLLUM, the meeting broke up.

## THE CASE OF DR. BRADLEY.

### DINNER AND PRESENTATION AT SHEFFIELD.

At the Wharnccliffe Hotel, Sheffield, on Friday, Dec. 11, Dr. Bradley, of Chesterfield and Brimington, was the recipient of a very flattering testimonial. It will be remembered that last November Dr. Bradley was charged at the Leicester Assizes, before Lord Chief Justice Coleridge, with having committed a criminal assault upon a patient living at Whittington Moor. He was convicted of the attempt only, and sentenced to two years' imprisonment with hard labour. The profession, led by the *Medical Press and Circular*, which journal was for some weeks *alone* in its advocacy of a revocation of the sentence, regarding the conviction as a failure of justice, and believing the evidence did not substantiate the charge, took up the case, and made many representations to Sir Wm. Harcourt, the late Home Secretary, who, however, refused to interfere with the sentence. Sir Richard Cross, on acceding to office, was induced to examine the case, and last July, after Dr. Bradley had been imprisoned for eight months, was released on the representations of the present Home Secretary. An appeal was made to the medical profession on Dr. Bradley's behalf, and four hundred guineas subscribed. The presentation was made at a medical dinner at the Wharnccliffe Hotel, Sheffield, over which Dr. M. de Bartolomé, of Sheffield, presided, having Dr. Bradley on his right hand. There were also present Dr. Baltazar Foster, M.P., President of the Council of the British Medical Association; Mr. C. G. Wheelhouse, Leeds; Mr. Lawson Tait, Birmingham; the Rev. J. J. Dyson, Sheffield; Mr. Bluett, Chesterfield; Drs. Willey, Sinclair, White, Martin, Inkster, Dyson, Cleaver, Keeling, W. R. Thomas, and Messrs. W. F. Favell, Benson, John Hall, Reckless, Coombe, Arthur Jackson, Skinner, Leach, R. J. Pye-Smith, Johnston, and S. Snell, Sheffield; Mr. Browning, Oughtibridge; Mr. Richard Jeffreys, and Mr. Shea, Chesterfield.

The usual loyal and patriotic toasts were given and enthusiastically honoured.

Dr. BALTHAZAR FOSTER, M.P., of Birmingham, then, in a brilliant speech of considerable length, which want of space precludes our giving in full, reviewed the history of the case from the commencement, the unlooked-for verdict and extraordinary sentence, and the subsequent refusal of the then Home Secretary (Sir William Harcourt) to reconsider the case, the determined efforts of the Medical Press, and enthusiastic meetings of the profession in favour of Dr. Bradley's unconditional and immediate release, the advent to power of another Government, and a more reasonable Home Secretary, and lastly the subscription list which was started, and for the presentation of which they had met that evening.

Mr. WHEELHOUSE, of Leeds, next rose, and said that his friend, Dr. Foster, had clenched the whole argument, so that he had literally left him nothing to say, and every word of which he most cordially endorsed. He was there, however, to offer from the Leeds section of the profession the right hand of fellowship to Dr. Bradley, and to assure him that in that town and the district round there was not two medical men who did not believe him to be absolutely, wholly, and entirely innocent of that which had been laid to his charge.

Mr. JEFFREYS then read a copy of the address to be presented to Dr. Bradley, which was as follows:—

"We present this address to Dr. David Bradley, along with a purse of four hundred guineas, in the name of a large and influential portion of the medical profession, as a mark of deep sympathy with him under the severe and wholly unmerited suffering which he has had to bear in consequence of the miscarriage of justice in dealing with an offensive accusation to which he has been subjected.

"We deeply regret that any court of justice should have thought fit, on evidence so inadequate, to brand the name and blast the prospects of a medical man whose character had hitherto been blameless. Our conviction of his innocence has been largely shared by the medical and public Press, Dr. Bradley's cause having been warmly espoused by the *Lancet*, *British Medical Journal*, *Medical Press and Circular*, *Medical Times and Gazette*, and by other public journals. Petitions in Dr. Bradley's favour have been sent to the Home Office from Birmingham, Nottingham, Sheffield, Derby, Newcastle, and other places, largely and influentially signed, and bearing the strongest testimony to the deep sense of indignation roused throughout the profession by the treatment which Dr. Bradley has received. The petitions have been signed by no fewer than one thousand names, including those of nearly all the leading men in the districts from which they have been sent. In the neighbourhood where Dr. Bradley was living when this calamity befel him, all his brother practitioners, without exception, have signified their belief in his innocence, and have aided in the efforts made in his favour. From the same neighbourhood a lay petition has also been presented signed by a large number of the patients, friends, and acquaintances of Dr. Bradley. In London a warm feeling of sympathy has been declared by physicians and surgeons of the highest standing, and manifested by their generous and prompt contributions to the fund raised on Dr. Bradley's behalf.

"In presenting this address to him, we raise our emphatic and indignant protest against the ready credence which the law has given, in his case, to a form of accusation very easy to make, but not always easy to disprove. We do this for our own sakes, because medical men in the daily discharge of their duties, which are often of a delicate character, are exposed, more than other men, to have such charges brought against them. We protest also on public grounds, since it is detrimental to the interests of society that such duties should be rendered more difficult than they naturally are, and because it is even more deplorable that the innocent should suffer than that the guilty should escape.

"We are fully aware that the tardy and inadequate measure of justice which has at length been dealt out to Dr. Bradley can in no way atone for the cruel wrong which has been done to him, and we are sensible that no action on our part can make amends to him for the suffering and loss he has had to bear. In offering to him and to his family this token of our sincerest sympathy, we at the same time declare our full belief in his honourable and unsullied character, both as a medical practitioner and a private gentleman, and wish him most heartily a happy and successful career in the future.

"(Signed)

"WILLIAM JENNER, M.D.	London.
"BALTHAZAR W. FOSTER, M.D., M.P.	Birmingham.
"LAWSON TAIT, F.R.C.S.	
"WILLIAM OGLE, M.D.	Derby.
"W. CLIFFORD ALBUTT, F.R.C.S.	Leeds.
"C. G. WHEELHOUSE, F.R.C.S.	
"W. H. RANSOM, M.D.	Nottingham.
"CHARLES BELL TAYLOR, M.D.	
"M. MARTINDALE BARTOLOME, M.D.	Sheffield."
"WILLIAM F. FAVELL	

Dr. FOSTER then made the formal presentation to Dr. Bradley, whose health was drunk with musical honours.

Dr. BRADLEY, who was deeply affected, said: Dr. Foster, Mr. Wheelhouse and Gentlemen, I cannot sufficiently express my deep gratitude for the generous support and sympathy shown to me during my bitterest troubles. To your perseverance and zeal I owe my present position, which is growing brighter every day, and the happiness of the present moment almost makes me forget the terrible experiences of the past. True sympathy such as I have had from you helps to lighten burdens, and I assure you it enables me to bear my sad misfortune with a brave and lighter heart. I need hardly refer to the horrors of a prison life, the solitude, the loss of liberty, the coarse food, and above all what was most repulsive to my feelings, the association with felons of the lowest class. You know that this was inevitable. The prison officials treated me with as much respect and civility as the rules of the prison would allow, but I may tell you plainly that that means very little indeed. The consciousness of my innocence and of your kind sympathy afforded me the greatest support. I should, however, be very ungrateful

if I did not refer to the extreme kindness of the chaplain of the prison—the Rev. Mr. James, whose visits I looked forward to with the greatest pleasure. He gave me great support and consolation many times when I was so depressed with the feeling of unjust punishment that I could have spoken to no one else. I feel that you will have thought it strange that I did not employ a medical expert at the trial. I may say that shortly before the trial Dr. Jeffreys, who has been one of my best friends—(applause)—advised me strongly to do so, and I left his house fully determined to follow his advice, but I laid the matter before my solicitors, and they pooch-pooched the idea, saying that it would be an unnecessary expense, and that there was no case at all against me. I was over-ruled in that matter, and I can assure you I have regretted it ever since—(hear, hear)—because I firmly believe that if I had employed an eminent expert no jury would ever have convicted me. I will remember the morning when I received the welcome intelligence that I was to be released. I was almost overwhelmed with gladness. The first to congratulate me on my release was the Rev. Mr. James, the chaplain, who was so kind as to invite me to dine with him and his family, and also told me I might make his home mine, supposing I had no better place to go to. (Applause.) I think there is nothing further for me to say but to thank you from the bottom of my heart for the kindness you have shown to me. The future looks brighter than ever I expected it to be, and from what you have done for me I feel confident I shall soon be able to regain the position from which I was originally removed. I must congratulate you, gentlemen, upon your successful efforts, of which my presence here to-night is the crowning triumph. Please to accept my sincerest thanks. (Applause.)

Letters of apology were then read from Sir Henry Thompson, Mr. Lennox Browne, Dr. Neale, Dr. Matthews Duncan (St. Bartholomew's), Mr. Francis Mason (St. Thomas's Hospital), Mr. Pollock (St. George's Hospital), Dr. Edis, and Mr. Buzard, Q.C., London; Dr. Jacob, Dublin; Dr. Garidner, Glasgow Dr. Jackson, Bradford; Dr. Sympson, Lincoln; Mr. Lund, Manchester; Dr. Dewar, Edinburgh; Dr. Ogle, Mr. Wright Baker, and Mr. Gentles, Derby; Dr. Eddison, Leeds; Mr. Baines, Birmingham; Dr. De Vere Hunt, Bolton; Mr. Jowers, Brighton; Dr. Young and Dr. Hunt, Sheffield; Mr. Knight, Rotherham; Dr. St Colmer, Yeovil; Dr. MacDermott, Foxford, co. Mayo; and Dr. Fentem, Bakewell.

After a speech from Mr. Lawson Tait, of Birmingham, proposing a vote of thanks to Mr. Jeffreys, of Chesterfield, for the part he had taken as Hon. Treasurer and Secretary the movement,

The resolution was seconded by Mr. RICE (Derby), and enthusiastically carried.

Mr. JEFFREYS suitably responded, and stated that Sir William Jenner was the first to suggest the raising of a "Bradley" fund.

Mr. W. F. FAVELL gave "The Visitors," to which Dr. BLUETT responded.

Votes of thanks were passed to the supporters and subscribers of the fund, to the lay and professional press, and to the Members of Parliament who had supported the movement.

"The Health of the Chairman" was proposed by Dr. BRADLEY, and concluded the proceedings.

THE author of "Roscoe's Chemistry" has entered Parliament as Sir Henry Roscoe, the single Liberal member for Manchester, defeating Dr. P. Royle by 3,791 votes against 3,121. No doubt Sir Henry Roscoe will be regarded in the new Parliament fully as the representative of chemistry and of science generally. He has occupied the chair of chemistry in the Owens College, Manchester, since 1857. In the movement for the establishment of the Victoria University he took an active part, and he inaugurated and successfully maintained the series of science lectures for the people which have been given in Manchester for eleven years past. The honour of knighthood was conferred upon him for the services he rendered on the recent Commission on Technical Education.

REGISTERED FOR TRANSMISSION ABROAD.

## The Medical Press and Circular

Is published every Wednesday morning Price 6d. Post free 5½d

POST FREE TO ANNUAL SUBSCRIBERS . . . £1 2 0  
 ,, IF PAID IN ADVANCE . . . 1 1 0

Post-office Orders and Cheques to be drawn in favour of—

A. A. TINDALL, 20 King William Street, Strand, London, W C  
 A. H. JACOB, 3 Molesworth Street, Dublin.

Agents for Scotland:—

MACLAHLAN & STEWART, South Bridge, Edinburgh.

A & W. STENHOUSE, Hillhead, Glasgow.

Sole Agent for the Continent:—

JOHN F. JONES, 31 Bis, Rue du Faubourg Montmartre, Paris.

ADVERTISEMENT SCALE—Whole Page, £5 0s. 0d. Half Page £2 10s. 0d.; Quarter Page, £1 15s. 0d.; One-eighth Page, 12s. 6d.

Small Announcements of Practices, Assistances, Vacancies, Books, &c. of Seven lines or under, 4s. per insertion; 6d. per line beyond.

Considerable reductions are made from the foregoing Scale when orders are given for a series of insertions. Letters in this department should be addressed to the Publishers.

SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIÈRE, Rue Hautefeuille, Paris—post free in advance, £1 3s. 6d. per annum.

SUBSCRIPTIONS FOR RUSSIA are received by Messrs. RAJGHMAN and FRENDEL, 18 Senatoren Street, Warsaw—post free, £1 5s. 0d. per annum.

SUBSCRIPTIONS FOR THE UNITED STATES are received in New York by Messrs. WILLMER & ROGERS; Philadelphia, by Dr. BRINTON: post free in advance, 5½ dollars (£1 3s. 6d.) per annum or direct from the Offices in this country for the same amount, if remitted by International Post-Office Order.

## The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 23, 1885.

### DR. HEYWOOD SMITH AND THE ROYAL COLLEGE OF PHYSICIANS, LONDON.

At a time when the principal offender in the nauseous Armstrong case has almost completed his term of imprisonment, the College of Physicians has arrived at a decision in reference to the professional misconduct of one of the witnesses. This result has been awaited with a mixture of curiosity and impatience which, now that the decision is made public, tends to cause a feeling of surprise at so much commotion culminating in so anodyne a resolution. *Parturit mons nascitur ridiculus mus.* The meeting of the Fellows of the College of Physicians convened for the especial purpose of considering the case of Dr. Heywood Smith, took place on Friday last, the 18th inst., the matter being deemed too serious to be dealt with, as is usual, by the Censors of the College. The attendance of Fellows was very large, and Dr. Heywood Smith as requested, appeared personally. The Fellows were already in possession of a formal apology from Dr. Smith, embodying his explanation of the facts and their defence, but there was in this document nothing in any sense new or striking. He concluded by acknowledging that his conduct in the Armstrong case could not be justified on professional grounds, and that he was led to act as he did by very strong feelings on a subject which had greatly shocked him. He proceeded to say that he now saw with painful clearness that he had been wrong, and humbly apologised to the College for his professional transgression and the discredit that he had inadvertently cast on the profession to which he

belongs. In the course of the discussion which ensued a feeling found expression that the examination of virgins and unmarried women was often resorted to without due consideration on the part of the medical attendant of the demoralising effect of such manipulations on the patient, and some allusion to this will probably find place in the formal censure which it was ultimately decided should be sent to Dr. Heywood Smith and communicated to the press. This gentleman was called before the meeting, but attempted no defence beyond that contained in his printed statement of the case. Animated probably by a feeling of compassion for Dr. Smith, who, although he erred did so in good company, and, from his then point of view, from unimpeachable motives, the Fellows decided not to administer the reprimand to him in person.

On the whole, we venture to think that this sentence will meet with the approval of the profession. The College has, we think, acted on this occasion with great discretion and tact under very difficult and delicate circumstances, and by a judicious delay has contrived to avoid the appearance of a promptitude in condemning, which in several institutions and one journal in particular, amounted to a positive indecorum, and laid the institutions and the journal in question open to the imputations of an undue regard for their financial returns or the stimulus of a personal animosity.

The proceedings were taken under rule 182 of the College by-laws, where it is enacted that any Fellow, Member, or Licentiate of the College who has been guilty of "any great crime or public immorality," &c., shall be dealt with in accordance therewith. At this meeting the question naturally arose, what constituted public immorality, and several pertinent questions were raised on the point which doubtless shocked some of the "reverend and grave seniors." If a Censor of the College, for example, were seen to frequent disreputable houses, or be found in the company of low women, would that bring him within reach of this rule? At what particular limit between keeping a mistress and proceedings in the Divorce Court would the College authorities take cognisance of his offence? Since all are liable, theoretically at any rate, to fall under the disciplinary measures therein provided, it were better to provide a more carefully worded clause which shall constitute a distinct line of demarcation to exceed which would be sinful from a college point of view.

#### THE MEETING AT THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

It is impossible to overrate the importance of the meeting of the Fellows and Members of the Royal College of Surgeons of England, held on Thursday last, or to estimate the extent of the results that will follow from it. That it will have the effect of materially modifying the views of the Council on the subject of their responsibility to the constituency of the College, is generally accepted; and at least one prominent member of the Council is convinced that that body can no longer maintain its attitude of obstinate rejection of the propositions advanced by advocates of reform. It would, however, be withholding the merit of this conversion

from its real author, were we to imply that the proceedings of the meeting generally were to be charged with having produced so desirable a change, for until the magnificent speech of Mr. Walter Rivington was delivered at the close of the meeting, the Council was to all appearance unmoved from its self-sufficient attitude of obstruction. But Mr. Rivington so skilfully and mercilessly exposed the absolutely essential nature of the coming change, and in such a masterly manner proved the unanswerable character of the legitimate claims advanced in the petition of the Fellows and Members of the College, that every individual present to hear his wonderful exposition of rights, injustices, and remedies, felt that there had arisen at last a champion, through whose aid mainly the great battle of justice would ultimately be decided against the oppressors.

The meeting was first addressed by Mr. Timothy Holmes, who moved a resolution to the effect that the answer of the Council to the demands of the Fellows and Members was unsatisfactory, and requesting the Council to reconsider its reply. From the claimants' point of view the address of Mr. Holmes lacked something of the effectiveness of Mr. Gamgee's opening speech on October 29th; but, notwithstanding, it presented the grievances complained of in a sufficiently forcible fashion; and its strictly temperate tone, no doubt, is likely to assist rather than impede the progress of the movement it supports. The duty of seconding this motion fell to Mr. Sampson Gamgee, who delivered a telling and eloquent speech in its support. We regret to say that Mr. Brudenell Carter took an early opportunity of interrupting Mr. Gamgee's remarks with an inquiry, addressed to the President, as to whether a written speech could be received in that assembly. So miserable an exhibition of petty feeling very naturally excited an outburst of indignant displeasure from every part of the crowded meeting; and when the same gentleman subsequently essayed to act as spokesman for the Council, and in the course of doing so resorted to individual attacks of a personal character, the storm of disapproval became universal, so that, notwithstanding the chairman's determined support of his procedure, he was compelled to bring his utterances to a speedy conclusion. This scene was in itself, perhaps, the most instructive lesson the Council could receive; it must have very effectually disposed of the suggestion that the agitation it affects to despise is, as Mr. Carter most improperly hinted, the invention of organised and interested politicians, and it certainly affords ample grounds for the adoption of Mr. Rivington's proposal to the Council, to poll the constituency of the College on the vital question at issue. This is not a difficult or a very onerous task; and with the result of such an appeal to those whom they nominally represent, to guide them in the future, the Council could find no excuse for inaction in pretended uncertainty as to the wishes of the majority.

Indeed, without for a moment intending anything of the sort, Mr. Carter, by his offensive denunciation, really did the cause of reform inestimable service, inasmuch as he exposed the utter weakness of his own cause; for a popular audience is never slow to grasp the truth that whatever cause needs the support supposed to be derived

from descent to personalities is itself inherently weak. But though, for the moment, this hasty exhibition raised a feeling of resentment in the audience, this soon gave place to other and less menacing expressions of enthusiasm as the next speaker, Dr. Ward Cousins, enforced the arguments for reform in language which, though homely—and often even amusingly so—was instinct throughout with plain common sense, and the emphasis of truth. But the grand triumph of the day's oratory was reached by Mr. Rivington, whose speech on this occasion is bound to become one of historical importance in the future. It placed the action of the Council and the position of the Fellows and Members in a light that vividly displays the hollowness of the "reasons" advanced by the former for declining to acquiesce in the claims of the latter. It is therefore not at all hopeless to anticipate that the further progress of this dispute will be on very different lines to those already registered; but Mr. Rivington has so clearly shown the absurdity of the pretensions of the Council, that this body can no longer delude itself into the belief that it will be permitted to continue its course of arbitrary and unchecked despotism.

#### PRESENTATION OF THE BRADLEY TESTIMONIAL.

THIS the crowning event in the struggle to obtain justice for an injured man, and in some measure to compensate him for all the sufferings and indignities he had undergone, passed off most successfully at Sheffield on the 11th inst., as briefly mentioned in our last. The speeches of Dr. Foster, M.P., and Messrs. Wheelhouse and Lawson Tait are worthy of notice, and careful consideration. As we have kept our readers *au courant* with the facts of this case from the very commencement, their recapitulation here is unnecessary. One matter however, mentioned by Mr. Lawson Tait (the medical expert in this case), in his speech touching the medical evidence, and so frequently referred to in our correspondence columns, should receive special attention. It ought to prove a warning for all time to medical men, never to allow themselves to take a partisan's view of a case. A medical witness should rigidly confine himself to the clearest, most definite statement of facts, be the inferences drawn from them what they may. As far as is within his power he ought to refrain from any expression of opinion which is not amply justified by such facts. If the medical witness in this case is gifted with any of the purer feeling of human nature, the memory of the mischief, which his unconsidered evidence, and manner of giving it, wrought, must remain a source of unfeeling regret to the end of his days. He has only to reverse Dr. Bradley's and his own position properly to realise the extent of the sorrow he was the means of inflicting. One other lesson should be drawn from this case, and never forgotten—*i.e.*, that members of the profession ought to take active steps for their own safety in uniting for purposes of defence. A very healthy nucleus of such a union already exists in the "Medical Defence Association" and in the newly-started "Medical Defence Union." In this latter society nearly 1,000 members have already joined. It is now proposed to establish provincial councils in all the large

towns for their surrounding districts, leading men in the district being asked to join the local council. All cases in the district are to be considered by the local council, and by them to be recommended to the central executive for further action. There is no reason why such an organisation should not be placed upon a wide basis, and become sufficiently powerful to ensure that protection to the profession which the British Medical Association has hitherto so signally failed to afford. Its scope should embrace all matters affecting the liberty or well-being of its members, and in this respect the Irish Medical Association, which is ever ready to fight the battle for its members, might be taken as a pattern for imitation. Unjust dismissal from Poor-law appointments, vindictive proceedings in lunacy cases, and charges such as those preferred against Dr. Bradley, should all come under the prompt consideration of the Association, and, if need be, test cases should by it be carried to the very highest Court of Appeal in the land without costing the individual member one penny beyond his subscription to the funds of the Association. It would then be seen that—"United we stand; divided we fall."

#### Notes on Current Topics.

##### Prideaux Memorial Fund.

A MOVEMENT is on foot to raise some kind of permanent memorial of the late Miss Helen Prideaux, M.B., B.S. Lond., who died of diphtheria while House Surgeon to the Paddington Hospital for Children recently. The intention at present entertained in this connection is to found, should the funds forthcoming be sufficient, a prize or scholarship bearing the name of Miss Prideaux; and a committee has been formed to carry the schemes into execution. The hon. treasurer to the fund is the Dowager Lady Stanley of Alderley, 40 Dover Street, W.; and the hon. secretary Mrs. Garrett Anderson, M.D., 4 Upper Berkeley Street W., to either of whom subscriptions may be forwarded. Among those who have already given donations are Sir W. Gull, Dr. Matthews Duncan, Mrs. Garrett Anderson, Dr. Cheadle, and Dr. Allen Sturge.

##### Hypnone.

THE introduction of a new hypnotic must at all times be a subject of much interest to the profession of medicine; and in this connection the experiments of MM. Dujardin-Beaumetz and Bardet with a substance to which they have given the name hypnone, are worthy of particular attention. Hypnone is a mixed acetone possessing the composition  $C_6H_5CO$ ,  $CH_3$ , and denominated in chemical language—phenyl-methyl-acetone, or acetophenon. According to the observers above-named, who have repeated and extended the experiments originally carried out by others, the hypnotic properties of the new drug are extremely well-marked, and are exhibited in the human subject after administration of doses of from five to fifteen centigrammes mixed with glycerin and enclosed in gelatine capsules. Especially in alcoholism it is found to produce a deep sleep, and that its employment may be safely continued for a lengthened



period, has been proved by the results obtained in nine patients who took it for fifteen days consecutively. The only unpleasant symptom attending its use was the marked odour of acetone communicated to the breath, and which caused inconvenience to the patients. Its effects were much more satisfactory than those following from the administration of chloral or paraldehyde for sleep-producing purposes. Hypnone is liquid at 60° or 70°, but below this temperature it crystallises in the form of beautiful white needles. It has a powerful odour, resembling at once both bitter almonds and orange; and it is prepared by oxidising ethyl benzene by chromic acid in the presence of acetic acid, or by distilling a mixture of acetate and benzoate of lime.

#### Marion Sims Memorial.

THE committee appointed to carry out the movement for erecting a suitable memorial to the late Professor Marion Sims, the eminent gynecologist, report that the amount they have received is now sufficient to enable them to carry out the intention of the subscribers, and to meet the expenses of a bronze statue of Dr. Sims. The amount received on behalf of the fund is 8,166 dollars, from which must be deducted 406 dollars for the expenses of printing, telegraphing, stationery, &c., leaving a sum of 7,760 dollars available for the purposes of the fund. The balance is lodged in the name of the committee, with the United States Trust Company; and immediate steps will be taken to carry out the original intention of the subscribers, by whom it is generally desired that the memorial shall take the permanent shape of a statue of the deceased physician.

#### A New Endowment for Research.

A LADY named Elizabeth Thompson, residing in Stamford, Conn., who has been well known in that locality for her benefactions to causes of religion and philanthropy, but who has never had any special interest in any particular branch of science, has, according to the *Boston Medical and Surgical Journal*, given a fund consisting of 25,000 dols., of which the income, in the words of the letter of conveyance, "is to be devoted to the advancement and prosecution of scientific research in its broadest sense; it being understood that to provide for, and assist in, the maintenance of an international scientific association is a method of application which seems to me very desirable." The trustees are left with very great discretionary powers, which are to be guided by certain general directions. It is, above all, expressly understood that the prime object is to contribute from the income towards defraying the cost of scientific researches. The board of trustees consists of five members: Dr. Henry P. Bowditch, chairman; William Minot, jun., treasurer; Prof. Edward C. Pickering; Gen. Francis A. Walker; and Dr. Charles S. Minot, secretary. It was considered important to have as great a variety of interests represented as possible, and this is accomplished by the association of the above gentlemen. When the international association is organised (and it is hoped that the movement will be initiated by the British Association at Aberdeen), the income of the fund will presumably be expended under the direction of that new association; until

then under the direction of the trustees. A moderate sum is now available, and persons who are carrying on original scientific research, and are in need of assistance therein, may communicate with the secretary.

#### The Medical Council and its Dental Register.

THE *Journal of the British Dental Association* devotes an editorial to the manifestation of senility by the General Medical Council, to which we called attention last week, that body having occupied some hundred sovereigns' worth of time in discussing whether a dentist should be gazetted as a Licentiate in Dentistry, when, to their knowledge, he was nothing of the sort. Referring to the pretensions of the Council to sit in judgment upon the College, which expelled the dentist, the *Journal* says: "We can find no grounds whatever for the assumption of this judicial position in either the Medical or the Dental Acts—certainly not in the latter; and the College may resent an unauthorised inquisition which carries with it the suspicion of wrong-doing—a suspicion which no verbal denial can in any way obscure. The Council is in the highest degree responsible for a correct Register, and the continuance in its pages of a qualification which has ceased to exist must be accounted a serious fault, while even the dallying with the case cannot be regarded otherwise than with deep regret."

We fully concur in the regret thus expressed, but we are not surprised at the Council taking this course, as it has never ceased to constitute itself, if not the champion, at least the palliator, of all sorts of quack practices.

#### A Curious Decision.

IN the Queen's Bench at London, the case of Tully v. Macgill was recently decided. The plaintiff had been assistant to a medical practitioner at Poplar, and the defendant, who was also a medical man in the same neighbourhood, issued a circular imputing to the plaintiff that he was carrying on the profession of a medical man and surgeon although utterly unqualified, and that he had no licence in midwifery. The alleged slander was a statement said to have been made to one of the plaintiff's patients. The plaintiff admitted that he had no medical or surgical diploma, but he submitted that the circular was libellous, as it imputed that he was not qualified to act in midwifery cases, while in such cases no legal qualification was necessary. For the defence the circular was justified, on the ground that the plaintiff had been fined under the Apothecaries Act for an offence under the statute. The jury gave a verdict for the plaintiff for £250.

#### Is a Name a Practitioner's Trade Mark?

MR. JUSTICE CHITTY, sitting in Chancery, had the case of *Eskell v. Clifford* before him for several days. The action was brought by the well-known advertising dentists against the defendants, who are in the same business, and raised the question as to whether either had an exclusive right to use the assumed name of "Eskell." The parties are said to be cousins. The plaintiffs were formerly named Abrahams, and they have for a long time conducted their business in London under the style of "Eskell & Sons," or "Messrs. Eskell." They

asked for an injunction restraining the defendants, who are also in business in London, from using those names. The contention of the defendants was, that they were entitled to use any name they chose. His lordship held that the plaintiffs were not entitled to the claim they asked: in other words, that no one can appropriate a name and prevent any one else from also appropriating it; but said that, as one of the provincial managers of the defendants had been proved to have made a misrepresentation to one of the plaintiff's customers, he must be restrained from doing any such thing in future. The defendants gave an undertaking that the person in question would make no further false representations.

#### Another Hospital for Women.

THE *Pall Mall Gazette* has proposed the foundation of a hospital, presumably for women, of which Dr. Heywood Smith, who has suffered so severely in the cause of defenceless virgins, is to be the principal physician. Without wishing in any way to infer a doubt of that gentleman's capacity or fitness for such a post, we believe that there is a general feeling in the profession that more than enough of these special institutions exist already. A widely-spread impression prevails that the evils attending the creation of hospitals for the treatment of disorders of special organs are intensified when that special organ is the uterus and its appendages. Without entering into a discussion of the ethics of the question, there can be no doubt that while vaginal examinations are imperative in a certain class of cases, they are not only uncalled for, but highly detrimental, from a social point of view, in others. In hospitals where women are the only patients the difficulty to endeavour to distinguish between the two categories of cases becomes blunted, and the natural repugnance which is felt by the general practitioner to undertake these examinations unless specially indicated—a repugnance which, when not carried to excess, is in itself a guarantee of his discretion—is overcome and finally lost.

#### Reporting Contagious Diseases.

THE New York County Medical Society has decided to assist, pecuniarily, two of its members against whom a verdict for 500 dollars as damages was recently obtained by a woman. It appears that this woman was reported to be attacked with varioloid by the two physicians in question, and having been seen by the New York Board of Health's inspector, that officer ordered her removal to the Riverside Small-pox Hospital. The illness was easily and speedily recovered from, and some doubt seems to have been expressed whether it was really due to small-pox. However, on the ground that it was not the patient sued the doctors who reported her case to the Board of Health, and claimed ten thousand dollars as compensation for business and other losses. The jury awarded, as we have said only a twentieth part of the sum claimed; but the principle of liability, which this verdict affirms, on the part of medical men, raises the very important question whether the physician under such possible penal risks would venture on notification of infectious diseases. At any rate the medical society of which the defendants in the action are members, has

decided to assume the responsibilities of an appeal from the verdict; and it will be interesting to see what view a higher American tribunal accepts of the duties and immunities of medical men in such circumstances. On this side of the water, our own medical associations might advantageously take example from the action of the New York County Society, which thus practically demonstrates its direct sympathy with the difficulties of its members, and takes immediate and punctual steps to assist them in the difficulties which attend them in professional life.

#### Massage in the Treatment of Infantile Paralysis.

THE advantages of this method of treatment lately formed part of a lecture by Dr. Murrell on the above disease, and as it includes some important modifications in the ordinary manner of conducting the operation, it may be worth while to draw attention to it. After treatment during the acute stage by means of aconite, followed later on by physostigma and phosphorus, recourse is advised to a carefully graduated system of *massage*, commencing with simple *effleurage* or surface rubbing, followed by the *friction*, which is a more energetic application. As the case proceeds kneading of the affected limbs or muscles is resorted to, and this is succeeded by or combined with systematic *tapotement*, which is a form of percussion. This plan of treatment, conscientiously carried out, has, when the case has not been too long delayed, been followed by excellent results, but it should only be done by the advice and under the care of the medical attendant, as indiscriminate *massage* is likely to be futile, and may be injurious. The operation should be conducted with dry hands on a dry skin, and all oily or other inunctions studiously avoided.

#### Can Hydrophobia occur in the Absence of Dog-bite?

At the present time, when public attention is so much directed to the subject of rabies and hydrophobia, it may be interesting to quote from the *Indian Medical Gazette* of November last some particulars regarding a case of supposed hydrophobia which recently happened at Madras. A native man, *æt.* 30, slept one night on the top of his house in a strong "long shore" wind, the weather at the time being very hot. On the following morning he felt in his usual health; about noon he felt some giddiness, slight stiffness on the right side of the neck, and shortly afterwards was unable to swallow fluids. These symptoms rapidly became aggravated, profuse secretion of ropy mucus in the fauces and mouth being added to them, and death supervening on the evening of the second day. Mr. Branfoot, who reported the case, from the moment he saw the patient suspected hydrophobia; the man's relatives, however, and he himself, denied that he had ever been bitten by a dog, and he further declared that he had not had anything to do with dogs for many years, and he, being a strict Brahmin, there seemed no reason to think otherwise; and yet all the symptoms in his case were so typical of hydrophobia that Mr. Branfoot could call the disease from which he suffered nothing else. The man did not usually sleep in the open air, and

on the night in question a strong "long shore" wind was blowing. The effects of the wind so-called in causing in man congestion and muscular rheumatism, and in animals spinal meningitis are well known. Accordingly Barnfoot asks, Is it possible that in this way an acute cerebro-spinal meningitis could have been set up, and that death was really caused by an acute nerve inflammation? The evidence, he says, in favour of inoculation by the rabies poison is entirely of a negative character, whereas the theory of an acute inflammation does possess something positive about it. We shall be glad to learn how far these views obtain support or otherwise from the experience of other observers.

#### Tænia Echinococcus in Dogs.

DR. J. D. THOMAS, of Australia, having carefully examined a very large number of dogs in districts where hydatid disease prevails to a large extent, reports that between 30 and 40 per cent. of the dogs were found to be infested with *Tænia echinococcus*. Nine of another series better cared for, only one case was found, while five out of ten stray dogs in Melbourne were infested. This great prevalence of the disease would, he believed, explain the bearing upon its frequency in man and the domestic herbivora in these localities. It is not at all improbable that the irritation produced by the hydatids may have something to do with the greater prevalence of rabies among vagrant dogs.

#### House of Industry Hospitals, Dublin.

THE Lord Lieutenant has appointed Patrick Martin, Esq., Q.C., of Upper Fitzwilliam Street, and Dr. Samuel Gordon, to be members of the board of governors of the above institutions, to fill the vacancies caused respectively by the resignation of the Right Hon. Viscount Gormanston and the decease of Colonel Charles Colthurst Vesey.

#### A New Human Parasite.

DR. R. VON WETTSTEIN has discovered a new fungus in the gastric juices of persons suffering from pyrosis. He describes the new species and genus under the name *Rhodomyses Kochii*. It is seen to be always on the outside of the mucous membrane, and immersed in saliva. It shows itself as a dense delicate pink mould, partly obscured by a quantity of conidia. Its morphological characters are determined by culture; it has apparently a close affinity to other forms of *oidium*, but is distinguishable by the mode of formation of the conidia, and especially by its unseptated hyphal branches. In its habit it resembles *Trichothecium roseum* and some other moulds.

#### Irish College of Surgeons.

THE election of a Councillor in room of the late Mr. Jolliffe Tufnell took place on Monday, 21st, and was conducted, under the provision of the new charter, by ballot voting papers. The candidates for office were Mr. Shannon, formerly, for many years, a member of the Council; Mr. Story, Surgeon to St. Mark's Ophthalmic Hospital; Mr. Tobin, recently Assistant Professor of Military Surgery at Netley; and Mr. Auchinleck, Lecturer on Medical Jurisprudence in the Carmichael

College. 155 votes were recorded (besides 2 spoiled votes). Mr. Story scored 58, and was elected. Mr. Tobin obtained 51, Mr. Shannon 32, and Mr. Auchinleck 14.

#### New Medical Knights.

HER MAJESTY has decorated within the past fortnight several distinguished members of our profession in England. Mr. Paget, of Cambridge, has received the civil K.C.B., a very high and somewhat unusual honour, while Dr. William Roberts, of Manchester, and Dr. James Sawyer, of Birmingham, are knighted. Sir George Edward Paget is brother of Sir James Paget, an F.R.S., a D.C.L. of Oxford, Regius Professor of Physic in the University of Cambridge, and an ex-President of the General Medical Council. He was the Harveian Lecturer in 1866, and a well-known author. Sir William Roberts is one of the most distinguished physicians in Manchester, or indeed in provincial England. He is an F.R.S. and an M.D. of the London University, and holds the Professorship of Clinical Medicine in Owens College. His contributions to therapeutics and pathology are some of the most valuable and original in the English language. His treatise on urinary diseases is the standard work on the subject, while his more recent Lumlleian Lectures on the Digestive Ferments have given new lustre to his name. Sir James Sawyer is Senior Physician to the Queen's Hospital, Birmingham, and Professor of Therapeutics in the Queen's College. He is the author of a valuable work on the Physical Diagnosis of Diseases of the Lungs and heart, and of many other erudite contributions to medical literature, and for some time he edited the *Birmingham Medical Review*.

THE liberal dispensation of honours to members of the medical profession in England to which we have just referred reminds us that once again the expectations of the profession in Ireland have been disappointed, and that once again that inexplicable unwillingness to do justice to the Irish profession has been manifested by Her Majesty's advisers.

It is now some months since the assertion was made, with much authority, and, we believe, with good reason, that a leading physician and a leading surgeon in Ireland would shortly receive baronetcies, and that at length the claims of the Irish profession to public estimation would be recognised and proclaimed. We have the strongest reason to believe that there was good foundation for this report; yet weeks have passed without any official intimation that these honours would be conferred, and the profession in Ireland have been again made to feel that they are held in very slight estimation by Her Majesty's advisers, and that their political influence is not thought worth conciliating. We rather think that Irish doctors have themselves to blame for being thus treated, and that if they had more cohesiveness and independence of mind and less subserviency to political dogmas or personal interests, they would not find themselves snubbed as they have been by successive Governments.

Furthermore, we suspect that this neglect of Irish and Scotch scientists arises in no little degree from the fact that the bestowal of honours is largely influenced by the

whisperings of Court and Government officials in London, who know nothing and care-less for Irish or Scotch doctors, and who cannot be in a position to form any true judgment as to where the mark of honour should be placed in any corner of the kingdom save their own.

THE cost of the epidemic of small-pox at Montreal is likely to reach 5,000,000 dollars.

THERE died on Friday week at Derrygonnelly, co. Fermanagh, an old woman named Brogan, who is stated to have lived to the extraordinary age of 105 years. Old Mrs. Brogan held good all the faculties of her youth up till a few days preceding her demise. James Brogan, husband to the deceased, though nigh 100 years old, was able to attend his wife's funeral on foot.

THE Local Government Board has sanctioned the re-instatement of Dr. Collie as Medical Superintendent of the Homerton Fever Hospital, as recommended by the Metropolitan Asylums Board, but it appends the condition that the re-appointment shall be only for six months' probation, "to see how Dr. Collie discharged his duties."

At the recent examination of the University of London (full pass lists of which will be found in another column), Mr. Wm. Ayton Gostling, of University College, gained the Gold Medal in the M.D. Division; Mr. H. Bethaur Robinson, of St. Thomas's Hospital, the Scholarship and Gold Medal in the First Class Honours, M.B. Division; Mr. P. D. Turner, of University College, the Scholarship and Gold Medal in the Obstetric Division; and Mr. E. W. Goodall, of Guy's Hospital, the Scholarship and Gold Medal in the Forensic Medicine Division.

## Edinburgh.

[FROM OUR OWN CORRESPONDENT.]

THE EDINBURGH AND ST. ANDREWS UNIVERSITIES ELECTION.—The return of the voting papers for these Universities was completed last week, and the official poll began simultaneously in Edinburgh and St. Andrews on Tuesday, 15th December. The process of counting lasted four days, and the result was made public on Saturday last. The number of voters on the registers of the two Universities was 6,669, being 801 more than at last election, when Sir Lyon Playfair was returned. The increase is in the Edinburgh list only, for St. Andrews list shows a decrease of 57 when compared with the number in 1880. At Edinburgh, on this occasion, there voted 4,085, and these were distributed as follows:—For the Lord Advocate 2,051, for Mr. Erichsen 1,985; majority for the Lord Advocate 66. At St. Andrews 1,272 votes were recorded, as follows:—For the Lord Advocate 789, for Mr. Erichsen 468; majority for the Lord Advocate 321. Thus in the combined Universities, the Lord Advocate obtained a total of 2,840 votes, and Mr. Erichsen, of 2,453, giving a net majority for the Lord Advocate of 387. At the two Universities 64 papers were rejected as spoiled, while 813 did not vote. At the last election in 1880, as may be remembered, Sir Lyon Playfair obtained a net majority of 74 over

Mr. Bickersteth. While recognising fully the difficulties which Mr. Erichsen faced in undertaking the candidature, we had hoped that with a constituency so largely representative of the medical faculty, the high professional position and undoubted qualifications of Mr. Erichsen would have had some weight. But the united Conservative phalanx, which on previous occasions St. Andrews presented, has been only strengthened, in spite of the fact that its register is smaller by 57 than it was five years ago. Apart from the tendency which exists in the Universities towards Conservative representation generally—all the Universities, with but one exception, being so represented—St. Andrews is the citadel of Established Church influence in Scotland, and we fear Mr. Erichsen's views on this important question were hardly pronounced enough to please this powerful section of the electors. But it is vain to attempt to analyse the possible causes of the rejection. We gratefully sympathise with Mr. Erichsen. We regret that Parliament has lost the services of so gifted and distinguished a member, and we grieve that Medicine's claims to more honourable recognition in the councils of the nation will not be represented by an advocate of such tried ability.

MR. LAWSON TAIT AT THE EDINBURGH ROYAL INFIRMARY.—On Sunday last Mr. Lawson Tait, who has been on a visit to Edinburgh for a few days, was asked by Professor Grainger Stewart to give his opinion on a case of persistent jaundice. It appears that the patient had, on more than one previous occasion, suffered from intense jaundice, but never so persistently. Professor Stewart had diagnosed the condition as one of obstruction due to the presence of gall-stones, but the supervention of rigors and other marked signs of febrile reaction suggested the possibility of abscess formation. Mr. Tait was of opinion that the case was typical of the class of cases demanding exploratory incision as an aid to diagnosis. With the concurrence of his colleagues, Professor Stewart invited Mr. Tait to undertake the necessary operation, which he readily agreed to do. The gall-bladder was found much distended, and aspiration showed its contents to consist of a thick, altered biliary secretion, with an admixture of pus. There was, in addition, a considerable number of gall-stones, both in the bladder and apparently impacted in the duct. The operation was conducted without accident, and, so far, the patient is doing excellently.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.—The annual dinner of the Royal College of Physicians of Edinburgh took place in the beautiful hall of the College last Wednesday, under the presidency of Dr. Douglas MacLagan President of the College. There was a very large attendance of the Fellows and of invited guests, among others the Lord Advocate, the Lord Provost, the Dean of the Faculty of Advocates, and Mr. Lawson Tait, Birmingham.

EDINBURGH CITY FEVER HOSPITAL.—CLINICAL TEACHING OF FEVERS.—At a meeting of the Edinburgh Town Council's Public Health Committee the question of the arrangements for the clinical teaching of the infective processes, came up for consideration. It will be remembered that, apart from the City Fever Hospital, there is no other place for reception for such cases, and owing to the severance of the management of this hospital from that of the Royal Infirmary, students are now shut out from attendance. Communications had been received both from the University authorities and from representatives of the Extra-Mural School of Medicine, with the view of correcting this. Unfortunately, their proposals did not quite harmonise, but it was expected that some compromise might be come to.

The whole matter was remitted to the Hospital Committee, with power to inquire as to the facilities for teaching in the City Hospital, and to determine as to what arrangements might be necessary for the attendance of medical students at the wards. The Committee also recommended the making of provision for the reception of cases of whooping-cough, the only class of infectious disease not at present received.

**PUBLIC SWIMMING BATHS FOR EDINBURGH.**—The scheme for the provision of public baths for the city of Edinburgh has advanced so far, that satisfactory plans have been accepted by the Lord Provost's Committee. Suitable accommodation both for men and women has been arranged.

**EDINBURGH UNIVERSITY COURT AND THE GENERAL COUNCIL.**—The Edinburgh University Court has agreed to take the representation of the General Council, to which we referred some weeks ago, into full consideration, in the event of the introduction of another Universities (Scotland) Bill into Parliament. As will be remembered, the resolution of the Council had special reference to the extension of the extra-mural system of teaching, to the better financial administration of the University, and to the more worthy recognition of University assistants.

**PROPOSED EDINBURGH VOLUNTEER MEDICAL ASSOCIATION.**—As an outcome of the spirited address of Surgeon-Major Evatt, A.M.D., to the members of the Medico-Chirurgical Society of Edinburgh, and to the students of the Edinburgh Medical School, lately reported in our columns, a meeting was held last week in Edinburgh, under the presidency of the Lord Provost, to consider the formation of an Edinburgh Volunteer Medical Association, "for the purpose of aiding the study and development of ambulance and hospital corps organisation, and of affording material assistance towards the enrolment of a company or companies of the Volunteer Medical Staff Corps." Already the first company has been raised from among the medical students of Edinburgh, and it is hoped that a second may be formed with the aid of the St. Andrew's Ambulance Association, which has already done such good work in the city of Edinburgh. It was announced that Glasgow and Aberdeen had also begun to take action in the matter, so that it was likely four companies in all could be formed without difficulty. Colonel Kinnear formally proposed that "an Edinburgh Volunteer Medical Association be formed." He said it was demanded by the exigencies alike of military and of civil life. This motion was seconded and carried unanimously. It was then agreed that the Lord Provost be named President, and the Lord Advocate, Dr. Wolseley, and Professor Annandale, Vice-Presidents, with Dr. Young as Secretary.

### Correspondence.

#### THE GOVERNMENT OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The impression seems generally to prevail that the Council of the College of Surgeons will stand firmly to the terms of their resolutions, which were read at the meeting of the Fellows and Members on Thursday last. Consequently the question obtrudes itself, in view of what has taken place, "What will happen next?"

It seems to me that the solution of the difficulty is to be found in some compromise. The position of the College is admittedly increasing year by year in importance. It seems therefore only reasonable, while its aims, its work, its responsibilities are extending in every direction, that the Council itself should submit to a process of enlargement. The number twenty-four represents I believe the numerical strength—not necessarily the collected wisdom—of vestries

in rural hamlets, over which the parson presides. I do not expect that this fact has anything to do with the original selection of the number to form the Council. But why should not this number be augmented at the College in Lincoln's Inn Fields?

Let the Council consist of, say thirty-five Members, and let say eleven of these be Members of the College, elected by the Members, and the rest Fellows of the College, elected by the Fellows. Scotland and Ireland each send representatives of their respective countries to the English Parliament. Let the Members, then, if they wish, have some representatives in the Parliament of the College, which hitherto has exclusively been elected by the Fellows.

Enlargement of the franchise is at present the claim of the Members. But enlargement of the franchise without redistribution has been deemed in the political world of England to be inexpedient. Therefore the cases being parallel, or nearly so, I venture to think that the treatment of each should be the same.

I am, Sir, yours, &c.

H. PERCY DUNN.

3 St. Stephen's Road, W.

### Literature.

#### NORTON'S OPERATIVE SURGERY. (a)

THE labour involved in the preparation of a new edition of so extensive a volume as that now under consideration will be at once appreciated when it is remembered how considerable and important have been the improvements in surgery made within the last few years. In its original form the work left the hands of its talented authors M.M. Claude Bernard and Ch. Huette as a complete text-book of operative surgery, which had no equal either for comprehensiveness or the beauty and natural fidelity of its numerous illustrations. The reproduction of such a manual in the English language taxed, of necessity, the best powers of the translator and adaptor, and it is a compliment of no mean order to Mr. Norton's successful performance that the profession has accorded so gratifying a welcome to his efforts as to call for a second edition of the volume. In complying with this demand a vast amount of additional labour has had to be expended in order to bring the work into harmony with modern advances, and the exigencies of publication in this connection have thrown on the English editor the responsibility of largely adding to the original work of his French *compères*, by very considerable original contributions from his own pen; so that in its present shape the volume, though still based on the work of Bernard and Huette, is in the text almost entirely the production of the former.

The first part of the book illustrates the proceedings to be adopted in making incisions, introducing sutures of various kinds, bleeding from various parts of the body, the formation of setons, and the performance of vaccination, &c. Next, arteriotomy is discussed and figured, ligation of each of the principal vessels being described in turn, the fullest instructions being given for guidance during the operation, and the relative anatomy being invariably explained and fully depicted. Amputations are similarly treated, including amputations in continuity, and resections. At the end of this section trephining, or, as is preferred, trepanning the cranial bones, and the operations of osteotomy in various regions are considered. Next in succession come operations on the eye; then those on the ear, followed by surgical procedures in connection with the lips, nose, and nasal fossae, and the tongue. Vascular tumours, including gotre, œsophagotomy, bronchotomy, and excision of the breast, are followed by description of the operations which are performed on the abdomen, this long division of the work forming its concluding portion.

In the section dealing with excision of the tongue, partial or entire, for cancer, Mr. Norton confines his description to the methods of Boyer, Mayor, Cloquet, and Vidal's modification of the latter. Without specially referring to the proceedings known in this country in association with the name of Mr. Whitehead, he yet mentions the employment of

(a) "A Text-book of Operative Surgery and Surgical Anatomy." By Arthur Trehern Norton, F.R.C.S., Sur., con to St. Mary's Hospital, and Examiner in Surgery at Durham University. Second Edition, with 88 steel plates, hand-coloured, 400 pp. London: Baillière, Tindall, and Cox.

scissors as a means of section, and really embodies an account of all the variations usually pursued both at home and abroad in the general instructions for excision given at the commencement of the section. The reasons for thus acting are doubtless all sufficient, for it must be admitted that little that is intrinsically original is associated with modern innovations in this connection, every radical operation being actually based on the primary suggestions made by the surgeons whose names have already been quoted. The illustrations to this section are very clear and beautiful.

The subject of hernia receives a considerable amount of attention, as its importance deserves; and here, too, the careful and elaborate drawings call for unqualified admiration. The surgical anatomy of the inguinal region is treated with a completeness that leaves nothing to be desired and that cannot fail to render this usually difficult topic of easy comprehension to those who make a faithful study of the pages in which it is described. A special plate is added in the theoretical explanation of the formation of hernias, which, together with those in which the relations of parts is pictured, affords invaluable assistance in the way of an accurate comprehension of the anatomical reasons for the phenomena observed in association with the various descriptions of rupture. Mr. Norton has, with praiseworthy judgment, added much to the section in question both in the way of illustration and of description, the new operation for radical cure introduced by Mr. Spanton, as well as the method followed by Mr. Wood being fully explained with the aid of clearly executed woodcuts intercalated with the text. It may be worth notice that in Plate 65, the situation of the invagination in the two upper figures is drawn in a position which cannot possibly be harmonised with the textual references; the fault, of course, lies with the French artist, who is responsible for the drawings; but these two illustrations might with advantage be replaced in future editions. As we have already stated, the whole subject of hernia is treated with a fulness that is eminently satisfactory, every stage of operation and each manipulative procedure receiving attention in turn, and being described with a clearness and precision which reflect infinite credit on the pains which have been expended by the English editor to obviate misconception or doubt on the part of his readers.

On Plate 67 will be found some exceedingly instructive illustrations with reference to the formation of accidental artificial anus, and the treatment resorted to for it, and in the succeeding plates, 68 and 69, the anatomy and surgery of artificial anus proper are well depicted.

The surgery of the kidney is very fully considered, and the recent improvements in this department receive an amount of attention to which their importance entitles them, the fair and candid manner in which they are discussed being all that could be desired. In a similar manner the surgical procedures in connection with the urethra and bladder are discussed with ample reference to modern progress, and a complete account of the operation of litholapaxy, or lithotripsy at a single sitting is given, and reference made to the accidents and embarrassments likely to be encountered by the surgeon.

A most useful series of illustrations, supplemented by full descriptive text, dealing with the anatomy and surgery of the female generative organs, adds materially to the value of the work as a complete guide to operative procedures; and this section will be found of very great service as an auxiliary to special treatises on the diseases of women. The operation of symphyseostomy is described, rather, we presume, on account of its historical interest than from any intention of advocating it as a justifiable proceeding. Indeed, in many instances throughout the work, obsolete or superseded operations are described, the desire of the editor, as explained in the preface, being to add to the importance of the work as a record of past surgery as well as a reflex of the present high state of perfection in operative science.

We are glad to see that Mr. Norton has included an account of his own operation for webbed fingers in the section dealing with this deformity.

In this brief *résumé* of the "Text-book of Operative Surgery" it is of course impossible to give any adequate indication of its merits as a whole. It is undoubtedly the most complete work of the kind in our language; it is eminently reliable and accurate, and it is presented in a form that reflects great credit on the taste and liberality of the publishers.

#### RALFE'S DISEASES OF THE KIDNEYS. (a)

THIS book is one of a "practical series" which is being brought out by Mr. Lewis, the enterprising London publisher. The object of the volume, as stated in the preface, is to present the student and practitioner with a clear, concise, and systematic account of urinary pathology and therapeutics. There is no ambition to contribute a "classic" on the subject, and the work cannot be regarded altogether as an exhaustive treatise on diseases of the kidneys; but as the boiling down process of standard works is now in vogue, we have to thank Dr. Ralfe for placing before the profession a work which will enable the busy practitioner not only to find points of recent scientific interest in the literature of the subject, but to materially assist him in a study of kidney disease without wading through pages of theoretical disputations. As general text-books on medicine are, as a rule, chary of admitting recently propounded theories, Dr. Ralfe's treatise forms a most refreshing exception, containing as it does an epitome of all the latest ascertained facts in renal medicine.

In the opening chapter, on general symptomatology of kidney disease, considerable stress is laid on the relation of the colon, masses of feces and flatus being stated to be a common cause of pain in the kidney of a paroxysmal character. We are thankful that Dr. Ralfe owns on page 5 that "even when considerable enlargement exists the difficulty of diagnosis is great." We wish he had encouraged us a little more in giving a few details on the diagnosis of hydro-nephrosis (page 319), where the following sentences occur with regard to rectal examination: "This latter examination should be performed by introducing the hand into the rectum and exploring with the finger the whole of the upper pelvic region. By alternately compressing the ureters with Davy's rectal lever we can also learn whether urine is being discharged by both or whether it is obstructed in one." The lever is mentioned again on p. 395, but no hints are given as to its use, which cannot be unattended with difficulty or danger.

The presence of a good plate on the anatomical relations of the kidneys suggests to us the want of a diagram or a description of the anatomy of the secreting tubes, which we hope will be remedied in a future edition. Any practitioner of 10 years' standing reading, for example, about the looped tubes of Henle would find no mention of them if he referred to any of the former editions of his "Gray." Surely, then a book which professes to be written for practitioners—who are hardly supposed to keep up with each minute discovery in anatomy, or to purchase every new edition of a standard work—ought to contain all the requisite information on the subject. The same may be said with regard to the complete absence of surgical details in the work. On page 323 we find, "Nephrectomy or nephrotomy belong entirely to the province of surgery, and cannot be discussed in this work." According to this idea a medical man of some years' standing, on meeting with a case requiring operative interference, and having Dr. Ralfe's book to help him to diagnose it, would have to procure a recent Anatomy to understand Dr. Ralfe and a recent Surgery to tell him how to perform what Dr. Ralfe recommends. Surely if Dr. Ralfe as a physician felt himself incompetent to write about Nephrectomy, a chapter might have been written by a surgical colleague, or added in the same way as the paragraphs on "Ophthalmoscopic Changes," which are taken from Gowers' "Medical Ophthalmoscopy."

We must confess ignorance as to what is meant by "rapidly growing fungoid disease" mentioned on page 9, and why tea is so rigidly excluded from the dietary of Bright's disease. With regard to treatment, we find on page 252: "Our endeavour in these cases is to reduce the amount of nitrogen in the blood, firstly, by cutting off the supply; secondly, by restoring the eliminating function of the kidney." The amount of nitrogen in thea is small (C<sub>8</sub> H<sub>10</sub> N<sub>4</sub> O<sub>2</sub> H<sub>2</sub> O), and the alkaloid is a well-known renal stimulant, increasing both the solids and water.

We cannot sufficiently praise the chapter on the clinical examination of the urine, which is a masterly *résumé* written in a most comprehensive and agreeable style. In fact, all through Dr. Ralfe's style and easy diction render his book most interesting reading, and we rise from it with a sincere wish that there were more of it.

(a) "A Practical Treatise on Diseases of the Kidneys and Urinary Derangements." By Charles Henry Ralfe, M.A., M.D. (Cantab.), Assistant Physician to the London Hospital, &c. London: H. K. Lewis.



## GONORRHOEA IN THE FEMALE. (a)

THIS little work, which is published in pamphlet form, is at the present epoch specially interesting. The subject of which it treats is one which, until recently, was regarded of so little importance that in this country, even now, students of medicine are afforded no opportunities of studying it. That there are few diseases of greater importance than gonorrhœa in the female is now established beyond question by the advancement in the science of gynecology, and its admitted relation as the primary cause of a large proportion of the obscure diseases of the generative organs of women. Its bearing upon abdominal surgery in the present day is one of its most important features. The discovery by the microscope of characteristic distinctive germs—gonococci—is one the value of which cannot be too highly estimated. Dr. Currier's pamphlet touches upon all these points of interest, and is not only itself worth reading, but is valuable for the sake of the numerous references to other papers and works upon the same subject, which it must have cost much labour and research to enable the author to quote.

## WARNER'S CASE-TAKING. (b)

THE second edition of Dr. Warner's useful little manual for the instruction of beginners in the art of case-taking preserves all the distinctive features which contributed to make the work as it originally appeared a very valuable assistant to clinical students. Improvements, however, have been introduced to bring the book abreast of the most recent advances in medicine; and especially is this the case in respect to the sections dealing with the diseases of the nervous system. A new table is added also for note-taking in children's diseases, and the general index has been rendered much more complete than was that appended to the first edition.

Small, compact, and clearly written, this guide is well calculated to enable those who avail themselves of its contents to make the utmost use of their opportunities of clinical instruction during the period of their practical duties in the medical wards; and that its value is becoming properly appreciated is indicated by the fact that a re-issue of the manual has been called for within three years of its first publication. It is well calculated to help even the most unreflective student to a clear comprehension of the importance attaching to accurate observation; and not the least of its many merits is the certainty that those who will diligently apply the information it affords will by its means be taught to develop their best powers of reasoning from the effects of disease back to the causes which originate them. We can unhesitatingly recommend the work to all students of medicine.

## BUCKMASTER'S PHYSIOLOGY. (c)

MR. BUCKMASTER'S "Elementary Animal Physiology" is a small manual designed to meet the needs of students preparing for the first and second stages of the examination in physiology conducted under the auspices of the Science and Art Department, South Kensington. Regarded in this connection it is a succinct, clear, and intelligible handbook, necessarily dealing with the outlines only of the subject, but presenting the important facts of physiology in such a manner that they will be readily grasped and understood by the class of readers specially appealed to. It is naturally quite inadequate for the purposes of the medical student, but even these might, with considerable advantage to themselves, adopt it as a first introduction to the science of physiology, and proceed from it to the more comprehensive text-books of Foster, Kirkes, or Yeo. Mr. Buckmaster has been successful in placing before his readers a reliable outline of facts, which can very readily be supplemented with details of experiment and theory from higher sources of information; and a book that properly fulfils so important an office fully deserves to be recognised as a valuable addition to elementary science literature. It very admirably supplies the immediate want it is designed to meet, that of a class-

(a) "Gonorrhœa in the Female." By Andrew F. Currier, M.D. New York, 1885.

(b) "The Student's Guide to Clinical Medicine and Case-taking." By Francis Warner, M.D. Lond., F.R.C.P., &c. Second Edition. J. and A. Churchill.

(c) "Elementary Animal Physiology." By G. A. Buckmaster, B.A., B.M. Oxon., M.R.C.S. Fifth Edition. Moffat and Page, London.

book for beginners, and we very willingly recommend it unreservedly to such students.

## PEPPER'S SURGICAL PATHOLOGY. (a)

SHORT as the time is that has elapsed since Mr. Pepper's admirable manual of surgical pathology was first offered to the profession, it has already won general recognition as an indispensable text-book; and the appearance of a second edition so speedily following the first is the best proof possible of the fact that it fully supplies a long-felt want. Though it is quite true that several works on the same subject of incomparable value exist ready to the hand of English students, yet the dimensions to which they extend, and their necessarily expensive price, have prevented their becoming in any way universally adopted by students. Mr. Pepper has met the difficulty in a way that leaves nothing to be desired, and aided by the liberal policy of his publishers, he is able to command the sympathies of a very large class of readers, who will always extend a ready welcome to books of instruction which meet their demand for scientific information of the most accurate description, while being at the same time not too costly to exceed their means. The second edition of the "Pathology" embodies all the excellencies of the first, and has been improved by the addition of sections dealing with Raynaud's disease, chronic rheumatic arthritis, Charcot's joint disease, &c.; and the chapters on inflammation and on deformities have been entirely re-written. Notwithstanding, the size of the work is wisely but slightly larger than that of the first edition, and it is consequently still possible for it to be what very many students have made it to their own great advantage, a pocket companion. The general plan of the book is now so familiar to all that it is unnecessary again to describe it; it is, in its revised form, as complete and compendious as before, and is *par excellence* the student's handbook of surgical pathology.

ERRATUM.—In our notice of "Christmas Books (*Medical Press*, Dec. 16, page 565), we inadvertently described the volumes of the *Leisure Hour*, the *Boys' Own Annual*, &c., as published by the Society for Promoting Christian Knowledge. The editors, Dr. James Macaulay and Mr. Andrew Hutchinson, having called our attention to the error, we hasten to correct the reference by stating that these valuable books are published by the Religious Tract Society, 56 Paternoster Row, London.

## Novelties.

## NEW AURAL SYRINGE, ADAPTED FOR SELF-APPLICATION.

By J. WARD COUSINS, Esq., M.D. Lond., F.R.C.S., Senior Surgeon to the Royal Portsmouth Hospital, and to the Portsmouth and South Hants Eye and Ear Infirmary.

THE brass instrument commonly employed for syringing



(a) "Elements of Surgical Pathology." By Augustus J. Pepper, M.B., M.D. Lond., F.R.C.S. Eng., &c. Second Edition. Cassell and Co., Limited.

the ears often renders this little operation tedious to the patient and troublesome to the surgeon. It requires the use of both hands. The syringe must first of all be charged, and then placed in position within the aural orifice and discharged; it must then be removed, refilled, and again inserted in the ear. This complicated series of movements often produce muscular weariness, especially when they have to be continued any length of time. The new instrument is designed to overcome these inconveniences, and to make the operation easy of performance by the patient himself. It can be worked without any fatigue, as the elastic balls and valves are so arranged that only five or six contractions of the hand are required per minute to secure an efficient and continuous stream. The expansion of the hand-ball is assisted by a recoil spring, and the force of the current is regulated by increasing or diminishing the number of contractions. The engraving exhibits the method of self-application. The syringe can be easily placed in position. The nozzle of the pipe rests against the upper wall of the auditory canal, and the tube is securely suspended by means of a perforated elastic curtain attached to the gutter. The new aural syringe will be found a great convenience in everyday practice, saving both time and trouble, and assisting in the efficient treatment of many common aural diseases. It is manufactured at a very moderate price by Messrs. Maw, Son, & Thompson.

BYNIN.

UNDER the name "Bynin," Messrs. Allen & Hanburys have introduced a preparation which effectually obviates the objections raised to ordinary extracts of malt, on account of their treacle-like consistency. "Bynin" is a free-flowing liquid substance, which can be readily poured from its containing vessel, and which is, in its undiluted form even, pleasant to the palate, and easy to swallow. We have been much pleased, too, with its immediate satisfactory effect in the cases for which we have ordered it; in one instance particularly, that of a lady greatly troubled with a dyspeptic form of indigestion, it acted most successfully, although the ordinary extract had seemed to fail in this respect. The new preparation, indeed, possesses obvious advantages, which are tolerably certain to gain for it the general approval of the profession.

Medical News.

University of London.—The following candidates, having passed the necessary examinations of this University, received their Degrees last week:—

*M.D. Examination.*—George Elliott Caldwell Anderson, B.S., Fred. William Bennett, Robert Black, William Henry Bowes, B.S., Samuel Buckley, Harry Campbell, B.S., Ernest Clarke, B.S., Wm. Wrothesteley Colborne, John Roberson Day, Wm. Ayton Gosling, B.S., B.Sc. (Gold Medal), John Hervey Jones, Frederick Knight, Arthur Hamilton Nicholas Lewis, Albert Martin, Charles Hartvig Louw Meyer, B.S., Maurice Perry-Jones, B.S., Francis George Penrose, Ernest Septimus Reynolds, Bernard Rice, Bolla Edward Rouse, Tom Henry Sawtell, Thomas William Shore, B.Sc., Henry Smith, Robert Henry Scanes Spicer, B.Sc., William Thorburn, B.S., B.Sc., Clement Bernard Voisey, Thomas Wilson, B.S.

*Logic and Psychology only.*—Charles Frederic Bailey, Fred. Haycraft Barry, Edward Hargrave Booth, Joseph Langton Hewer, B.S., George Ryding Marsh, Paul Frank Moline, Frederick Walker Mott, B.S.

*M.B. Examination for Honours.*—(Medicine).—First Class: Henry Petham Robinson (Scholarship and Gold Medal), Edward John Cave (Gold Medal), John Elliott, B.Sc.; John Walter Carr. Second Class: James Harry Ernest Brock, Charles Joseph Arkie, Arthur John Jefferson, Mary Elizabeth Falthorpe, James Swain. Third Class: Walter Pearce, B.Sc.; Thomas Sidney Short, William Tusting Cocking, Charles Barclay Innes, Philip Percival Whitcombe.

*Obstetric Medicine.*—First Class: Philip Dymock Turner (Scholarship and Gold Medal), John Elliott (Gold Medal), Edward John Cave, Frank Hinds, John Walter Carr, James Berry. Second Class: William Tusting Cocking, Henry Betham Robinson, Patrick Watson Williams, James Calvert, B.A., B.Sc.; Arthur Frederick Davenport, Arthur William Dingley.

*Forensic Medicine.*—First Class: Edward Wilberforce Goodall (Scholarship and Gold Medal), Philip Percival Whitcombe (Gold Medal), Henry Betham Robinson, Edward John Cave, Willmott Henderson Evans, B.Sc.; James Harry Ernest Brock. Second Class: Charles Barclay Innes, Frank Hinds, Reginald Maurice Henry Kandell, John Walter Carr, James Swain, James Calvert. Third Class: William Alfred Wills, Frederick Lever, B.Sc.; George William Hill, B.Sc.; James Berry, Charles Joseph Arkie, John Elliott.

*B.S. Examination.*—First Division: James Berry, James Harry Ernest Brock, John Walter Carr, Alfred Edward Rice, Henry Betham Robinson, James Henry Targett. Second Division: Rayner Derry Batten, Richard William Brogden, Charles David Green, Joseph

George Harsant, Frank Hichens, Frank Hinds, Arthur John Jefferson, Robert Jones, M.D.; Frederick Lever, B.Sc.; Walter Pearce, B.Sc.; Richard Thomas Williamson.

*M.S. Examination.*—William Job Collins, M.D., B.Sc. *Examination in Subjects relating to Public Health.*—Arthur Newaholme, M.D.

**Testimonial to Mr. Oakley Coles.**—We have been requested by the Hon. Secs., Messrs. Turner and Rose, to publish the following:—"A committee has been formed, with Sir Edwin Saunders as chairman, and the following gentlemen as members—Mr. H. Royes Bell, Mr. Edward Bellamy, Mr. Thomas Gaddes, Lord Alfred Paget, Mr. W. Rose, Dr. Brodie Sewell, Mr. Henry Smith, and Mr. J. S. Turner—in order to present Mr. Oakley Coles with a Testimonial from his old friends and colleagues on his retirement from the dental profession. Contributions should be forwarded to the Treasurer, Mr. Charles Vasey, 5 Cavendish Place, London, W., before the end of December, 1885."

**Rewards for Bravery.**—At a meeting of the Chapter of the Order of St. John of Jerusalem, held last week at St. John's Gate, Sir Edwin Perrott, Bart., presiding, the silver medal for deeds of gallantry in saving life on land was awarded to Dr. Edward Charles Thompson, of Omagh, County Tyrone, and to Police Constable William Hardwick, of the Kidderminster Borough Police Force. Dr. Thompson, who has also received the Albert Medal, saved the life of a child suffering from malignant diphtheria by his self-devotion in sucking the diphtheritic membrane out of the little patient's throat after the operation of tracheotomy had been performed. Police Constable Hardwick rescued, at considerable risk to his own life, a poor woman who had attempted to commit suicide at the Kidderminster Railway Station, by throwing herself in front of an advancing train. The Medal of the Royal Humane Society was also presented last week to Mr. Henry S. Wellcome (Burroughs, Wellcome and Co., druggists) for saving the life of a lady in the Thames a few months since. This latter gentleman is, we regret to hear, still suffering from nervous prostration occasioned by the severe struggle in the water.

**The Mortality of Foreign Cities.**—The annual death-rates per 1,000 in the principal foreign cities, according to the last weekly returns communicated to the Registrar-General, are as follow:—Calcutta 25, Bombay 24, Paris 22, Geneva 13, Brussels 23, Amsterdam 24, Rotterdam 24, The Hague 21, Copenhagen 18, Stockholm 20, Christiania 25, St. Petersburg 27, Berlin 21, Hamburg 20, Dresden 23, Breslau 20, Munich 24, Vienna 23, Prague 34, Buda-Pesth 24, Trieste 30, Rome 23, Venice 28, New York 21, Brooklyn 20, Philadelphia 16, and Baltimore 17.

**Vital Statistics.**—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 20.3 per 1,000 of their population, and were—Birkenhead 20, Birmingham 19, Blackburn 22, Bolton 31, Bradford 15, Brighton 15, Bristol 18, Cardiff 22, Derby 20, Dublin 31, Edinburgh 21, Glasgow 28, Halifax 18, Huddersfield 22, Hull 20, Leeds 21, Leicester 16, Liverpool 24, London 18, Manchester 24, Newcastle-on-Tyne 23, Norwich 18, Nottingham 22, Oldham 25, Plymouth 27, Portsmouth 20, Preston 21, Salford 21, Sheffield 22, Sunderland 17, Wolverhampton 19. The highest annual death-rates in these towns last week from diseases of the zymotic class were—From measles, 2.5 in Nottingham, 2.6 in Salford, and 2.9 in Oldham; from whooping-cough, 1.9 in Portsmouth, and 2.8 in Bolton; from scarlet fever, 1.1 in Leeds and 2.1 in Plymouth; and from "fever," 0.7 in Newcastle-upon-Tyne, and 1.7 in Norwich. Of the 33 deaths from diphtheria, 20 occurred in London, 5 in Liverpool, and 3 in Glasgow. Small-pox caused 5 deaths in London and its outer ring, 2 in Liverpool, 2 in Bristol, and 1 in Glasgow.

Notices to Correspondents.

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.

MR. AITKEN.—1. Ringer's Therapeutics or Naphey's Modern Therapeutics; both are excellent works, and will answer in every way your

requirements. 2. Bryant's Surgery or Norton's Operative Surgery. 3. Leishman's Midwifery or Macnaughton Jones's Practical Manual of Diseases of Women.

DR. MURPHY (Sunderland).—The announcement appeared in our issue for December 9th.

DR. FENWICK.—In our next.

MR. SLAKE.—"Eminent Doctors: their Lives and their Work" is probably the work to which you refer. It is published in two volumes, and is advertised in our present number.

STATIST.—No returns have been received of late; hence our inability to include them in our weekly summary. Both method and time of performance are somewhat irregular in Madrid and Lisbon, when sanitary matters are concerned.

DR. DUBISIGNY.—Many thanks for the trouble you have so kindly taken. We shall have much pleasure in doing all we can to forward your endeavours, and any special measures desirable to be pursued in this country will receive our support. The date you have named is a very suitable and convenient one. The arrangements are being carried out.

#### SOUND AND THE EYE.

NOT the least amongst the many marvellous results of modern scientific investigation is the employment of optical means for demonstrating the nature of sound. Chladni, towards the end of the last century, discovered a method of exhibiting the phases of motion in a vibrating plate strewn with sand; but it was not till nearly thirty years afterwards that Dr. Young employed a beam of light to illustrate the vibration of a pianoforte wire, and was therefore the first to introduce the optical method of giving visual expression to sound. Dr. Young, however, who died in 1829, could hardly have foreseen the extent to which the method which he had the distinguished merit of originating would be developed by his successors at home and abroad; for nearly thirty years more elapsed before Wheatstone and Tyndall in England, and Helmholtz, Melde, and Lissajous on the Continent, devoted their special attention to this branch of physics, and by the use of the electric lamp as a source of illumination, and concave mirrors to reflect a pencil of light from the sounding body upon a screen, produced the most beautiful and startling results. By the aid of the very simple apparatus used in performing these experiments we may shut our ears while a musical note is sounding, and still visually recognise the continuance of the sound which has become inaudible to us. We may even measure mathematically the intensity of such sound, as the slightest deviation from purity in tone is marked by a change in the figure, and its outline may be caused to undergo the most beautiful and varied modifications by simply altering the pitch of one or both of the notes under examination.—From *Science for All* for December.

MR. VICTOR HORSLEY is thanked for his note.

MR. A. E. S. C.—We know of no other publication from which you can gain the information except the Calendar of the College.

A. M.—An M.D. and L.M. of the Royal University is entitled to practise medicine anywhere, but, by the rules of the Local Government Board, a diploma in surgery is necessary to the holding of a Poor-law appointment. Occasionally it is permitted for the holder of a single diploma to take a temporary office for a short time, but for a permanent appointment a double diploma and a licence in midwifery are always insisted on.

MR. ELDRIDGE GREEN.—Proof will be sent you in due course. There has been no unnecessary delay.

DR. GODFREY REID (Orange Free State) is thanked for his communication, the contents of which have been duly noted.

#### BURMAH AND THE BURMESE.

BRIGADE-SURGEON W. ALEXANDER, M.D., has contributed to the columns of the *Illustrated Naval and Military Magazine* an exhaustive article, which will be read with great interest at the present moment, on "Burmah and the Burmese." Dr. Alexander's long residence in the country, and his varied personal experiences of the people and their customs, enables him to give a most interesting and clear description of the various occurrences which have led up to the present crisis. The paper is illustrated and is well worth perusal, forming as it does a fitting sequel to Dr. Gordon's work entitled "Our Trip to Burmah."

DR. CHAPMAN.—Cocaine has been charged on several occasions with having produced toxic effects when injected into the tissues, and even its local application merely has occasionally been thought to bring about a certain amount of injury.

DR. JOSEPHSON.—We are very much concerned to learn the misfortune which has befallen you, and regret the circumstances which led to so undesirable a result. There is not, so far as we can see at present, any prospect of the original suggestion being carried into execution; but there are still greater reasons than have yet been urged against the entire substitution.

MR. CANDLER.—The inquiry on which you are engaged may very possibly prove to have been well conceived; but all previous attempts in the same direction have been unavailing.

#### THE REMOVAL OF CICATRICES.

CICATRIX asks for information as to how he could remove or treat a large cicatrix, resulting from a sinus, on the neck of one of his lady patients, who is very much disfigured by it, but her general health is excellent.

T. G. E.—The operation is comparatively novel, and has been performed in this country chiefly by Sir Henry Thompson, who, moreover, has introduced many improvements on the original form of the apparatus.

DR. BARNES.—The only inference justified by all the facts is, that there has been no real intention to act improperly, but that, whatever has been done of an irregular nature, owes its origin to misunderstanding or ignorance. Under the circumstances, it would doubtless be the wisest plan not to pursue the matter.

DR. W. H. SMITH has laid us under an obligation, which we hasten

to acknowledge; and we beg him to receive our hearty thanks for the kindness he has shown and the interest he has taken.

#### DRAPER'S LIQUOR IODI DECOLORATUS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I shall feel obliged if you will afford me space to say in reference to my paper on "Liquor Iodii Decoloratus," that my comments upon so-called colourless or "decolorised" tincture of Iodine were entirely based upon published formulae and chemical facts, and were by no means intended to apply to any proprietary preparation. I myself thought this obvious, but as I have received a communication from Mr. John Evans of this city, in which he points out that my strictures might possibly be taken as including a preparation of his own, it seems necessary to make this statement, and I wish to supplement it by saying that I have not examined any proprietary solution of the kind, and have not even seen that of Mr. Evans.

Yours faithfully,

HARRY N. DRAPER.

Dublin, December.

MR. MORTIMER.—A valuable combination is that formed by strychnia, aloin, and belladonna, in pill; and in most cases such as you mention it will be found to meet all the requirements. We have not considered the possibility you have suggested; nor can we yet quite comprehend in what particular direction the usefulness of the arrangement is likely to be apparent.

#### Vacancies.

Blackburn and East Lancashire Infirmary.—House Surgeon. Salary, £100 per annum, with board, &c. Applications, with testimonials, to the Secretary not later than December 24.  
Borough of Oldham.—Medical Officer of Health. Salary, £400 per annum. Applications, with testimonials, to the Town Clerk not later than December 30.  
City of Dublin Hospital.—House Surgeon. Salary, £50 per annum. Applications before the 30th inst. (See advt.)  
Derbyshire General Infirmary.—Resident Assistant House Surgeon. Applications, with testimonials, to the House Surgeon not later than December 29.  
Monaghan District Asylum.—Assistant Resident Medical Superintendent. Salary, £150, with residence and partial board. Applications by January 7th. (See advt.)  
Sunderland Infirmary.—Second House Surgeon. Salary, £60 per annum, with board and residence. Applications, with testimonials, to the Chairman of the Medical Board on or before January 4.  
Wolverhampton and Staffordshire General Hospital, Wolverhampton.—House Physician. Salary, £100 per annum, with board, &c. Testimonials to the Chairman of the Medical Committee on or before January 4.

#### Appointments.

BARON, B. J., M.B., C.M., Demonstrator of Practical Pathology in the Bristol Medical School.  
COTTON, C., M.B.C.P. Ed., M.R.C.S., Medical Officer for the Ramsgate District of the Isle of Thanet Union.  
FITZGERALD, E. M., L.R.C.P., L.E.C.S. Ed., Government Medical Officer for Gayndah, Queensland.  
GOSSE, H. W., M.R.C.S., Medical Officer for the Ecclehall District of the Stoke Union.  
JOHNSTON, A. A., M.K.Q.C.P.I., L.R.C.S. Ed., Government Medical Officer for the District of Parkes, New South Wales.  
KING, E. E., M.R.C.S., Assistant Medical Officer and Dispenser to the Central London District Sick Asylum.  
LITTLEWOOD, H., M.R.C.S., a Senior Demonstrator of Anatomy at University College, London.  
MUMBY, B. H., M.D., C.M. Aber., M.R.C.S., Medical Officer of Health for the Portsmouth Urban Sanitary District.  
NEWMAN, W. H. C., M.A., M.B. Cantab., M.R.C.S., House Surgeon to the Bristol General Hospital.  
NICHOLSON, H. G., M.R.C.S., L.S.A. Lond., House Surgeon to the Middlesex Hospital.  
PATTERSON, G. H., L.R.C.P. Lond., M.R.C.S., Medical Officer of Health to the Dalton-in-Furness District Local Board.  
SHAW, L. E., M.D. Lond., M.R.C.P., M.R.C.S., Assistant Physician to the City of London Hospital for Diseases of the Chest.

#### Births.

OWEN.—December 18, at 49 Seymour Street, Portman Square, London, the wife of Edmund Owen, F.R.C.S., of a daughter.

#### Marriages.

WHITFORD-BARRATT.—December 21, at St. Martin's-on-the-Hill, Scarborough, William Whitford, M.D., Shaw Street, Liverpool, to Salome Bithiah Barratt.

#### Deaths.

CASTLE.—December 9, at the Hotel National, Lucerne, after a short illness, Michael A. Castle, M.D., late of Chapel Street, London.  
DUFFY.—December 8, at Florence, Italy, Bernard Duffy, F.R.C.S.I., after a brief illness.  
MCCLINTOCK.—October 27, at Richmond, New South Wales, Charles McClintock, M.D., F.R.C.S.E., fourth son of the late Robert McClintock, D.L., of Dunmore, Co. Fonegal, aged 80.  
MILNE.—December 18, suddenly, at Brunswick Place, Brixton Hill, Charles Milne, M.R.C.S., aged 46.  
REDMAN.—December 8, at 10 Steep Hill, Lincoln, Meredith Redman, M.R.C.S., L.S.A. Lond., aged 69.  
ROUSE.—December 7, at Clevedon, Bradworthy, North Devon, Eusebius B. Rouse, M.R.C.S., L.S.A. Lond., aged 79.  
SMITH.—December 18, at his residence, Donaghmore House, Queen's County, Henry J. Smith, F.R.C.S.I., aged 67.

# RETROSPECT OF THE YEAR 1885.

## England.

IN many respects the history of medical progress during the year just closing in offers matter for serious reflection; but it is probably in connection with those incidents of a more especially political and social or personal nature that attention will be chiefly given to the survey of the immediate past. But it cannot, nevertheless, be said that the purely scientific advance of the profession has been neglected, for, although there is no long series of startling discoveries to chronicle, yet in more than one important department there have been valuable evidences adduced of continuous and earnest endeavour to promote the extension of the field of medicine, and to improve the means whereby it is enabled to combat, and, above all, to anticipate, disease. Perhaps the most distinctive feature of latter day progress is to be found in the tendency of modern physicians and scientists to indulge a more speculative spirit of inquiry now than could have been justifiable or profitable in less enlightened periods; the change in this direction being sanctioned and encouraged by wider experience, and the ever-increasing dimensions of the field of secured knowledge in reference to the laws of health and their influence on the development of abnormal conditions in the subjects of disease. In nothing is this so clearly demonstrated as in certain of the lectures and publications addressed to the profession during the past year; such as may be exemplified in Dr. Wm. Ord's presidential address on Pyrexia, to the Medical Society of London; in Dr. Hughlings Jackson's Bowman Lecture, delivered before the Ophthalmological Society of Great Britain; and more particularly in a small volume by Dr. Creighton, on "Unconscious Memory in Disease." This last is in every sense a most important and suggestive work, and it most admirably illustrates the philosophical tendency of investigation as conducted at the present time in pathological studies, a tendency which it is impossible to value too highly, and from which it is hardly possible to anticipate too much in the future. So long, too, as the historian is able to base his chronicle of events on such accomplished facts as those of the kind in question, he need be in no way disheartened should his survey appear to afford but little evidence of great changes or epoch-making discoveries during the time over which his examination extends. In England it is true, that 1885 has not been productive of any startling or sudden advances in medicine; but on the grounds sketched forth above, we may well rest content in the belief that the year has not been unproductive of useful work, which will exercise an important influence over the future of our science.

### THE ROYAL COLLEGE OF SURGEONS,

The history of the past twelve months is, however, rich in events which, from one point of view, deserve to be regarded as of more than usual interest, and as being destined to

shape the future of the profession in several important particulars. Especially is this the case regarding the relations of the Royal College of Surgeons of England to its Fellows and Members. The agitation having for its object the admission of the body of the College to a share of the government of the corporation, hitherto absolutely confined to or assumed by the Council, has undergone a steadily progressive development, and two memorable meetings, on the 29th of October and the 17th December respectively, have been held in the theatre of the College within the last few months. The full details of this controversy have so recently been set forth in our columns that it is unnecessary again to describe them; but so considerable an alteration has arisen in the possibilities of the issue, as the result of the last of the meetings referred to, that grounds may now be said to exist for hoping that the Council of the College will, in the near future, be prevailed on to accept the necessities imposed on it by circumstances, and resigning the position of denial of all claims advanced by the Fellows and Members, will henceforth meet its constituency in a spirit of concession and good will. It is quite impossible to conceive that the almost universal demand for reform within the College will cease until the just requirements advanced by the eighteen thousand and odd Fellows and Members are admitted to the position they are entitled to enjoy. Should the Council still persist in dogged opposition to such demands, then the final resort of its constituents must be, and will be, to the State; and no one now doubts what will be the result. At present, however, more moderate measures, it is hoped, will prove successful; and, as we have said, the latest development of the struggle points to a satisfactory compromise between the two contending forces.

### THE TEACHING UNIVERSITY SCHEME.

Much attention has been given during the year to the subject of a teaching University for London, for it becomes daily increasingly apparent that the so-called University of London fails to meet the pressing need, experienced by metropolitan students and colleges, of an educational institution combining the scattered centres of instruction into one great whole, and governed by a central authority constituted by the union. Several propositions to this end have been made, some emanating from the Association of Teachers for promoting a teaching University; others from the existing institution in Burlington Gardens; and others, again, in connection with the combined Colleges of Physicians and Surgeons in London. The scheme submitted to Convocation of London University by Lord Justice Fry, and which provided for a liberal and just reconstruction on lines which would have ensured the co-operation of the various medical, legal, and general educational bodies of the metropolis, was, however, rejected; and though a pretended effort is now

being made by others to propound a suitable measure of reform, it has become sufficiently apparent that the grievances of students will find no remedy in this quarter.

#### THE ASSOCIATION OF TEACHERS.

The Association of London Teachers, formed with a view to discussing and finding means for establishing a teaching University, have held meetings in pursuance of the objects they hold in view; but in their case, as in that of London University, no definite conclusions have been arrived at, and the question is, as far at least as they are concerned, as far as ever from settlement. At the last meeting of the Association there was indeed a decided difference of opinion among its members, and it seemed as though the prospects of action on the part of the University Committee were sufficiently alluring to a section of the Association to render immediate steps on the part of the latter unnecessary. Indeed, few people now anticipate that any very remarkable benefits will flow from its existence; but notwithstanding, it has accomplished useful work by aiding in the preliminary ventilation of a subject that must necessarily press for comparatively speedy settlement.

#### THE DOCTORATE FOR LONDON STUDENTS.

The agitation in favour of affording metropolitan students equal facilities for securing a degree in medicine with those enjoyed by their provincial and Irish and Scotch brethren has steadily progressed during the year; but in the way of practical accomplishment the two Royal Colleges of London have alone advanced the question to a definite issue, a joint committee of the two corporations having reported to the Colleges that they regarded it as eminently desirable that students who succeeded in obtaining the double licence, under the regulations of the combined Examining Board, should be empowered to adopt the title of "Doctor"; and the grounds on which this opinion was entertained have been repeatedly advanced in these pages. Each College, on receiving this report, appointed a separate committee to consider it carefully, and to discuss the mode in which the proposal contained in it might best be carried out. In both cases the clear right and title of the students in question is conceded, the point now remaining for settlement being the manner in which the contemplated innovation can be effected. Very recently, however, the clearly expressed determination of the University of London to oppose any modification of its statutes designed to render its degrees reasonably easy of being obtained by average students, and the total failure of the Association of Teachers to impress the public with a sense of its strength or resoluteness, have helped to clear the obstacles in the path of the combined Colleges. In the absence of any counter scheme there is now every reason why these two institutions should seek to be erected into a University Medical Faculty, empowered to confer the ordinary degrees on those who succeed in fulfilling the required conditions of examination. Further, such a fulfilment of the general desire would hasten the creation of the much-needed Teaching University, by forming the nucleus of such an establishment, the remaining faculties of which would easily and naturally cluster around the medical faculty once constituted. Moreover, the details of management and participation therein by the educational bodies would admit, under such an arrangement, of much more ready organisation than can possibly be the case when they are sought to be grafted on to an existing and powerful institution. At the present time the two Colleges are mutually engaged in devising a comprehensive scheme for

carrying out the proposals embodied in the reports of their committees, and it will probably be not very long before some decided movement in this direction meets with the sanction of the co-operating corporations.

#### THE ADVANCES OF SURGERY.

A careful perusal of the reports of the various medical societies affords gratifying evidence of the steady progress that is being made by surgeons, especially in the field of abdominal surgery. In the past year prominence has been given to the subject of cholecystotomy, the utility of which operation and the comparative safety attending it are now sufficiently confirmed. One remarkable case of cholecystectomy was reported in connection with a debate on this matter at the Clinical Society; and inasmuch as recovery followed removal of the tumour, consisting of dilated gall bladder, which had been mistaken for an ovarian cyst, the suggestion has been made whether in certain cases this procedure might not be intentionally undertaken. A remarkable discussion at the same society also, on gastrostomy, will still be fresh in the memory of our readers; but it may be well to point out in this place how very considerable is the weight given to this and allied operations by the facilities for exploration afforded by modern antiseptic methods. Indeed, so far does the confidence of surgeons now extend, that some of them go so far as to urge that the occurrence of peritonitis itself ought to be held an indication for an exploratory incision of the abdomen. Certain it is that several recently recorded cases have tended to show that their fatal issue might in all probability have been averted had such a proceeding been followed in them; and so rapidly are opinions changing in response to accumulating knowledge, that it is not impossible that ere long the suggestions of advanced surgeons may be generally adopted in this respect.

Very lately a new antiseptic agent, under the name of "sal alembroth," has been introduced. It is a double chloride of mercury and ammonia, and formed out of corrosive sublimate and sal ammoniac. As yet it is too early to speak in any way positively as to its merits; but those who have employed it speak most encouragingly of its virtues.

#### THE GENERAL MEDICAL COUNCIL.

Two meetings of the General Medical Council were held in 1885, extending, the first over ten days, and the second over five days. The second of these two sessions was summoned at a most unusual period, in November, having been rendered necessary in order that the Council might officially undo what it had accomplished during the earlier sitting in May. At this latter date the Council disfranchised the Queen's Colleges in Ireland by removing them from the list of bodies whose preliminary examinations qualify candidates for registration as medical students. This injustice created so great an amount of dissatisfaction and positive injury towards Irish students that the Council was compelled to reverse its hasty action, grounded, as it was, on erroneous information; and to this end the November meeting was convened, and the grievance redressed. In May a decision was arrived at to appoint visitors or inspectors of the various University examinations of the kingdom, the gentlemen selected for the duty being Dr. Barnes, Dr. Bristowe, and Mr. Holden, from England; Dr. Finney, Dr. Kidd, and Mr. Macnamara, from Ireland; and Dr. G. Buchanan, Dr. Balfour, and Dr. Leishman, from Scotland. It is expected that the complete report of these visitations will be presented to the Council at its next general meeting. An interesting question was raised at the

later meeting of the Council, at which a letter was read from the Local Government Board, asking whether the claim of a Licentiate of the Apothecaries' Society of London to practise surgery should be recognised. It will be recollected that in obedience to a recommendation of the Council requiring every examining body to test its candidates in all three branches of practice, the Society of Apothecaries' which had not hitherto examined in surgery, added this subject to the final examination for its diploma; and a certain licentiate under the new regulations having applied for a position under the Local Government Board, that body sought the sanction of the Council to its recognition of the surgical qualification of the applicant. Such a contingency might easily have been foreseen; but in the emergency the Council felt itself unable to make a definite reply to the question addressed to it, and after feebly transferring its own responsibilities to that of its legal advisers by declaring the question was one of law and did not come within the province of the Council to decide, it hastened to crush the growing hopes of the "Hall" by negating, by an overwhelming majority, a motion of Mr. Simon's to yield the required recognition to the Licentiates of the Apothecaries' Society. Such a motion, if carried, would at once have made the six-guinea L.S.A. diploma a most dangerous rival of the thirty-five guinea conjoint College licence, inasmuch as the "rights, privileges, and immunities" conferred by each, notwithstanding the difference of price, would then have been, in a professional sense, precisely the same.

#### LECTURES OF THE YEAR.

The annual series of lectures at the Royal College of Physicians possess considerable interest, one of them, the Gulstonian, having been delivered by a Philadelphian Physician, Dr. W. Osler, who selected for his theme the subject of Malignant Endocarditis. Dr. Hermann Weber occupied the post of Croonian Lecturer, and discoursed, in this capacity, on the Hygienic and Climatic Treatment of Pulmonary Phthisis. The Lumleian series was given by Sir Andrew Clark, on Points in the Natural History of Primitive Dry Pleurisies. Dr. R. Quain was Harveian Orator, and utilised the opportunity the position afforded him to draw an instructive picture of the growth of medical advance by a useful comparison between past and present in this respect, while indulging also in a prophetic strain as to the future. At the same college also, Dr. Goodhart replaced the late Dr. Mahomed as Bradshawe Lecturer, the election of Dr. Mahomed to this post having been made prior to his lamented death. Dr. Goodhart chose for his subject Morbid Arterial Tension.

At the Royal College of Surgeons, the Bradshawe Lecture was delivered by Professor John Wood, F.R.S., on Antiseptics; and the Lettsoman Lectures to the Medical Society of London were on Digestive Disorders, by Dr. Lauder Brunton. At the opening meeting of the same society in October, Dr. W. M. Ord delivered a short but notable address on Hyperpyrexia, in which he enunciated a novel and most ingenious theory of fever. At the Ophthalmological Society of Great Britain the Bowman lecture was contributed by Dr. Hughlings Jackson; and in the provinces, among others, an address on Treatment by Dr. Wilks deserves especial mention.

#### TITULAR DISTINCTIONS.

During the year titular distinctions have been conferred on several members of the profession, whose eminent services have been thus fittingly recognised. The honour of

knighthood has been received by Dr. Sawyer, of Birmingham; Dr. T. Crawford, of the Army Medical Service, and Dr. Paget, Regius Professor of Medicine at Cambridge, have each been distinguished by having conferred on them the title of K.C.B.; and among the most recent recipients of the honour of knighthood is Dr. Roberts, of Manchester, whose contributions to therapeutical science have been so numerous and important.

#### BOOKS OF THE YEAR.

From a literary point of view the year 1885 has not been particularly productive; but nevertheless, several volumes of considerable importance have been laid before the profession by the various publishing houses. In medicine the most considerable, and it may be said, the most valuable addition to literature issued during the preceding twelve months, is undoubtedly the text-book on the Science and Practice of Medicine, written, and almost completed by the late Dr. Hilton Fagge. This work comprises two large closely printed volumes, containing together more than eighteen-hundred pages of matter, and forming a comprehensive manual of medicine, and a treasure house of inexhaustible riches, being the product of a busy and conscientious life mainly spent in collecting the materials and gathering the experiences of which it contributes the record. The task of editing the manual has been ably performed by Dr. Pye Smith, a colleague of Fagge's at Guy's Hospital, who has also written for the work the section on diseases of the skin left by the author until death interfered to prevent its accomplishment. One other portion only of the manual has been produced by other hands than Fagge's, namely the article on diseases of the cardiac valves, contributed by Dr. Wilks, and forming not the least valuable portion of the contents. New editions have appeared also of several well-known student's hand books, among which may be mentioned Robert's Medicine, and Charteris' handbook to the same subject, the latter considerably enlarged and improved. A new edition of Murchison's Diseases of the Liver has been published, the value of which has been enhanced by the care given to its accuracy and agreement with our present knowledge by the editors, Dr. Lauder Brunton and Sir Joseph Fayrer. In the field of pharmacology new editions of almost every known text-book have been called forth by the publication of the newly-revised British Pharmacopœia, by authority of the General Medical Council. In connection with this, numerous "companions" and "guides" have necessarily been issued; and among the new editions consequent on it may be mentioned those of Garrod's *Materia Medica*, White's *Materia Medica*, Therapeutics and Pharmacy, Martindale and Westcott's *Extra Pharmacopœia*, Beesley's useful *Formulary*, Ringer's *Therapeutics*, &c., &c. A work of some considerable interest from the pen of Dr. Milner Fothergill, entitled "The Diseases of Sedentary Life," has attracted a good deal of attention, and is a very useful and suggestive practitioners' companion.

In surgery, the principal publication of the year is a new and enlarged edition of the beautifully illustrated manual of operative surgery by Mr. A. T. Norton, founded on the work of Messrs. Claude Bernard and Ch. Huette; the new issue of this book is also enriched with a description of numerous operations of recent introduction, and which do not find a place in the existing French edition of the work. In Cassell's series of clinical manuals there have been three new volumes; one on Diseases of the Tongue, by Mr. Butlin; one on Fractures and Dislocations, by Mr. Peck; and one on Renal Surgery, by Mr. H. Morris. Several additions have



also been made to the Students' series of text-books issued by the same firm. In gynaecology we have an excellent text-book from the pen of Dr. Thorburn, of Manchester, whose valuable life was spared only just long enough to see the work on which he had laboured so long and closely leave the publisher's hands. Dr. Keith has published a treatise on surgical treatment of abdominal tumours; and a most invaluable essay on the diagnosis of the same class of morbid growths has proceeded from the masterly pen of Sir Spencer Wells. A very handy and comprehensive text-book on the Diseases of Children, by Dr. Goodhart, has found much favour, and new edition has been called for of Dr. West's Diseases of Women.

The literature of physiology in this country has been greatly strengthened by the publication of a translation, by Dr. Stirling, of Landois' text-book of the science, which is unique in the close connection it exhibits, and illustration it affords of the dependence, between physiology and practical medicine.

An important event in connection with medical journalism is the stoppage of the *Medical Times and Gazette*, which for nearly fifty years has occupied a prominent and honourable position as an exponent of professional opinion, and which has gallantly struggled against adverse fortune in vain.

#### THE YEAR'S LOSSES.

Many well-known names crowd the lists of those who

have ceased to be in the year just closing, and not a few of them have left behind vacancies that it will take long to fill as they filled them who are now no more. Among the well-remembered dead who were living twelve months ago are, Dr. Herbert Davies, whose long connection with the London Hospital, to which he held the post of consulting physician, will not quickly be forgotten; Dr. William Braithwaite, founder, and one of the editors of the well-known *Retrospect*, the half-yearly issue of which has for more than 40 years been an important and looked-for event in the profession; Dr. W. A. F. Browne, the veteran authority in all matters pertaining to the practical management of the insane; Sir William Muir; J. M. Arnott; Dr. Heslop, of Birmingham, whose decease evoked a strong and significant outburst of regret throughout the Midlands; Dr. Thorburn, of Manchester, who died within a few days of the publication of his "Manual of Gynaecology;" Mr. George W. Hind, who, during his last year or two of life, was comforted by the sympathy and assistance tendered to him by numerous grateful former pupils who have now risen to positions of eminence and prosperity; Mr. John Gay, whose death under painful circumstances is still fresh in the memory of all; Dr. W. B. Carpenter, C.B., the veteran physiologist, whose death was occasioned by the accidental upsetting of a temporary spirit lamp employed in the production of a vapour bath; and, very recently, Miss Helen Prideaux, M.B., B.S., London, who died, as was very lately noted in our columns of diphtheria.

## Ireland.

#### ADMISSION OF WOMEN TO THE PROFESSION.

The Fellows of the Royal College of Surgeons of Ireland, at their general meeting on the 10th of January, 1885, decided, after two divisions, to support the Council of the College in the intention to have the Charter altered so as to admit women to all the diplomas of the College on equal terms with men. This decision is of more importance, because the Council, having voted to recommend such a change to the Fellows, shortly afterwards rescinded that vote, and again, after a further debate, reaffirmed their original resolution.

It was, however, evidently felt by the Fellows of the College that the question of the capacity of the female mind or body for the surgical profession was outside the question which lay open for their decision.

The contest at the College, therefore, arose upon the question whether women should, after admission as Licentiates, be eligible for Fellowships and for the higher offices in the College. Many who were half-content that they should be allowed to fill the rôle of surgical drudges were shocked at the proposal that they should become Fellows and voters—possibly Lecturers and Councillors, and Presidents—and a motion was accordingly made to alter the proposed clause of the Charter so as to limit the much-dreaded lady competitors to the lowest qualifications granted by the College. This proposition was rejected by the narrow majority of 18 to 14, but the ultimate motion to admit them without limitation was affirmed by 25 votes to 11.

We congratulate the Fellows on their good sense and liberality. They have saved the College from being branded as obstructive and jealous, from being left behind by the Royal Irish University and other similar institutions, from

being compelled by medical legislation to do what they refused, and, most important, from being guilty of a palpable injustice for the perpetration of which no sufficient reason could be argued.

#### EXAMINERS AND THEIR PUPILS.

During the past year the College of Surgeons of Ireland obtained an alteration of its Charters to permit professors and lecturers to be examiners, a change which we regarded as of great moment, not only to the College itself, but to the future of Irish surgery, for the College thus removed one of the safeguards for that fairness of the examination test which have lent confidence to the student, and inspired the public with the belief that, whatever else the examinations of the College might be, they were at least honest.

We did not offer any objection to this step, because we understood that the honesty of the examination was to be protected by the strictest precautions. We admit that it was no longer possible to maintain the exclusion of lecturers from examinerships, for the simple reason that—by reason of such exclusion—the field for selection of examiners had become inconveniently narrowed.

The danger to which we have referred has been met by two methods—*firstly*, by associating two examiners in the examination of each student, so that it shall not be possible that he shall pass by a knowledge of the peculiarities of either examiner; *second*—by fixing a short maximum of tenure of office for each examiner (say three years). In this way so much difficulty meets the student in making himself acquainted with the "tips" of duplicate examiners, who are constantly changing that little inducement will exist for him to follow the examiner to his lecture-room.

Much will depend—in the future working of the new arrangement—on the firmness of the College Council, on their determination to put away from their consideration all questions of the interests of particular schools or particular lecturers, and on their inflexibility in appointing to the examinership the most capable man and the man of most unquestionable integrity. Without this determination the examinations of the College cannot fail to suffer in character by the change which is being effected.

#### THE ACADEMY OF MEDICINE.

The Third Annual General Meeting of the Academy of Medicine in Ireland was held in the College of Physicians on October 30th, when reports from the General Council and the General Treasurer were submitted, and the election of officers took place. The General Council reported the continued success of the Academy. The Fellows, Members, and Student Associates number 211, 35, and 24 respectively, as compared with 208, 27, and 24 in 1883-4. With the close of this Academic year, the term of office of Dr. Banks, the President, terminated, and Dr. Robert McDonell was unanimously elected to succeed him. In 1885 the Council submitted the names of ten members of the profession who were elected to the Honorary Fellowship of the Academy. The number to be admitted to this distinction is limited to twenty-five; and the Council nominated this year six well-known scientific workers for this honour, viz., Sir William Jenner, Bart., F.R.S., London; Professor Ludwig, Leipsic; Professor Emmett, New York; Mr. J. Simon, C.B., London; Mr. Jonathan Hutchinson, F.R.S., London; Prof. Von Becklinghausen. The Treasury showed a satisfactory balance to the credit of the Academy. Referring to the grants of £25 each given by the Colleges of Physicians and Surgeons, the Council, having regard to the prosperous condition of the Academy, thought it right not to seek any repetition of these payments.

The Bill introduced by Dr. Lyons, Mr. Plunket, and Mr. Gibson, in April, had for its object to admit to the Medical Register the membership of the Irish College of Physicians, and the degrees of "Master in Midwifery" or "Master in Obstetric Science" of the University of Dublin or Royal University of Ireland. It got a second reading, but eventually was talked out by the Irish Party for no other apparent purpose but to obstruct and destroy all legislation in which they were not the chief movers.

The surgical strength of Dublin has been largely increased during the year by the rebuilding of Jervis Street Hospital at an expense of £40,000. This great work commenced in 1877. The new hospital measures 167 feet in length, 66 feet in depth, and is 100 feet high. There are four wards, each of which is 142 feet long, 30 feet wide, and 21 feet high, providing ample space for 36 beds in each ward, and giving, it is calculated, 2,485 cubic feet to each patient. The roof is fire-proof, being constructed of iron and concrete asphalted. This asphalted roof, which is surrounded by a handsome balustrade, extends the entire length of the building, and contains 5,100 superficial feet, forming a splendid exercise-ground for the patients.

#### THE CONJOINT EXAMINATION SCHEME FOR IRELAND.

For the fourth time within the last twelve years, the negotiations for establishing a conjoint examination by the Colleges of Physicians and Surgeons in Ireland completely broke down, and the College of Surgeons had made approaches to the College of Physicians, and had appointed a special committee to work out the negotiations. That committee submitted to the College of Physicians a scheme

which provided—*a.* That the three primary examinations of the student should be by the two Colleges conjointly, and the final examinations separately; *b.* That there should be a considerable reduction in the existing diploma fees; and *c.* That the surplus remaining after payment of examiners' fees should be divided in the proportion of 5-8ths to the College of Surgeons and 3-8ths to the College of Physicians. This apportionment of the money had been agreed to by the Colleges in every one of the preceding schemes, but on this occasion the College of Physicians refused to accept any less share than half the money, and has thereupon sent back the scheme to be again reported on *sine die*.

The eighth annual meeting of the Dublin Branch of the British Medical Association was held on Thursday, January 28th, in the Dublin College of Physicians. The Council's report stated that in compliance with a request they issued a circular to the members of the branch, requesting replies to,—1. Do you approve of the admission of homœopaths? 2. Do you approve of the retention of those already members? Eighty-three replies were received; of these 10 were in favour of, and 73 were against the admission of homœopaths, and 38 were in favour of, and 43 against their retention as members of the Association. Dr. Atthill, the incoming president, delivered an eloquent and practical address upon medical reform.

#### IRISH POOR-LAW SUPERANNUATION.

At the opening of Parliament the Irish Poor-law Officers' (non-medical) Association drafted a Bill for the settlement of this long-contested question. The Association proposed to leave the grant of pensions entirely discretionary with Boards of Guardians, but to provide that the pensions shall be paid out of a general rate for the whole of Ireland, and that there should be an appeal to the Local Government Board in case the amount of pension granted by the guardians is insufficient.

This Bill was submitted to the Chief Secretary, who—while welcoming with enthusiasm the proposal to leave the pension discretionary—decidedly declined to give Government sanction to other details. This reply—we apprehend—is equivalent to a declaration that the Government will not persist in the proposition to make the pension compulsory, and, if this be so, it seems that the chance of a change of law satisfactory to the medical officer is *nil*.

The Irish Medical Association is not disposed to support any Bill which leaves the grant of a pension discretionary. The Council feels that there is a material difference between the position of the medical and non-medical Poor-law officer; *i.e.*, so that an arrangement which might be fairly satisfactory to the latter would be altogether useless to the former.

The medical officer seldom sees the guardians, and has little personal acquaintance with them, and, therefore, is likely to be treated as a stranger when he asks for a superannuation allowance. Moreover, the existing Acts of Parliament give to the guardians the right to grant to any medical officer a full two-thirds of his emoluments, no matter how short a period he may have served, and they are unwilling to surrender that right unless they obtain in exchange for it a guarantee for the grant of the pension. This power of the guardians the Irish Local Government Board has attempted to limit by refusing their sanction to any grant which exceeds the Civil Service scale of pension, but the Irish Medical Association is advised that such limitation is altogether illegal, and that, if any Board of Guardians pleased to give a full two-thirds pension, a *mandamus* would

at once compel the Local Government Board to sanction that amount unless they could show the Court that, under the particular circumstances of the particular case, such grant was excessive.

But the reason which most forcibly coerces the Irish Medical Association to withhold its support from the Bill of the Poor-law Officers' Association is the consideration that, as a rule, pensions are granted or refused to medical officers for political or religious reasons, and would not be much more likely to be granted by the guardians even if they were paid out of some one else's pocket.

#### ROYAL HOSPITALS' COMMISSION.

IN our last Retrospect we reported that the Lord Lieutenant of Ireland, Earl Spencer, had proposed to allocate the sum obtained by the capitalisation of the Dublin Hospitals grant of £16,000 a year to the building of a large central hospital in substitution for the House of Industry and Steevens's Hospitals, the former of which is in a tumble-down condition, and the second, owing to its situation and the closing of its medical school, more or less obsolete. The Treasury had consented to Lord Spencer's proposal, and was ready to advance twenty-two years' purchase of the annual grant; but two opposing influences intervened which have impeded progress. The Board of Governors of Steevens's Hospital thought that if they suffer the hospital to be absorbed they ought to be secured a substantial influence in the management of the new hospital, because they represent £3,000 a year of private endowment, which will thereby pass to the new hospital. Eventually a Royal Commission was appointed to investigate the subject, and Dr. Thomas Myles, resident surgeon of Steevens's Hospital, was chosen as Secretary. In November the Commission of Inquiry commenced its sittings—the Commissioners, Sir Rowland Blennerhassett, Bart. (presiding); Sir Richard Martin, Bart.; Mr. Richard Owen Armstrong, J.P.; Mr. Holmes, Treasury Remembrancer; Mr. Charles Kennedy; and Mr. T. Maxwell Hutton, J.P. The controversy resolved itself very much into the question whether the House of Industry Hospitals shall be wholly or partly disendowed, and the money given to Jervis Street Hospital or divided between it and the Mater Misericordie. A great effort was made to raise a religious cry, and to persuade the public that the House of Industry Hospitals have been administered in the interest of one religious party, a statement for which we believe there is not a shadow of foundation. After hearing evidence on the part of almost all the Dublin Hospitals, the Commission adjourned at the end of November, and it is expected to resume its sittings in January, to take up the general question of hospital administration.

#### POOR-LAW MEDICAL SERVICE.

IN March last the Irish Medical Association achieved a final success in the legal contest with the Boards of Guardians who have refused to pay the medical officers of health for the onerous duty of inspecting dwellings and sites under the Labourers' Act. The suit maintained by the Association was the longest and most expensive ever prosecuted by them, having occupied nearly two years, and passed through three courts up to the highest tribunal, the Court of Appeal. By this judgment the dispensary medical officers profit to the extent of, as nearly as we can judge, £3,000.

The case was argued in the Court of Appeal before Sir Edward Sullivan, Bart., Lord Chancellor; Lord Justice Fitzgibbon, and Lord Justice Barry.

The facts were these: Dr. Rogers, as medical officer of the Templemichael Dispensary District was, under the 11th section of the Public Health Act, 1878, constituted the sanitary officer of the district, under the title of medical officer of health, at a salary of £18 a year. For the purpose of making a scheme to provide labourers' cottages, the clerk of the union, as executive sanitary officer, wrote to Dr. Rogers in October, 1883, requesting him to inspect the labourers' dwellings in his district and report thereon. His district being ten square miles in area, and travelling difficult, the inspection of 87 cottages occupied him six days. Having made his report, his attendance was requested to select sites. He worked with the Committee three days in selecting sites, and he was occupied another day regulating the sites on the map. Failing to obtain remuneration, he brought an action for £28 1s., being at the rate of two guineas a day for his services and £8 2s. for car hire.

At the trial before Mr. Justice Lawson it was admitted that the sum claimed was reasonable, provided the plaintiff was entitled to recover remuneration. Judge Lawson directed a verdict for the plaintiff, leave being reserved for the Board of Guardians to move the Exchequer Division to have the verdict entered for them, should the court be of opinion on the true construction of the Acts of Parliament, that the plaintiff, by virtue of his position as medical officer of health for the district, was bound to render gratuitously his services under the Labourers' Act, 1883. That Court differed in opinion. The Lord Chief Baron held that the verdict should stand, Baron Dowse and Mr. Justice Andrews, on the contrary, came to the conclusion that Dr. Rogers was not entitled to his fees, but that he was entitled to the car hire, and that the verdict should be reduced accordingly, and entered for only £8 2s. Hence the Medical Officers' Association appealed on the plaintiff's behalf, and were represented by Mr. John G. Gibson, Q.C., Mr. Madden, Q.C., and Mr. George Price (instructed by Mr. Clifford Lloyd); while Mr. Seymour Bushe was for the Board of Guardians.

At the conclusion of the arguments, the Lord Chancellor delivered the unanimous judgment of the Court in favour of Dr. Rogers.

In April the Irish Medical Association sued the Mountbellew guardians, on behalf of Dr. Mullins, for fees due to him for doing duty as substitute for the medical officer called away to the Assizes by subpoena. The decision of the Assize Court (which has given Dr. Mullins his fees and costs in full) establish two principles: 1. That a contract for payment made with the hon. sec. of the Dispensary Committee, and subsequently confirmed by the Committee itself, is binding on the board of guardians. 2. That absence on a subpoena is "unavoidable" absence within the meaning of the regulations, and that a medical officer is therefore entitled to have his substitute paid by the guardians.

A most important judgment in the case of McGuinness v. the Belfast Guardians was given by Mr. Justice O'Brien on behalf of the Lord Chief Justice May, Mr. Justice Johnston, and himself, in the High Court at Dublin in December. In this case, our readers will recollect, the Irish Medical Association contested the right of a Board of Guardians to dismiss its officers, and it was argued on behalf of the Association by Mr. John Gibson, Q.C., the new Solicitor-General for Ireland, and Mr. Monroe, Q.C., who was then Solicitor-General, and is now the Judge of the Land Court.

The judgment delivered by Judge O'Brien is voluminous, and, by reason of the technicality of its phraseology, would be incomprehensible to most of our readers. It decides, as far as this Court can decide—

1. That Boards of Guardians have absolutely no power to dismiss any officer above the rank of "porter or assistant."

2. That the Local Government Board have absolute power to dismiss on any grounds they consider sufficient.

3. That the particular case of the assistant schoolmaster was within the common law of Master and Servant, and within the law of Contract (based upon his answers to the question paper which he filled up when he was appointed), and that, therefore, the guardians might dismiss him.

A MOST important question to Poor-law medical officers was raised in March last by the fusion of the Newport and Westport Unions in the co. Mayo, and the consequent closing of the Newport Workhouse. The amalgamation was to have taken place at the end of that month, but the Local Government Board adjourned it until the end of September, in order to enable the disestablished officers to find new employment.

It would seem from the pronouncements of the Local Government Board in this special case that the idea has never occurred to either them or the guardians that they are both equitably and legally bound to compensate officers whom, in the public interest, they deprive of their means of livelihood.

The workhouse officer's tenancy is defined by the 31st section of the Poor Relief Act of 1838 (1 and 2 Vict., cap. 56), which declares:—"The Poor-law Commissioners (mark! not the guardians) are empowered to . . . determine the continuance in office or dismissal of such officers." Again, sec. 33 says:—"The Commissioners are authorised . . . to remove any paid officer appointed under the provisions of this Act whom they shall deem unfit for or incompetent to discharge the duties of . . . officer, or who shall at any time refuse or neglect to obey and carry into effect any orders of the Commissioners." Thus it is evident that the responsibility for removal of officers rests upon the Local Government Board, and not at all upon the guardians, and any action brought to recover compensation must be against them, and that they can have no answer to such an action except to prove to the satisfaction of the jury that the officer was removed for neglect or incompetency.

But the section (16) of the Act which provides for the dissolution or alteration of unions makes this still more clear, for it declares that "no such dissolution or alteration shall in any manner prejudice, vary, or affect the rights or interests of third persons in respect of contracts entered into by or on behalf of such union . . . previous to such dissolution."

Upon these legal grounds we maintained that a workhouse officer holds his appointment for life and *dum bene gesserit*, and that he can by no means be deprived of his office as long as he performs his duty satisfactorily, and as long as he is not in the position of being "deemed unfit" for his appointment.

In February a new lying-in hospital was started in Dublin as "The National Lying-in Hospital." It is situated at 32 Holles Street, near Merrion Square. The new hospital is under the management of a large committee, whose secretary is Mr. Faussett, and the Master is Dr. William Roe.

#### THE NEW CHARTER OF THE IRISH COLLEGE OF SURGEONS

which effected a change amounting to a revolution in the constitution and arrangements of the College, was received from Her Majesty in May. Under its provisions the election took place of the various Courts of Examiners, May 27th, and of the Council and officers for the ensuing year on

Monday, June 1st. The new Charter admitted all lecturers and teachers, except private teachers, to the competition for the Examinerships, it opened the College diplomas to women, and it established the system of electing the Council and officers by paper votes given by the Fellows *in absentia*.

The first election of the Council under the paper-voting system took place on the 1st of June, and excited some interest, in consequence of the novelty of the method, although there was no serious contest for seats on the Council. The election was, however, somewhat disappointing to the advocates of paper voting, for it made manifest that the method which they have introduced did not, on this occasion, produce the result which they hoped for, *i.e.*, the increase of numerical value of the provincial vote. The number of votes recorded was only 144, out of a constituency of about 800 who were within voting reach of the College. This number was slightly larger than the voting strength of an ordinary annual election, but much less than number of votes recorded at contested elections, and the weakness of the provincial vote may be judged from the fact that the new provincial candidate only scored 46 votes, while the number of extra-metropolitan voters present numbered barely a dozen.

#### CHANGE IN THE EXAMINING SYSTEM.

A very important change in its examining system was effected by the Irish College of Surgeons within the past year. Previous to May last eight examiners had been chosen, without any definition of the subjects in which they were to examine, that definition being left entirely to subsequent arrangement between the members of the court. The Council of the College, considering very justly that a nominal division of the examination between two examiners was useless, and that an actual division could not take place unless both were equally qualified to examine and vote, decided to enlarge the court to twenty members, so as to allow of two specialists being conjoined in conducting the examination at each table in their own specialty. It was, therefore, arranged that Examiner A. shall put the questions to Candidate No. 1, while Examiner B. notes down the questions and suggests a modification thereof, if desirable, and that both examiners shall vote upon the answering at their table. The Courts of examiners of the Irish College of Surgeons elected on the 27th of May were—Four Examiners in Anatomy; four in Surgery and Surgical Pathology; two in Physics, Chemistry, and Medical Jurisprudence; two in Pharmacy, Materia Medica, and Botany; two in Medicine and Therapeutics; two in Midwifery and Gynaecology; two in Ophthalmic Surgery; and two in Physiology and Histology.

In June last the honour of Knighthood was conferred by Lord Spencer on Dr. Cameron, President of the Irish College of Surgeons, and Superintendent Medical Officer of Health for the City of Dublin.

From the annual report of the Royal Medical Benevolent Fund Society for Ireland it appears that during the preceding twelve months sums amounting to £1,406 passed through the treasurer's hands; of this £142 were added to the funded property of the society, in accordance with the wish of the donors. The sum of £1,272 has been distributed, leaving a balance of £221 to meet the working the working expenses, &c. Of the amount distributed during the year, £215 was to medical men, £973 to widows, and £84 to orphans. Ten *ad interim* applications for relief were received since last annual meeting, four of them from medical men; and grants to the amount of £125 were made. One case was refused, and was postponed to the annual distribu-

tion. One hundred and five applications for assistance were considered by the committee, of which 8 were new; 16 were refused, as not coming within the scope of the society. The invested funds of the society amounted to £20,569.

#### APPOINTMENTS.

Surgeon-Major Tobin, F. R. C. S. I., of the Army Medical Department, an old student and resident assistant at St. Vincent's Hospital, Dublin, was appointed to the additional assistant surgeoncy recently created. Dr. Guy P. L'E. Nugent, who for some time had filled the office of Assistant Physician to the House of Industry Hospitals, Dublin, was elected to the Physiciancy vacated by the death of Dr. Benjamin G. MacDowel. Dr. Nugent is a Bachelor in Medicine and Surgery and a distinguished *alumnus* of Dublin University, and has for some time been connected with the School of Physic of the University in the capacity of Demonstrator. Dr. J. J. O'Carroll, Demonstrator of Anatomy in the Catholic University School, was appointed to the Assistant Physiciancy in Dr. Nugent's place. Dr. John William Moore completed his seven years' term of office as Visiting Physician to the Cork Street Fever Hospital, Dublin, and was succeeded by Dr. Redmond, who has been in turn succeeded in the office of temporary physician by Dr. St. George Ashe. The Earl of Carnarvon, on assuming the office of Lord Lieutenant of Ireland, appointed Mr. Hamilton, Professor of Surgery and Councillor in the Royal College of Surgeons, to be Surgeon to His Excellency, in room of Dr. Mapother; Dr. Jacob, Professor of Ophthalmology in the Royal College of Surgeons, to be Surgeon Oculist; and Mr. Robert Moore, Surgeon Dentist, in succession to Mr. Corbet. Mr. Smyly and Dr. Hatchell retained their offices as Surgeon and Physician respectively to the Viceroy.

The death of the late Dr. Benjamin MacDowel caused a vacancy amongst Her Majesty's Physicians in Ireland, and Dr. Wm. Moore, ex-President of the King and Queen's College of Physicians, and Professor of Practice in the University of Dublin School, was elected.

At the annual meeting of the Governor and Council of the Apothecaries' Hall, the following members were duly elected as office-bearers for the ensuing year:—Governor: Robert Montgomery. Deputy-Governor: Edward J. O'Neill. Court of Directors and Examiners: E. W. Bolland, Thomas Collins, John Evans, A. Harvey, Charles Holmes, Charles H. Leet, Charles Moore, H. P. Nolan, Richard S. O'Flaherty, Sir G. B. Owens, John Ryan, James Shaw, George Wyse. Representative on the General Medical Council: Thomas Collins. The revision of the preliminary and professional curriculum, in accordance with the recent "recommendations" of the General Medical Council was submitted to the meeting, and, being approved of, was ordered to be printed.

At the April meeting of the King and Queen's College of Physicians in Ireland, the following were elected to the Fellowship of the College:—Dr. Andrew J. Horne, Dr. F. X. MacCabe, and Dr. James Ferrier Pollock. The Fellows also adopted a resolution to the effect that the College, while not interfering with the use of the courtesy title of "Dr." by gentlemen not possessing the Doctorate of a University, instructed the Registrar not to apply the title of "Dr." in the College documents to any Fellow, Member, or Licentiate, save those entitled to it by University graduation.

The arrangements for the reconstitution of the Irish Prison Department, as recommended in the report of the Royal Commission were completed in the month of April last. The Hon. C. F. Bourke, C.B., continues to be chairman of the board, and Mr. W. P. O'Brien became vice-chairman, in succession to Captain Barlow, who retired from the service. Mr. O'Brien's place as a paid Commissioner was not filled up, but Sir John Lentaigne, C.B., continues to act as an honorary member of the board. Mr. W. R. Crofton, having resigned, his place was not filled up. An important addition to the strength of the administrative staff was made in the newly-created office of Medical Officer and Adviser to the Board in the person of Dr. Frederick MacCabe, previously favourably known to the public as the efficient Local Government Inspector of the Dublin District.

## Scotland.

### Edinburgh.

[FROM OUR OWN CORRESPONDENT.]

THE swiftly passing moments of the parting year bid us cast a glance backward on the almost rounded circuit of the months, and recall how it has been with us, since with gladness we ushered in 1885. And, though some things have not been done which might have been done and, possibly, some things had been better left undone, the retrospect is not displeasing. If Edinburgh has no brilliant record for the gaze of the world, she certainly has a record of continued and increasing success in most departments, and a register of more thorough, permanent and progressive work than she has possessed for many a year. Probably at no time within recent years have her workshops been busier. The sound of the axe and the chisel and the hammer is heard everywhere.

#### UNIVERSITY CHANGES.

The University continues to grow and develop. As successor to its late lamented and honoured president, it

has obtained in Sir William Muir a Principal well worthy to rank with the good and great men who have gone before. A courteous and polished gentleman, his long services in positions of great responsibility have especially fitted him for directing the administration and guiding the counsels of this aged University. And in the troublous times, which loom before the venerable institution, the wisdom of the wisest will be needed, skilfully to cope with the far reaching and intricate problems which must be solved. From the professoriate the late Mr. Fleeming Jenkin, F.R.S., will long be sadly missed. His place is worthily filled by Professor Armstrong, while Mr. Wallace, from Cirencester, has succeeded to the Chair of Agriculture in the room of Professor John Wilson, who now enjoys well-earned repose. In the Medical Faculty proper the only changes of importance are the establishment of a University Lectureship of Comparative Embryology, and the resignation from his associated connection with the teaching of clinical medicine of Professor Douglas MacLagan. Always imbued with the conscientious and earnest spirit of science, this grand old man felt that the claims of the now much enlarged department of State Medicine and Public

Health in the University were so great as to demand all the time at his disposal. The farewell scene, as the much loved teacher bade adieu to clinical work, was most affecting, and will always be remembered by those who witnessed it. So far as the curriculum is concerned, more than one movement in the right direction has been made. We have referred to the lectureship on Embryology. In addition to this a University Clinic for the teaching of Diseases of Children has been established, while active steps are being taken for the introduction of a similar Clinic on Fevers. Possibly at no distant date we may look for the addition of Laryngology and of Dermatology. The practical classes, connected with the different chairs, are most enthusiastically attended, and though it must be admitted that grave mistakes have been made in the admission and arrangement of some of these, and more especially in their too close dependence on teachers, who seldom, if ever, do a hand turn in connection with them, they play, in a thoroughly efficient manner, their part in the training of the students. Probably, however, no point in the University system so evidently shows a joint in the harness as this, and towards it, in the many discussions that have been raised and will arise with increased ardour in the coming months, are directed some of the most powerful shafts.

#### THE REFORM MOVEMENT.

Evidently a widening of the University basis is demanded, and this either by admitting greater freedom of relations between the student and the extra-mural school of medicine, or by adopting the lines suggested by Professors Chrystal and Masson of establishing a regular system of *privat doctents*, and thus raising the recognised assistants to a status of respectability. Every sign of the times points in this direction. Nowhere at home or abroad does a system of monopoly like this hold so powerful sway. It is directly in the teeth of all medical advance. This has been keenly felt by the graduates of Edinburgh, who are now bestirring themselves, and from the General Council of the University has been formed an association, with the correction of such defects for its special object. We have more than once referred to this well-timed action; and now we congratulate the University Court—the highest existing tribunal—on having taken up for consideration the moderate propositions of this body. The public, too, is presumably interesting itself in the question, for the daily papers have come forward to advocate the schemes of reform. It has been, moreover, whispered that some of the warm opposition shown to the candidature of Mr. Erichsen arose intra-murally, from dread, lest the unbiassed mind of so sagacious an observer and so tried a reformer might be too open to impressions from the enemies of this narrow-minded and short-sighted policy.

#### THE M.B. EXAMINATION.

The conduct of the medical pass examinations has also been assailed, and, while deprecating the hot-handed way in which the first attack was made by a hardly fledged M.B., we are strongly of opinion that there is need of reform. The sending of commissioners from the General Medical Council was a step in the right direction, and though their report has not yet been made public, there is good reason for believing that they were well pleased with what they found in Edinburgh. But it is evident that such Commissioners can only judge of the surface effect. They have no possible means of penetrating the impalpable veil which screens off much that is suspiciously dark.

#### COPYRIGHT IN LECTURES.

The recent decision of the Court of Session in the action brought by Professor Edward Caird, of Glasgow, against a bookseller, who published an edition of that Professor's delivered lectures, has given rise to a good deal of questioning. The decision was in favour of the bookseller, and fear seems taking hold of the professorial mind, lest the hopes of their gains be in jeopardy, and they even threaten combined action against this important judgment. In our opinion the decision was the wise and fair one. No right-minded professor will desire to see his influence maintained merely because he holds *in retentis* a certain number of lectures, without a knowledge of which there is no hope for the student. The case raises the much wider question as to how far the present Edinburgh system of dictating notes is of value as an educative force. This, however, is not the time to enter into the discussion, but we feel sure that, when the later history of our University comes to be recorded, the days which first set men athinking on the matter, will not be lightly passed over.

#### LABORATORY WORK.

It has sometimes been the office of those who wish no good to Edinburgh to point the finger of scorn at the supposed empty laboratories and the lack of original investigation. We gladly invite such cavillers to visit Edinburgh at present. We should conduct them to the chemical laboratory, to the materia medica department, to the medical jurisprudence department, to the departments of pathology, of physiology, of practice of physic, of surgery, in all of which there are busy workers, emulating one another in zeal as in the beauty and success of their work. And in spite of the evil presaging of far-seeing prophets, the number of University students still increases. At no time were they a more hard-working set, and at no time more evidently devoted to the interests of their Alma Mater. In the Students' Representative Council the undergraduates have a satisfactory means of coming into touch with the higher powers in the University, and by the institution of smoking concerts and socials and the inviting of such distinguished lecturers as Lord Iddesleigh and Mr. Freeman the Council has unquestionably afforded its best *raison d'être*.

#### THE COLLEGES.

But evident signs of life are not confined to the University. The venerable Royal College of Physicians is shaking itself and wakening from its slumbers. Its examinations for the several grades of qualification have become serious trials of the candidates' powers, and the Fellowship can no longer be purchased for money. The younger Fellows, moreover, have banded themselves together and have persuaded the College to institute a laboratory for research, to which all the Fellows shall have access. By this means even the physician in busiest practice will have the opportunity of sifting in a well-equipped laboratory the knotty points of a puzzling case. It is perhaps a pity that the College did not see its way rather to the granting of funds for the encouragement and endowment of original research. Perhaps this, too, may be accomplished, as the dawn advances. The College of Surgeons also shows signs of active life.

The Edinburgh School of Medicine is growing apace. Since our last Retrospect much has developed that then lay in germ. The different members of this heterogeneous body are seeing more eye to eye in their common interest, and have approached Government with the proposition that they should be united as a corporation under a special charter



The name suggested is that of "The Queen's College." A number of new teachers have been recognised, such as Dr. Alexander Bruce in Pathology, and Dr. Geo. A. Gibson in *Materia Medica*.

In the Royal Infirmary several changes have occurred. The eye department has lost through death the valued services of Mr. William Walker, Surgeon Oculist to the Queen for Scotland. Mr. George Berry was appointed in his room, and Dr. Argyll Robertson was made Senior Eye Surgeon to the Infirmary, being a few months later appointed Surgeon Oculist to the Queen for Scotland. We have already referred to Professor MacLagan's resignation of wards and of the duties of clinical teaching. Closely following his departure, a new medical ward was opened and entrusted to the care of Dr. J.O. Affleck, who had long acted as Senior Assistant Physician. As his successor in the post of Assistant Physician, the managers obtained the services of Dr. Byrom Bramwell, lately their pathologist; and he in turn was succeeded, as pathologist, by Dr. G. Sims Woodhead and Dr. Alexander Bruce, the post being divided. Dr. John Bishop has, we regret, been compelled, from continued ill-health, to resign his post of Assistant Surgeon. In this office he is succeeded by Dr. Francis Caird, whose name is familiar to old Edinburgh students. Dr. Skene Keith has been appointed by the managers, as special assistant to his father, Dr. Thomas Keith, whose triumphs in abdominal surgery were fittingly crowned this year, by his being called in consultation across the Atlantic. A move of great importance was made this summer by the Board of the Infirmary, whereby all cases of infectious diseases were transferred to the care of the city authorities. This has relieved the new Infirmary of considerable expenditure and of no less responsibility, which has been placed on the right shoulders. The example of the Royal Infirmary was speedily followed by the directors of the Royal Hospital for Sick Children, so that now all cases of fever are localised in a general fever hospital. Both the city and the students will profit by this change.

In the various sections of the Royal Infirmary work progresses as formerly. Though little that is absolutely new has been introduced, each ward vies with the other in keeping abreast of the times. In the surgical house, the strictly Listerian system of antiseptics has been generally modified. Various methods of irrigation or of percolation have been adopted. Even Professor Chiene, whilom the apostle of the spray in Edinburgh, has been content to let it lie aside on the shelf for a year, pending the result of further evidence. Considerable advance has been made in the way of abdominal surgery, so that, in addition to Dr. Thomas Keith, the officially-recognised ovariologist, a number of the surgeons of the hospital hold themselves in readiness to unveil the secrets of the peritoneal cavity. The visit of Mr. Lawson Tait the other day, and his free incision and exploration of the gall bladder and cystic duct, has doubtless given fresh impetus in this direction. In the medical house, some cases of very considerable interest have been treated. Several of these have from time to time been shown to the societies, and to these we have referred at the time. In the Royal Hospital for Sick Children the results have also been most commendable. The introduction of a University and of an extra-mural clinic has stimulated the medical officers to fresh endeavour. In Chalmers's Hospital, Dr. Heron Watson—the boldest and probably the most skilful of Edinburgh operators—still continues to wield the blade. Some of this year's operations have been of especial beauty. He is now ably assisted by Dr. MacGillivray. Dr. Halliday Douglas remains in the medical house. From the Maternity Hospital

most gratifying accounts have been published during each of the four quarters. The opportunities afforded both for intern and extern practice are very considerable. The different dispensaries in Edinburgh were probably never better manned than at present, and each is doing a large amount of good work. This year a new dispensary has been opened for women, largely founded on the American model. It bears the striking title, "The Woman's Dispensary," and is associated with the name of Dr. Skene Keith.

The various medical and scientific societies show an excellent record. The Medico-Chirurgical, under the able presidency of Dr. Littlejohn, attained a higher degree of success than it has enjoyed for a long time back. The introduction of the "clinical and pathological" evening was a prominent factor in this success. Many of the papers submitted in the past year have been of great value, and to these we shall refer presently, while the members have honourably distinguished themselves by the zeal with which they threw themselves into the good cause, so ardently advocated by Surgeon-Major Evatt. The new President of the Society is Professor Grainger Stewart. The Obstetrical Society, too shows signs of active life, and more than one of the papers read there will take an honourable place in the archives of this department of medicine. Edinburgh is especially strong in her rising gynaecologists and obstetricians—men imbued with much of the scientific spirit. The Royal Society of Edinburgh has received more than one paper bearing more distinctly on the progress and development of medical thought. We most highly commend this learned society on the sympathetic encouragement it ever affords to scientific work in this particular sphere. The Natural Science Club also affords good scope for the promulgation of new doctrines or the elaboration of pretty theories. On the more practical side we have to congratulate the members of the St. Andrew's Ambulance Association on the results of their labours. In every direction these appear. Men have been stirred up to use their brains and fingers in times of emergency. If encouragement were needed, no words of ours would be wanting to urge the officers and men to still greater zeal, breathing for them the prayer of old St. Bernard—

"Tantus labor non sit casus!"

To a large extent, as an outgrowth or seedling from the Ambulance Association, freely watered by the eloquent and soldierly words of Surgeon-Major Evatt, A.M.D., an Edinburgh Volunteer Medical Association has been formed. For this, too, we wish that good success which wisely directed effort merits.

Of the papers to which we have just referred we must mention in particular the work of Prof. T. B. Fraser, F.R.S., "On the Failure of Salicyl Compounds in the Treatment of Acute Rheumatism;" of Prof. Grainger Stewart "On Thoracentesis;" of Prof. Annandale "On Popliteal Aneurism;" of Prof. Chiene "On Recurrent Fibroids;" of Dr. John Duncan "On Surgical Diseases of the Vascular System," and "On Transfusion after Amputation;" of Professor Simpson, of Dr. Angus Macdonald, of Drs. Ballantyne, Barbour, Hart, and Milne Murray; of Mr. Caird and Mr. Cathcart; of Drs. Graham Brown, Bruce, Gibson, and James; while in the Royal Society, Professor Turner has contributed a valuable paper on "The Sacrum as an Index of Race." To Dr. Alexander Bruce we also owe the introduction of a large microtome, modified from that of Hamilton, for cutting entire sections of organs.

Of larger literary effort, we record with pleasure the appearance of Dr. Thomas Keith's volume on "The Surgical Treatment of Tumours of the Abdomen;" Prof. Grainger

Stewart's "Introduction to Diseases of the Nervous System;" Dr. Berry Hart's "Contributions to the Topographical and Sectional Anatomy of the Female Pelvis;" Dr. Ireland's "Blot upon the Brain;" Drs. Woodhead and Hare's "Practical Mycology," which has been reviewed in our columns; Dr. Maclaren's "Atlas of Venereal Diseases;" Messrs. Caird and Catchcart's "Atlas of Bones and Ligaments;" Dr. M'Bride's translation of Gottstein's "Diseases of the Larynx;" and lastly, what will be of especial interest to former graduates of Edinburgh, the first volume of the "Life of Professor Sir Robert Christison." Second editions have also appeared of Dr. Byrom Bramwell's "Diseases of the Spinal Cord" and Dr. Woodhead's "Practical Pathology;" while more than one translation from the German has been announced by one of the more enterprising of the Edinburgh publishers.

We have to mourn over the withdrawal from our midst by Death's relentless hand of more than one familiar face. In Professor Fleeming Jenkin the University has lost one of her most scientific teachers, and Edinburgh a bright social ornament. Mr. Walker, Surgeon-Oculist to the Queen for Scotland, was long a well-known figure in the Infirmary and in our streets. We shall sadly miss his portly figure and his happy, friendly greeting, while ophthalmic surgery must wait long ere it be represented by a better man. Dr. Browne, pleasantly associated with the brothers Combe, and for many years Superintendent of the Dumfries Asylum, and Dr. Pattison, Fellow of the Royal College of Physicians, close the sorrowful list.

## Glasgow.

[FROM OUR OWN CORRESPONDENT.]

WITH this number of the *Medical Press and Circular* our duties for the year terminate, and compatible with our custom we dedicate a short article to the noteworthy events of 1885 which fall within our province. In the west of Scotland the year about to close has, generally speaking, been an uneventful one in medical circles. No unexpected or unlooked for changes distinguish it specially. Medical reform, as demonstrated for many years past, is yet a thing of the future, and the hopes of its becoming an accomplished fact in the interests of all parties, but the protected monopolists, are as remote we regret to say as ever.

At the University of Glasgow matters continue on the good old Conservative lines. Mr. Campbell has been re-elected Parliamentary representative for this University and that of Aberdeen without opposition. The newly formed University Council Association is doing good service, and its beneficial influence has already been felt in giving a significant check to the University clique in the General Council.

After an absence of two years Dr. Charteris has resumed teaching this winter. Much satisfaction is felt among his numerous friends on his happy restoration to health. Dr. Charteris's class is a large one, and so also are all the other medical classes, a distinct blow having been levelled at extra-mural teaching by the union of the three Scotch Corporations for qualifying purposes. At a time when there is a strong feeling that the qualifications should be reduced instead of increased, it is difficult to comprehend on what ground the necessity for three qualifications is now imposed on the extra-mural student.

That the rush of students in Scotland is towards the Uni-

versities the case of Glasgow amply demonstrates. Here we have the University at the extreme west, and other two schools further east than the centre of the city. The territorial conditions therefore practically compel the students to select the one or the other in which to educate themselves. And what is the result? The University classes are overflowing. This year it is understood that the new entrants are about fifty-five in excess of last year's numbers. On the other hand, neither Anderson's College, nor the Royal Infirmary School can be said to be making any headway. No one conversant with the facts would maintain that the superiority of the intra-mural teaching has any thing to do with this result. To understand how this is occasioned it is necessary only to look at what may be called the *Natural History* of the University student. After passing the Arts examination he enters on a four-years course, paying class fees in the aggregate less than a fourth higher (the hospital fees are the same) than those charged to the extra-mural student. He passes a series of examinations in which his fate practically depends on the man who has lectured to him and pocketed his fees. The peculiarities and idiosyncrasies (and they are often no few) of his examiners are known to him, and he can so far discount them. At the final chirographical examination he possesses the confidence begotten of a familiarity with his surroundings (we speak of Glasgow, the Western Infirmary being merely an appendage of the University, and primarily subserving the personal interests of the medical professors). Now, let the case of the extra-mural student be contrasted. He passes an Arts examination which includes only one subject less than the Universities require, and this one subject is not necessarily preliminary at all. His course of study is the same in duration and (with the single exception of biology, of which the University student has to show a smattering) equally inclusive as to subjects as the academic course. He has also to pass a series of examinations, but before examiners of whom he knows nothing, and of a kind the stringency of which is not less than that of the University. For these examinations he has to pay a fee considerably higher than that of the University, so that the total cost of his education all but equals that of the University student, and should he unfortunately fail, it may *very much exceed it*. At the end of his career he receives, as already remarked, a triple diploma, but with no doctorate even in the dim and distant future. Can it be wondered, then, that while the extra-mural schools languish, the Universities flourish? The only change in the *personnel* in the teaching staff of the University of Glasgow is in the Chair of Botany. Here Professor Balfour, who has obtained an Oxford Chair, is succeeded by Professor Bower, from the School of Science, South Kensington.

THE FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW—an institution which deserves well of the profession and the public—schools itself in the philosophy of Mark Tapley. No Fellow has yet been created under the new regulations. The *Corporation* is not likely to much increase from the sustenance likely to be derived from this source.

At the WESTERN INFIRMARY there are no changes in the staff, the appointments here being *ad vitam aut culpam*. Much difficulty, despite the fascinating oratory of Principal Caird, is experienced in maintaining the institution. It was perfectly easy to foresee this. The building is out of all proportion to the requirements of this part of the city, and there is no obvious reason why the public should fill it and maintain it in this condition at the expense of much money and the pauperisation of many of the community, putting

out of view the professional injustice thereby done. This is not the field in which Principal Caird's persuasiveness is most efficacious.

In the ROYAL INFIRMARY during the past year Drs. Eben. Watson and Scott Orr having served for the statutory term, they are succeeded respectively by Drs. William J. Fleming and Wallace Anderson, the former in the surgical, the latter in the medical, department. At the dispensary, Dr. MacIntyre succeeded Dr. Fleming in the surgical department, and Dr. Lindsay Steven, Dr. Wallace Anderson in the medical department.

Until quite recently students took full advantage, without let or hindrance, of the many facilities afforded by the Dispensary of familiarising themselves with disease, oft-times without payment of the statutory fees. They have had, however, a rude awakening by the public expulsion of one of their number who had favoured the institution by six months' attendance without payment. In November last Mr. Clark ligatured the common carotid for pulsating exophthalmus. Union of the wound took place by the "first intention," and gradual subsidence of the symptoms.

GLASGOW MEDICO-CHIRURGICAL SOCIETY.—Session 1884-85 was inaugurated by an address from the President, Professor Macleod. Dr. Macleod reviewed in a most interesting manner "The Medical Societies of Glasgow, and Recent Advances in Medical and Surgical Treatment." In significant and justifiable language, Dr. Macleod deprecated the progressive segregation of societies as only calculated to weaken the parent stem. "It seems to be a tendency for each generation to set on foot something new—to throw off as effete what they have found ready to their hand—and to encourage every new venture which, for a time at least, is upheld with much enthusiasm." The first complaint involved in this sentence is not unfortunately limited to medical societies; it extends significantly to the varying

methods of treatment, and the unreasoning and unreasonable avidity with which new modes of treatment and new "remedies" are adopted without due investigation of their relative values as compared with the old. There was much in Dr. Macleod's address to which we would have wished to refer did space permit. Of excellent and practical papers read at this Society during the session may be mentioned: "On Certain Bad Effects which follow in Surgical Practice the Sudden Withdrawal of Counter-pressure to Diseased Blood-vessels," by Dr. H. C. Cameron; "On the Specific Origin of General Disease," by Dr. Wallace Anderson; "On Non-malignant Tumours of the Spermatic Cord and their Diagnosis from Hernia," by Dr. Eben. Watson; "On Excision as a Remedy for Cancer of the Bowel," by Professor Macleod.

THE GLASGOW PATHOLOGICAL AND CLINICAL SOCIETY, which is *par excellence* the Society of the junior members of the profession, has produced much good work during the year, and several interesting and instructive papers.

THE GLASGOW SOUTHERN MEDICAL SOCIETY continues in a flourishing condition. At this Society the following papers were of much interest, viz., Dr. Alexander Patterson's paper "On the History of a Case of Utero-ovarian Amputation for a Fibroma combined with Pregnancy;" Mr. McMillan's paper "On the Rearing of Hand-fed Infants;" and Dr. Napier's "Notes of a Case of Multiple Fœtid Abscess in the Right Lung from Impaction of a Foreign Body (Elder Pith) in the Bronchus." We understand that a member of this Society has discovered a new and highly efficacious surgical dressing, viz., peat powder! It is not a little remarkable that the virtues of this long-known commodity should be so long of being discovered. At Stranraer peat cures consumption, and at Glasgow it threatens to supersede even carbolic acid!

## Foreign.

### Germany.

[FROM OUR OWN CORRESPONDENT.]

In a Retrospect of German Medical affairs for the year now closing, it is a matter of some difficulty to fix on any one striking point as a commencement.

Upon the whole we think the year has been remarkable for the large number of deaths of distinguished physicians and scientists. It is not unfitting that on looking back over a closing year we should be reminded, amongst the other effects of the flight of time, of decay and death, since both are the common lot of all.

#### OBITUARY.

One of the earliest to leave us was Professor Edward von Stein, a pupil of Johannes Müller, and for nearly thirty years Teacher of Zoology and Zootomy in the University of Prague. He died on January 9th, *æt.* 67. In the same month Dr. Schwanda, Professor of Medical Physics in the University of Vienna, died, and on the 23rd of the same month Dr. Heinrich Roth, of Wiesbaden, *æt.* 70. For thirty years he led a life of great activity in Wiesbaden, and at his death left the whole of his property, amounting to about £10,000, to the town of Wiesbaden on condition that the whole should

be devoted to defraying the expenses totally or in part of impecunious patients undergoing treatment at the baths. With a generosity—we hope not so rare—a distinct stipulation was made, that the fund should be administered without regard to creed or nationality.

On the 14th of March a man of world-renowned fame retired to rest in the person of Professor Theodor von Frerichs. Although, not by any means, an old man (he was in his 67th year), Frerichs had attained a position of undisputed pre-eminence in his own country. As was said of him "regular pilgrimages were made to his consulting room; Poles, Russians, and Americans, from north and south, not reckoning the concourse from the whole of Germany, daily gathered to seek the advice of Frerichs." The German Congress für Innere Medizin elected him its President every year from its foundation to his death. Full of honours, the possessor of a large fortune acquired by his own industry, possessing the esteem and admiration of all who knew him or his works, he has at last closed a career that can be equalled in brilliancy, but by the fortunate few.

On May 2nd died Professor Panum, of Copenhagen, President of the Copenhagen International Congress, and a few days after (the 18th) Dr. Gustav Jakob Henle, the celebrated Anatomist of Göttingen closed his career in his 76th year. After teaching Anatomy and Physiology in Zürich and

Heidelberg he was called to the chair of Anatomy in Göttingen in 1852, where he spent the remainder of his days as a teacher and investigator, and as editor of a series of important and distinguished works.

Professor Fehling, of Stuttgart, the discoverer of the method of testing for sugar known by his name, died on July 1st in his 73rd year; and on the 5th Dr. Vogt, the successor of Professor Hüter, Professor of Surgery in the University of Greifswald, followed, not only in harness, but struck down whilst actually at work at his writing table. Complaining of feeling unwell, he was dead before any assistance could reach him.

In September Dr. Paul Börner, the distinguished editor of the *Deutsche Medicinische Wochenschrift*, and the author of numerous works, mostly compilations, passed away in his 57th year. Perhaps he was best known to his countrymen as a translator of English works.

The names just enumerated are but a few out of many of distinguished men who have passed away during the current year, some of the names are as familiar to us as household words; and the memory of them will be cherished amongst us. Others again are less familiar figures, but familiar or unfamiliar, they were of us, they were men, and we cannot, if we would, withhold our sympathy from the sorrowing survivors.

#### LITERATURE.

In Literature there is nothing specially striking to chronicle. A good practical work on a department of ear diseases not yet thoroughly understood has been published by Adam Politzer ("Zur Path. & Therapie der Labyrinthischen Affectionen"). A very remarkable work, and one that has commanded the admiration of critics on account of the wonderful amount of research and knowledge displayed by the author is "Das Weib in der Natur & Volkerkunde." The first volume of the second edition of Billroth and Luecke's "Handbuch der Frauenkrankheiten" appeared during the summer months. The work is edited by the gentlemen above named, but is written by some of the best-known gynaecologists in Germany. It has already taken its place at the head of the gynaecological literature of the day.

A profusely illustrated essay by Professor Esmarch, which gained the Empress's prize at the late Exhibition ("Handbuch der Kriegschirurgischen Technik") should not be allowed to pass without notice. The third edition lately appeared, published by Lipsius and Fischer, Kiel.

#### ADVANCES IN MEDICINE.

Whatever may be thought of the tubercle bacillus amongst ourselves, in Germany there does not appear to be much difference of opinion as to its being all that Koch claims for it. It is not enough, however, to know that it is always present in tuberculosis; and the crucial test of its being capable of setting up the disease after inoculation was until lately wanting, as regards the human subject. This proof is, however, no longer absent. A well-authenticated, well-observed, and well-described case of inoculation of the finger of a servant girl has now been placed on record, and thus the chain of evidence is at last complete. The glands that became tuberculous were extirpated, and the patient is now well.

A discovery in regard to cancer made by a medical student in the early part of the year, appeared at first to be of some importance as regards early diagnosis. This was the discovery of sugar or of glycogen in the blood of cancerous subjects. Further investigations have, however, shown that

the reaction is not confined to the blood of cancerous individuals, but that it is present in other dyscrasia.

For some time past a mixture of nitrous oxide and oxygen gases has been used as an anæsthetic in labour in Professor Zweifel's Klinik in Erlangen. The action of the gases is said to be quite surprising. After 2 to 3 inspirations a peculiar prickly, creeping sensation is felt through the body. The sight fades, but all objects can be distinctly recognised and their movements followed. After a few more inspirations a throbbing takes place in the head, but the mental activity remains. A firm pressure of the hand was felt at this stage, but not as a painful sensation. After this nothing more was felt, the arms and legs lay heavy on the bed, but they could be moved by powerful voluntary effort. Consciousness was retained, but there was a disposition to sleep. Recovery was prompt on again giving air. Such a mode of anæsthesia seems very suitable for lying-in institutions, and possibly for dental purposes, but the apparatus required is too cumbersome to allow of its adoption into general practice.

A heat centre in the brain has at last been demonstrated by Messrs. Aronsohn and Sachs, of Berlin. In repeated experiments these gentlemen have succeeded, by inserting a needle into a carefully ascertained part of the brain, immediately raising the temperature in rabbits, guinea-pigs, and dogs, both in the rectum, muscles, and skin. In the rectum the temperature was raised from 39.4° C. to 42° C.; in the muscles from 39.2° C. to 41.8° C.; and in the skin from 36.2° to 39.0° C. As the temperature rose respiration increased without change of type or of pulse-rate, and without diminution of the chlorides in the urine. A return to normal took place in two or three days. The point of puncture lies a little to the side of the point of junction of the sagittal and coronal sutures. The needle is carried to the base of the brain and immediately withdrawn. Later experiments have shown that the centre is one that regulates tissue change—as Professor Zuntz expresses it—governs the chemical tonus of the muscles. The centre has not been identified anatomically.

The action of lactic acid on certain morbid growths has formed a subject of much active interest lately. Dr. E. Jelinok, who has been studying the subject for several months, concludes that it will be very useful in removing granulations from the nares, pharynx, and larynx. He has seen firm infiltrations disappear in four or five weeks. The acid attacks the diseased growth, but has no effect on healthy tissues. He thinks it likely that it will play an important rôle in the treatment of tubercular disease of the larynx. The strength of the application varies according to the part on which it is to be employed. For the larynx a 20 per cent. solution is strong enough to begin with. On the pharynx an 80 per cent. solution is used, and on granulations elsewhere it may be used as a powder or in a paste, left on for twenty-four hours, and the application repeated in three days. Professor Mosetig-Moorhof has employed it on fungus (of bones), lupus, papilloma, and epithelioma. Two cases of the latter were exhibited by him on Nov. 20th before the Gesellschaft der Aerzte of Vienna. The disease had been very extensive in both cases, and in each bone was involved, but a beautiful cicatrix had also been obtained in both cases.

The so-called syphilis bacilli of Lustgarten have also claimed a fair share of attention. That these organisms are peculiar to syphilis has been doubted. In Paris, under Corni's direction, preputial smegma was examined, and a bacillus singularly like that of syphilis was discovered therein. Professor Leyden caused the investigation to be

repeated, and in every one of nine cases examined the bacillus of Cornil was discovered. The secretions from four cases of syphilis were examined, and in all the syphilis bacillus was discovered. The syphilis bacilli behaved under reagents exactly as the smegma bacilli did, and only cultivation experiments can determine that they are not identical.

The new law in Germany that renders insurance against sickness compulsory on all working men, cannot fail to bring about great changes in the relations of the medical profession to the public. This law will, it is expected affect about one-fifth of the population of Germany. Berlin has about 1,000,000 inhabitants, and of this number 200,000 must, for the future, insure against sickness. Before the Act came into force about 90,000 workmen were already members of clubs, and for the purpose of insuring prompt aid in case of illness the city was divided into forty-three districts. Under the new arrangements this has been already changed. There are now seventy-four medical districts. The club medical officers will be expected to reside in their respective districts if possible, and to have regular hours for consultation, as much as possible, arranged for the convenience of work people at the breakfast and dinner hours. The medical officers receive a minimum salary of 1,200 marks (£60 per annum), which may be increased every third year by 300 until the maximum of 2,400 marks is reached. It is said that it is already evident that it will be a not unimportant part of the labour of the medical officers to prevent malingerers from sponging on the funds of the societies.

We have already announced that Hyrtl during the past year presented the Vienna College of Physicians with a magnificent sum of 40,000 florins, with the request that it should be employed in providing stipendia for medical students.

A cholera conference again held sittings this year in Berlin. The members constituting it were the same as in the previous year, and the views expressed did not differ materially from those expressed on the last occasion. Pettenkofer still holds that the disease depends on locality, and the degree of the saturation of the soil with water, and that the cholera bacillus is not the cause, whilst Koch still retains his last year's opinions that the bacillus is the *fons et origo mali*. The views of English authorities on cholera received however, a little more consideration (especially those of Cunningham), than they have hitherto done. This, however, may easily be the case.

In a recent number of Friedländer's *Fortschritte der Medizin*, Dr. Ferdinand Huppe announces a discovery bearing on the cholera question. It is well known that Koch has never been able to discover his bacillus in the resisting spore stage, nor indeed, anything to lead him to believe that spores formed part of its life history. Dr. Huppe, a late assistant and fellow worker with Professor Koch in the Reichs-Gesundheitsamt, has now filled up the gap by the discovery of what he claims to be the spore of the cholera bacillus. His observations were made in a Geissler's chamber with parallel walls, which were coated with a fine covering of bouillon, nutrient gelatine, or agar. His observations led to the following conclusions: That the spiral comma bacillus, when its nutrient soil is exhausted becomes less mobile and lengthens out to a long spiral thread, the turns of which are sometimes wider and sometimes narrower. In one spot in the thread, which corresponds in length to that of an individual bacillus, two small nodules appear. These are more refracting, and do not exceed the diameter of the thread. By the formation of these nodules the continuity of the thread is broken, later the minute growths separate. The formation of nodules than takes place in a

second comma bacillus, until a zooglea is formed by an aggregation of nodules. These nodules are the spores of the comma bacillus, and are more resistant against drying than the bacilli.

#### SOCIETIES.

OWING to limited space, only a cursory glance can be given to the important work done during the year in the societies, and in most cases a bare mention of the names of papers read must suffice. The three great societies that have each one annual session are the Surgical, the Medical, and the Society of Naturalists and Physicians. The two first-named hold their annual meeting in Easter week, and the latter in the autumn—generally in September. The meeting of the Surgical Congress has already received some attention. The scientific work of the session was opened by Professor Volckmann with a paper on "Surgical Experiences in Tuberculosis." The paper was most exhaustive, and gave rise to a long and interesting discussion. Dr. Fehleisen then followed with one on the "High Operation for Lithotomy," illustrated by sections of frozen bodies made with varying degrees of fulness of the bladder. Professor Sonnenburg showed two preparations of partial resection of the bladder. Professor König showed a series of patients on whom resection of the ankle-joint had been performed for tuberculous disease. Dr. von Horoch showed an extirpated kidney and spleen, and in the course of his remarks showed that of 33 cases of extirpation of the spleen on record, with the exception of 13, the extirpation was in all the cases performed for leucæmia, and that of the whole 20 only one case recovered. This solitary recovery was Franzolinis; whilst 7 out of the 13 performed for other morbid conditions or injury of the spleen, recovered. Two cases of resection of the stomach were shown by Dr. Rydygiel, of Culm. Amongst the remaining addresses was a masterly one by Professor von Bergmann on "Brain Pressure."

At the Congress for Medicine, Dr. Curschmann, of Hamburg, opened a discussion on "Bronchial Asthma." Professor Fleischer read a paper on "Uræmia," and Professor Edleson one on "Articular Rheumatism." He concluded that the disease was a "Hauskrankheit," that it was an infective disease, and that it was dependant on local influences. Professor Binz followed with a paper on "New Remedies," amongst which he discussed amyl nitrite, arbutin, tannate of cannabin, ichthyol, jequirity, perosmic acid, and naphthalin.

The Society of Naturalists and Physicians began its 58th Session on September 18th in Strassburg. Professor Orth showed preparations and read a paper on "Investigations into the Ætiology of Acute Endocarditis." The investigations were chiefly made with reference to the part played by micro-organisms in the production of the disease. A very instructive paper on "Experiences in Artificial Suppression of the Menses" was read by Professor Loewenthal of Lausanne, and another, of which mention is made elsewhere, on "Anæsthesia by Nitrous Oxide and Oxygen Gases," by Dr. Döderlein, assistant in Zweifel's Klinik Erlangen. Professor Doutrépeont introduced a discussion on "Syphilis Bacilli," showing specimens of the so-called syphilis bacilli, and also of the bacilli from smegma, taken from beneath the prepuce of a healthy man, and also from between the labia majora and minora of a healthy girl. The two kinds were indistinguishable in appearance and reaction.

An interesting discussion on "Soft Chancre" was introduced by a paper on the subject by Dr. Finger, of Vienna, in which he stated his belief that a soft chancre was simply

"the product of the inoculation of irritating pus on a sufficiently irritable skin and mucous membrane."

Our limits are now reached, and with this very imperfect and hurried Retrospect of German medicine during the year, in which we much fear omissions and shortcomings are but too conspicuous, we now take leave of our readers heartily wishing them the Compliments of the Season.

## France.

[FROM OUR OWN CORRESPONDENT.]

### EXPERIMENTAL RESEARCH.

THE year 1885 has not been unfruitful in the domain of medical science in France, although, if exception be taken to the discovery of M. Pasteur, no very important stride has been made. The cholera, which caused such ravages last year, and which so entirely engrossed medical minds, paid us but a cursory visit this year, happily, and its nature is still open to doubt, although the researches of Koch have assuredly thrown much light upon it. Typhoid fever, which assumed the form of an epidemic in the autumn of 1884 in Paris, has fallen to its normal standard. But the presence of these maladies have been an incentive to the pathological study of disease, in which the microscope has been brought most frequently into requisition. It is thus that diseases whose natures were attributed to general and imperfectly defined causes are now, by means of serious study, proved to have bacterial origin. Amongst the latest discoveries in this respect has been the microbe of pneumonia (pneumococcus) revealed by Freidlander, who, however, confessed that the parasite might be found elsewhere than in the lung, and under other conditions. The contagious properties of erysipelas and its mode of propagation has exercised the minds of many of the leaders of the profession, and grave discussions took place at the Académie de Médecine last summer touching the subject. Some of the members refused to regard erysipelas as an infectious malady, but the great majority were of a contrary opinion, and expressed the desire of seeing patients attacked with the disease completely isolated. The discovery of a prophylactic for rabies by Pasteur has been the great event of the year. For many long months the learned physiologist had been secretly and silently working in his laboratory to find an antidote for a disease which may be classed amongst the most frightful that the human race is exposed to. His exertions were not to be fruitless, for, on the 26th October last, M. Pasteur read at the Académie des Sciences the result of his researches, which was declared to be a signal triumph, the members of the Académie showing their admiration by repeatedly applauding their learned colleague. His method, as is now well known, consisted in injecting into a dog a solution containing a small portion of the spinal marrow of a rabbit which had died of the disease. These inoculations were repeated daily, commencing with a solution a fortnight old, and ending with one of but one day. The animal was rendered refractory to the virus, and thus immunity was made certain.

But M. Pasteur was not content with this result; he aimed higher in view of humanity. He set himself to solve the problem whether an animal once bitten could be cured. It is needless to state how fully he succeeded. The same inoculations were tried on a large number of dogs which were bitten, and not one of them betrayed the presence of rabies. The remedy was found for the canine species; there was

only one more step to immortalise the name of Pasteur—the application of the method to man. The opportunity soon presented itself. On the 6th July three persons from Alsace presented themselves before M. Pasteur in his laboratory, one of whom—Joseph Meister (a name henceforth belonging to history)—a lad of nine, was bitten four days previously by a rabid animal in the hands, legs, and thighs. The wounds, which were examined by M. Vulpian, were very severe, and, according to the eminent surgeon, the lad was exposed to certain death. M. Pasteur treated him by the same system of inoculation, and up to the close of the present year—that is, six months afterwards—the boy has been enjoying perfect health. Since these disclosures, the eminent physiologist has had his hands full, as may be expected. Patients flock to him from all countries to undergo the treatment, and we have heard of only one death, and in this case the patient had been bitten nearly two months before.

A question which seriously interested the Académie de Médecine was that of the depopulation of France. The statistics produced by one or two members showed that the population was relatively decreasing. The causes invoked were various—excessive infantile mortality, moral restraint, syphilis, and commercial depression. At the Société de Chirurgie the most important *séances* were devoted to the operation of hysterectomy, which was introduced by M. Tillaux Trelat and others. M. Gillette et le Dentu reported two very interesting and successful cases. The Congrès Médical, held at Grenoble, in August, was very interesting, and attracted a good deal of attention. The President, M. Verneuil, pronounced a remarkable discourse, in which he passed in review the surgical operations of the last decade criticising many of them very severely. The *prurigo secandi* of some surgeons, he said, was to be deplored.

The close of the year witnessed a great struggle between the male and female aspirants to the *internat* of the Paris hospitals, but the advantage remained to the gentler sex, much to the disgust of the other side, and in the last *conours* if we mistake not, two out of five of the fair candidates were received. Several new therapeutic agents were introduced during the year, some of which were declared of considerable value—antipyrine, kairin, cocaine, menthol, and terpine. The three former are now well known, and need little comment. Menthol is frequently prescribed in cones for migraine. It was used by the Japanese for the last two hundred years, and produced by them in crystals from the essences of peppermint of Oriental origin. Dr. Rosenberg, of Berlin, used it very freely as a substitute for cocaine, having regard to its refrigerating properties, but he was forced to admit that the latter was much superior as a local anæsthetic. Terpine, derived from turpentine, as its name implies, has been very frequently employed in catarrh, chronic bronchitis, in doses of 20 grains a day. It has given very good results.

Amongst the vacancies that death has made in the profession during the preceding twelve months may be mentioned that caused by the sudden death, on October 6, of Prof. Ch. Robin, at the age of 64. Besides being Professor of Histological Anatomy at the Faculté de Médecin, he was Sénateur of his department (Ain), and the author of several works.

### PROSPECTIVE.

IN concluding our annual Retrospect for the year 1885 we take the opportunity of briefly referring to the arrangements already entered into for the ensuing twelve months, in which



it will be our constant endeavour to deserve the rapidly-increasing support extended by the profession to the *Medical Press and Circular*. In connection with the proceedings of the Medical Societies of London, we shall in the future present our readers with a special article, in which the events of the various meetings will be dealt with in the form of notes; but the special reports hitherto printed of the Clinical Society will be continued in their separate character as well.

The original illustrated lectures on "Hysteria in the Male," by Professor Charcot, of Paris, already commenced, will be continued until the series is complete; and we have much pleasure in announcing a series of original articles on "The Nature, Causes, and Treatment of Diseases of the Liver," from the pen of Dr. George Harley, F.R.S. Arrangements are also being made for the issue of a succession of valuable contributions by numerous well-known leaders in the several branches of medicine and surgery.

## Clinical Lecture

ON

### THE TREATMENT OF PERITONITIS.

By Prof. NOTHNAGEL, Vienna.

[ABSTRACT.]

As in the present case we have to do with an essential peritonitis, and not with an infectious disease, as is evident from everything, from the atypical febrile course, &c., we must treat the inflammation. Of antiphlogistic remedies we first of all make use of local blood-letting. The patient has had leeches, and these have acted well; the pains have quite ceased for a few hours. I can only repeat again and again that you must overcome the fear of local blood-letting that is epidemic or endemic here. In suitable cases there is nothing better than local blood-letting; it is the best that you can do in suitable cases and in suitable individuals. All the patients assert in concert that they get extraordinary relief by it. I can speak of it myself. In a pleurisy that I had I know how magically the leeches and wet cupping relieved the pains—before, I could scarcely breathe, and after, respiration was tolerably free. I repeat, however, that you must act with circumspection in your local abstraction of blood—6 to 7 leeches at once—we accommodate it to the strength of the patient and to the kind and intensity of the inflammation. As a second means, proceeding on the same principles, we apply cold, the ice-bag, Leiter's pouch, &c. These are the two antiphlogistic means, cold and abstraction of blood. What else do we do? According to the majority of observers nothing is to be expected from mercurial treatment. Mercurial treatment, mercurialisation, calomel internally, and grey ointment externally can be made use of at most in those cases that run a foudroyante course, and they were recommended by very good observers in puerperal peritonitis. One of our best gynecologists, now unfortunately departed—Spiegelberg—relied a great deal on mercurialisation in puerperal fever, as did Traube also, who treated puerperal peritonitis to the last by mercurialisation. In the other forms of the disease you do not need to mercurialise. The question arises whether you should make use of anything against the constipation. To this I answer, No. We should let the bowels keep at rest through a long period. You must clearly understand that irritation takes place on exciting peristalsis, the folds of intestine move, the peritoneum is irritated, and so long as violent inflammation exists irritation must be avoided. It is somewhat different when the pains are ceasing, when the acme of the process is passed. Then you will best provide for the action of the bowels by internal means, calomel in a dose of 5 to 7 grains, two such doses, or what is better still, you avoid internal therapeutics and give the patient an enema. I must remark that in the course of the peritonitis a period arrives in which you not only may, but must provide for evacuation of the bowels, that is, when the acute symptoms have passed away. When the inflammatory process has subsided in pleurisy, and the exudation has to be resorbed, one of the most important objects to be attained is gymnastic exercise of the lungs.

You must cause the patient to inspire deeply, in order to avoid as much as possible the formation of adhesions. From this point of view, you must also, in the later stage of peritonitis, when the acute symptoms have passed away, seek to avoid adhesions of the peritoneum by exciting peristalsis; when there is exudation you must provide for operation of the bowels by giving purgatives or enemata. In the later stage, when the inflammatory symptoms have disappeared, you must seek to favour the absorption of the exudation by so-called counter-irritation. Much as blisters are preferred for the thorax and heart, they are not well borne on the abdomen, on account of the great surface involved. One rather prefers tinct. iodi or tinct. iodi and tinct. gallarum in equal parts, or other substances are rubbed in that are thought to favour absorption. A favourite remedy is green soap, with oil of lavender, or some other ethereal oil rubbed in twice a day. It causes irritation of the skin, and is supposed to facilitate absorption. Mercurial ointment does not facilitate absorption. Then, but in a later stage, you may favour absorption by moist applications—by warm moist applications—not by Priessnitz applications (which are put on cold and kept on till they become warm), or you may combine these with a gentle cutaneous irritation by the use of warm salt water or borax fomentations. Finally, you make use of a suitable kind of nourishment for the patient.

### A CASE OF IDIOPATHIC RUPTURE OF THE BLADDER (EXTRA-PERITONEAL).

By E. HURRY FENWICK, F.R.C.S.,

Assistant Surgeon to the London Hospital; Surgeon and Pathologist to St. Peter's Hospital for Stone.

W. S., æt. 42, married. No history of syphilis. Has had nine healthy children. Has always enjoyed good health up to the date of the onset of symptoms, though complaining of occasional pain in the back for the last sixteen years. He is reported to have passed blood *per urethram* once, twelve years ago. There is no history of stricture. He has always been a heavy drinker, and has played upon the cornet for years. This instrument he blows with great force, although he has been repeatedly cautioned upon the danger of the practice by his uncle, a bandmaster.

On Friday, Aug. 15, 1884, he had been to a sale, and had been excited and restless throughout the day. He had been drinking heavily, and at 10 o'clock in the evening, whilst performing on the cornet in a public-house, he felt "something give way" in the lower part of his belly. He was immediately seized with a severe pain, which "drew him double." He made his way home with difficulty, and passed on his arrival there a large quantity of blood and water. He stoutly denied any accident or violence of any kind. He did not know whether he had emptied his bladder shortly before he felt the "snap" or not. He affirmed, however, that there was at least no desire to pass water.

The pain soon became extreme. He vomited frequently and freely. He passed blood, though with some

straining, every 15 or 20 minutes throughout the night, experiencing after each evacuation some slight relief. The wife asserts that bright red blood flowed freely from his urethra between the times of his passing it voluntarily.

These symptoms continued unabated until Monday, Aug. 18, when he was admitted into the London Hospital, under the care of Mr. Waren Tay, to whom I am indebted for permission to publish the case.

The house surgeon passed a catheter, and withdrew a quantity of blood and urine. The patient vomited whilst in the receiving room. He was suffering acute pain in the supra-pubic and umbilical regions. His face was pallid and sweat-bedewed, Hippocratic. Pulse weak, almost imperceptible. Temperature subnormal.

On examining the abdomen there was marked distension, but the percussion note differed greatly in the upper as compared with the lower region. Absolute dullness existed below a wavy line drawn across the belly an inch below the umbilicus. The rest was tympanitic. There was excessive tenderness in the supra-pubic region.

Aug. 19th.—Sclerotic acid gr.  $\frac{1}{2}$  injected subcutaneously, after which the hæmaturia gradually subsided. Urine now contained much pus and oxalate of lime crystals.

Aug. 23rd.—Urine extremely foetid, depositing a large quantity of pus and shredly necrotic tissue coated with phosphate of lime. It is noted that on the introduction of a catheter for diagnostic purposes, a quantity of foetid gas escaped with an audible puff. No alimentary material could be discovered in the urine. He had perfect control over his bladder. For twenty-one days the temperature oscillated between 102 deg. and 99 deg. F., finally becoming normal. The pain and tenderness subsided, and with the exception of the urine retaining its cystitic character and the line of dullness remaining constant, his condition was that of convalescence.

On Sept. 4. Mr. Tay leaving for the summer vacation, the case passed into my charge. The patient then seemed to be rapidly improving, and as he could pass his water well I did not examine him.

Sept. 8th.—He was suddenly seized with a renewal of the pain, and on my going to see him I found him suffering with evident symptoms of peritonitis. He died Sept. 10, twenty-six days after the commencement of the attack.

*Autopsy.*—I found the bladder surmounted and surrounded by an enormous adventitious sac, which had been formed by the stripping off of the peritoneum from its attachments in the lower part of the abdomen by the sudden egress of urine from a ruptured bladder. Thus, the peritoneum had been lifted off—in front, from the anterior abdominal wall as high as the umbilicus, and from the posterior wall of the bladder; behind, from the anterior surface of the sacrum and the rectum, the intervening recto-vesical pouch being lifted up to form the roof of the sac; at the sides, the true and false pelvis were completely stripped of their peritoneal covering. The walls of this sac were in a state of gangrene. Long tags and pendant bridges of necrotic tissue, freely encrusted with phosphatic deposit, covered the roof and sides. The sheath of the right psoas muscle had been destroyed, and the sloughing muscle now formed part of the boundaries of the sac.

Two openings were visible from within—one leading into the peritoneal cavity, the other into the bladder. The former was situated at the upper and back part of the sac; the orifice admitted a No. 6 English catheter. It was evidently of recent origin. The sac held half a pint of pus, urine, and phosphatic-coated debris. Bladder was large and flaccid, containing a quarter of a pint of decomposing urine. Its walls were somewhat hypertrophied, and slightly fasciculated. Here and there on the posterior surface were the openings of tunicary herniæ of small size. The mucous membrane was acutely cystitic. At the apex of the bladder, and a little to the left of the median line was a florin-sized rounded aperture, the edge of which was smooth, and its orifice traversed

by a stoutish bridge of sloughing muscle tissue. There existed an important pathological condition of the veins of this side of the bladder, in that the left vesico-prostatic plexus had been much distorted in its arrangement, and, much altered in calibre by inflammatory changes and phlebotic blockage. The veins, also, draining the ruptured part of the bladder were in a similar contracted and inefficient condition, and both systems thus markedly contrasted with the normality of arrangement and structure of the venous systems of the opposite (right) side. A stricture of large calibre, admitting a No. 12 catheter, existed at the bulbo-membranous portion of the urethra. The ureters were normal in size, texture, and course. Kidneys were congested; otherwise healthy. Evidences of acute purulent peritonitis were present, as well as those of old mischief, for the great omentum and numerous coils of small gut were adherent to the top of the extra-peritoneal sac. The heart was flaccid, its muscle friable, but otherwise healthy. The condition of the other organ called for no remark.

This case is of some rarity. Thus, of 322 cases collected by Mr. Rivington in his "Rupture of the Urinary Bladder," only 11 cases fall into the category of "Idiopathic Extra-peritoneal." To these 11 cases I am able to add 7 more (unpublished), 5 of which have occurred at the London Hospital since 1832, and 2 have come under my notice as pathologist to St. Peter's Hospital for Stone during the last year.

There are three points of especial interest in this case:

*First.*—The consideration of the predisposing cause of the rupture. Was the weakened spot in this bladder caused by the disturbance of the venous circulation inducing primarily congestion, softening, or ulceration from inefficient drainage analogous to a similar condition met with in other parts? Or was this, the sequence of events? The bladder continually "stressed" between wind and water (cornet and drink), and doubtless at times having to overcome a congested stricture; becoming fasciculated, then herniated; and finally the thinnest hernia giving way? I would submit that the predisposing cause was a combination of these two factors—softening and "stressing"—the position of the latter being determined by the former. From the knowledge derived from an extensive series of dissections of the venous systems of normal and pathological bladders, I would seize this opportunity of expressing my belief that prostatic and vesical disease will be found more dependent upon abnormal venous condition than has hitherto been admitted or even generally supposed.

*Second.*—It is interesting to note that the patient was able to pass his water immediately after the accident, and continued to have due control over his bladder up to the termination of the case. This is unusual, and the only strictly similar case is that recorded by Bennett (*Dublin Journal of Medical Science*, 1881, vol. lxxii., p. 76). There is often a certain quantity of urine passed in the course of the complaint, but there is generally an inability.

*Third.*—The length of time which elapsed before the patient succumbed to the injury is remarkable, and ranks second in the list of idiopathic extra-peritoneal ruptures, the longest time on record being that reported by Gouley (*New York Med. Journal*, 1872, p. 457), whose patient lived 44 days (the rupture taking place in his case in retention of urine). The specimen is deposited in the College of Surgeons' Museum, 3,650A.

### Clinical Remarks

#### ON THE TREATMENT OF PROLAPSED OVARIES BY OÖPHORRAPHY. (a)

By FRANCIS IMLACH, M.D.,

Honorary Surgeon to the Liverpool Hospital for Women.

PROLAPSE of the ovaries was often associated with intermittent or chronic pelvic pain, irregular menstruation,

(a) Abstract of paper read at British Gynaecological Society, Nov. 11, 1885.

inability to walk without distress, painful defæcation, and frequent reflex vomiting. As medicines failed to relieve the symptoms and pessaries would not permanently replace the ovaries, removal of the ovaries was sometimes advised even by those who vehemently denounced the operation of removal of the uterine appendages for chronic inflammation. In many of the more painful cases the ovaries and tubes were thickened and adherent, by past inflammatory process, in Douglas' space, and the uterus was adherent to the sacrum. Tension and distortion of the parts were the chief causes of pain. Chronic ovaritis, unassociated with tubal disease, was often comparatively painless. It did not necessarily destroy the function of the ovary any more than chronic Bright's disease destroyed the renal function. There were degrees and kinds of ovaritis, which still required minute investigation. When the thickening of the parenchyma was only partial, and the Graafian vesicles were not wholly replaced by shrivelled husks or by distended cysts, ovulation continued, and pregnancy might occur. It was true that pregnancy might only be exhibited by the frequent recurrence of abortions and menorrhagia, and that cirrhosis and absolute sterility were the most favourable termination to be looked for. But sometimes these processes were due rather to the adhesions and distortions than to the diseased condition of the ova shed from pathological vesicles. To remove the uterine appendages was a short and ready method of relieving symptoms, but it destroyed all power of child-bearing. It was no deprivation to remove the ovaries when there was abscess, when they were riddled with cysts or pultaceous; but when there was healthy structure left it seemed somewhat ruthless in young women whose Fallopian tubes remained healthy. Pathology, like surgery, must be sober, and should distinguish. When the tubes were distended, their uterine orifices strictured, and their fimbriated extremities occluded, there was no method of treatment other than excision that was worthy of regard. In pyosalpinx, pelvic hæmatocele, and other diseased states of the tubes, the value of this operation could not be over-estimated. But where there was none of these he had often refused to operate in simple ovaritis with adhesions. This negative position was, however, unsatisfactory. Young women were sent to hospital with a long history of pelvic pain dating from a chill during menstruation, a gonorrhoeal inflammation or an accidental abortion. On examination the ovaries were prolapsed and very tender, and sometimes both ovaries and uterus were displaced and adherent. The appropriate treatment was still a question. Some advised you to give up all attempts at cure, and some advised you to remove the uterine appendages. He had tried both and was satisfied with neither, and now, when the symptoms were so inveterate in young women as to require surgical treatment, he performed a suspensory operation instead of excision, oöphorraphy in place of oöphorectomy. In the virgin the ovaries slope inwards, forwards, and downwards, and are suspended by the so-called infundibulo-pelvic ligaments or peritoneal folds of broad ligament stretching from the pelvic brim to the infundibula of the Fallopian tubes and containing the ovarian vessels. But after child-birth these folds are relaxed and the ovaries are suspended by the utero-ovarian ligaments. When this relaxation of the infundibulo-pelvic ligaments is exaggerated, as may happen even without previous child-birth the ovaries hang vertically downwards and are prolapsed whether the uterus is retroflexed or anteverted. By the suture of the hilus of the ovaries to the relaxed infundibulo-pelvic ligaments near the brim the virginal position of the ovaries is restored and the Fallopian tubes fold over them as before. This was oöphorraphy, an operation which he had already performed fourteen times with very successful results. He described the method of its performance, and said the only danger to be avoided was wounding the bowel.

## Clinical Records.

### ST. BARTHOLOMEW'S HOSPITAL.

#### *A Case of Diabetic Gangrene, with Perforating Ulcer of Foot.*

Under Mr. A. WILLETT and Mr. WALSHAM.

Reported by Mr. F. W. EDRIDGE GREEN.

T. H., æt. 47, packer for 30 years, was admitted to Harley Ward, under Mr. Willett, July 31, 1885, suffering from gangrene of middle toe of left foot. About the middle of last May he woke up in the morning with a violent pain in the ball of the left foot, this not abating in the least, but rather getting worse. He saw a doctor (14 days after commencement), who made an incision into the ball of the foot, at the root of the middle toe. The toe then turned black, and three days afterwards his doctor made another incision, on the dorsum of the foot at the root of the third toe. The toe then gradually got worse up to the present time. He can assign no cause. He has had rheumatic fever twice, and has been a very heavy drinker. Twelve months ago he was under Mr. Butlin for a perforating ulcer in the sole of the right foot, and left perfectly cured. He is one of a family of six: two sisters died in childhood, and brother of a similar gangrene. Mother died of dropsy, and father of heart disease. He has been married thirty years, and had four children, one dead. The upper half of the middle toe of the left foot is completely gangrenous, and a line of demarcation has formed. The whole foot feels tender, especially at the root of the toes. On the dorsum and sole are two sinuses, both leading to bone, but not communicating; these correspond to the incisions made by the doctor. Sensation is abnormal in both feet, there being partial anaesthesia of the right foot and sensation too acute in the left. It is difficult to feel the pulsation of the tibials in the right foot, and they cannot be felt in the left. Pulse and temp. normal. Heart, chest, and abdomen normal. Patellar tendon reflex absent on left side. He cannot see distinctly with the right eye. Urine 1040, acid, no albumen, 22 grains sugar to ounce. The foot dressed with charcoal poultices.

Aug. 6th.—Put on full diabetic diet, with milk, greens, and gluten bread. No potatoes.

Aug. 8th.—His pupil dilated with atropine, and right eye examined with ophthalmoscope by Mr. Spicer. External appearance normal; pupil reacts well to light and accommodation. The definition of the fundus of the eye is not good, through changes in the vitreous. The optic disc is irregular in outline, and the margin blurred. The vessels are indistinct in places. The whole disc is somewhat pale. There is not much vision now; it is a late stage of optic neuritis passing on probably to atrophy. He is still fairly well in himself; the toe has nearly sloughed off.

Aug. 10th.—There has been a good deal of pain in the foot.

Aug. 12th.—The toe had so far separated that it was easily removed with scissors. The foot was well bathed before being put in a poultice. At night his foot felt so painful that he was given bromidia ℥j., and had a fairly good night.

Aug. 14th.—Stamp of toe bled on being bathed.

Aug. 16th.—There is a very painful swelling in sole of foot.

(Mr. Walsham then took charge of the case.)

Aug. 24th.—The foot smelt very badly this morning, and so it was dressed with dry carbon in the form of burnt cloth. He was ordered bran bread and biscuits.

Aug. 25th.—Ætor of foot greatly diminished.

Aug. 26th.—A very foul smell, and a good deal of discharge from foot, a large slough having formed in the ball. General condition fair.

Aug. 27th.—Patient complains of throbbing pain in the left foot.

Aug. 29th.—Carbon dressing discontinued, because it does not keep the foot antiseptic. There is a good deal of pain and discharge. The foot is now dressed with iodoform and iodoform wool with carbolic gauze bandage. Cotton wool is put round the leg to keep it warm.

Aug. 31st.—Smell much less offensive, and less pain.

Sept. 9th.—Urine 1030, acid, and dark. No albumen. Sugar reduced to 12 grs. to ounce.

Sept. 12th.—Consultation. All the surgeons present, with one exception, who thought that the condition might be due to necrosis, were of opinion that it was a case of diabetic gangrene. All said it would be necessary to amputate, but that it was one of the most unfavourable cases for doing so. One thought that amputation should be done at the junction of the upper and middle thirds of the leg, but the majority thought that amputation at the junction of the middle and lower thirds would be better.

3.15—Urine, 8 grs. sugar to ounce. Temp., morning 98·5, evening 97·8.

*Operation.*—Mr. Willett being away at the time, the operation was performed by Mr. Walsham. The patient took ether well. Amputation was done at the junction of the middle and lower thirds by antero-posterior flaps. The tissues seemed fairly healthy, and bled well. A drainage tube was inserted, and the stump dressed with thymol gauze. The carbolic spray was not used, and the circulation of the limb was commanded by Esmarch's tube only, the bandage not being used.

*Examination of Foot.*—The perforating gangrenous ulcer of the sole leads to the metatarsal bones, which were carious at their bases. The anterior and posterior tibials were perfectly free, and the blood supply of the foot good.

Put on low diet, with milk Oij. and beef tea. In the evening he was ordered—Pot. br. gr. xx., hyd. chloral gr. xx., aq. ad ℥j., statim.

Sept. 16th.—He looks fairly well. Has had considerable pain, which he referred to the lost foot. Did not sleep at all last night. Temp., morning 101·6, evening 102·4.

Sept. 17th.—Feels fairly well. Had a good deal of pain, and did not sleep well. Temp., morning 101·8, evening 101·2. Ordered lemons, 2.

Sept. 18th.—Feels better, and slept well. Ordered fish, hst. sennæ co. and hst. morph. Temp., morning 99·2, evening 99·2.

Sept. 19th.—Feels well. Urine, 12·5 grs. sugar to ounce, acid, no albumen. Rep. ambo hst. Temp., morning 98, evening 99·8.

Sept. 21st.—General condition very satisfactory. Slept well, and has had little pain. The bandages were taken off and the stump dressed for the first time. The local appearance is very bad, as the flaps are commencing to slough. Charcoal poultices applied. Ordered chop, greens, and bran bread. Temp., 20th, morning 100·8, evening 101·8. 21st, morning 100·8, evening 101·4.

Sept. 22nd.—Local condition much worse. Ordered ale, Oj. Temp., morning 99·4, evening 101·8.

Sept. 23rd.—Has not had much pain. The inflammation is spreading up the leg and thigh, and more of the flap is sloughing.

*Consultation.*—Mr. Baker and Mr. Butlin thought that amputation should be done to give him a faint chance of life. Mr. Smith and Mr. Walsham were of opinion that amputation should not be done, as he would die in either case, and that an operation would shorten his life by a few days. Ordered tr. opii ℥v. every three hours. Temp., morning 98·2, evening 102·6.

Sept. 24th.—The stump looks rather better, as the spreading has stopped and the swelling is absent. Temp., morning 102·8, evening 101·8. Ordered, wine ℥vj., eggs ij., milk Oij.

Sept. 25th.—Same as yesterday. Temp., morning 103·2, evening 98·6.

Sept. 26th.—He is very much worse, the gangrene having spread up to the thigh. He is not in much pain. He died slowly, and fully conscious, at 11·5 p.m. Temp., morning 102·6, evening 100·6.

*Remarks.*—A post-mortem was not allowed. As estimation of the amount of fluid taken and the amount of urine passed was made every day, and the estimation showed that he passed one and a-half pints less urine than he took fluids, usually taking about 3 to 4 pints of fluid in the twenty-four hours. The temperature was normal till day of operation.

The above is a very typical case of diabetic gangrene, the exciting cause being so slight as to be entirely overlooked. Even when asked by leading questions, he could give no satisfactory explanation of its origin. This being so, it may almost be taken for granted that the gangrene was spontaneous. The large bleb on the under surface of the foot, usually found and being the starting-point of cases of diabetic gangrene, was not present, being replaced by the intense pain in the ball of the foot. Also the gangrene commenced in the middle toe, instead of commencing and

spreading from the sole. The post-mortem appearances were also confirmatory of diabetic gangrene, there being no change in the vessels or any vascular deficiency of the foot.

The reasons why amputation was performed at the junction of the middle and lower thirds of the leg instead of higher up were mainly these. That diabetic gangrene being due to a general and not a local condition, it was necessary to make as small a wound as possible, besides not implicating the calf muscles and having a longer stump. Mr. Cripps had a very similar case last year, amputation being done at the same point, which recovered perfectly.

## Transactions of Societies.

### WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

DECEMBER 4TH, 1885.

W. B. HEMMING, President, in the chair.

The following paper, contributed by Surgeon Harold Hendley, I.M.S., was read by Mr. Dunn, viz. :—

SOME CASES OF INTEREST FROM THE LATE WAR IN THE SOUDAN.

This paper consisted of five cases of considerable interest to surgeons, in four of which operative interference was followed by exceedingly good results. *Case I. Bayonet Wound.*—A bayonet which had transixed the left arm through the biceps, and had also caused an apparently superficial wound of the chest in the mid-axillary line, immediately below the seventh rib. There were no signs during life of penetrating the thorax or injury to the lung. The man, contrary to orders, left the hospital in the course of an hour, and after three hours had lapsed, difficulty of breathing supervened, and death occurred from asphyxia. *Post-mortem.*—Extensive pneumo-thorax was found, with collapse of both lungs. There were four ounces of venous blood in the left chest, and there was a small wound of the lower lobe of the left lung. *Case II. Bullet Wound (Remington Rifle).*—An Indian mule-driver, æt. 28, was admitted with a bullet wound of the right thigh and left foot. The bullet had passed into the foot immediately in front of the stragalo-scapoid articulation, where, upon several previous occasions, unsuccessful attempts had been made to find it. Under chloroform, careful digital examination and the use of Nelaton's probe having failed to establish the whereabouts of the missile, the patient was placed in the position in which he was supposed to have been when the injury was received, and then palpation of the foot revealed an oblong mass in the sole of the foot. This swelling was cut down upon, and proved to be the bullet. The patient was subsequently invalided to India doing very well. *Case III. Suture of Tendons and of the Median Nerve.*—E. U., a Greek, was admitted from one of the field hospitals for a deep horizontal sword-cut across the front of the right wrist, in consequence of which, some time previously, it had been considered necessary to resect the lower end of the radius. On admission, there were complete loss of sensation over the parts supplied by the median nerve, and but limited power of movement of the hand. The wound was reopened and the median nerve, after some dissection, together with the tendons of the flexor carpi radialis and palmaris longus, were found widely separated. The ends were pared and catgut sutures used to bring them into close apposition. The wound granulated well, and ultimately the man was discharged with complete recovery of sensation, except over two small patches, and with daily-increasing power movement. *Case IV. Ununited Compound Fracture of the Radius and Ulna (Middle Third).* *Right Arm.*—D. J., a native of India, was admitted with this injury, which had been caused by the bite of a camel. The patient had been under treatment for some time without any union taking place in the bones in question. Under chloroform the ends of the bones were resected, and holes drilled through the fragments; the latter were then approximated with silver wire, the ends of the wire being left projecting from the wound. He was invalided to India with every prospect of having firm union in the bones. *Case V. Malignant-looking Ulcer of the Pubes of 180 Days' Duration.*—The ulcer measured 3½" vertically, and 2½" transversely. Its edges were

irregular, raised, rounded, hard. Base firm, indurated. Inguinal glands slightly enlarged. Under chloroform the mass was removed, after which a flap of skin was brought down from the right of the middle line, twisted at its base, and attached at its free end to the loose skin of the penis, so that the wound was almost wholly covered. The patient subsequently returned to India, and was soon quite convalescent. The dressings used were carbollised oil lint, iodoform tenax. On the whole, the followers kept exceedingly healthy. The percentages of sick, invalids, and deaths from disease were low. When sick the heat affected them but little, and often cases made good recoveries and returned to work.

Mr. KEETLEY and Dr. THUDICHUM made some remarks upon the points of interest in the cases.

#### ANTISEPTIC SURGERY AT THE WEST LONDON HOSPITAL.

Mr. KEETLEY read a paper under this title. He remarked that during the years immediately preceding and including 1880, the course of wounds had been so unsatisfactory that towards the end of that year the staff held meetings to consider the matter. These resulted in recommendations for the provision of better means of carrying out antiseptic surgery, and certain minor improvements in the drainage and ventilation. The drainage, however, to this day, is old-fashioned, and the faults of ventilation not materially removed. Anything like systematic registration of cases in detail had been absent from the hospital till recently; so the only trustworthy statistics the author possessed were those of his own operations. In the first year, ending August, 1881, he had only sixty-nine operations to record. Of these, eleven died. He now became acting full surgeon, and in the year immediately following, the improvements as regards provision of antiseptic materials, &c., having taken place, he had 75 operation cases, and no death. In the period of 4½ years, from August, 1881, up to the present, he had 438 operations with 16 deaths. The percentage of mortality was, therefore, in the first period, 16, and in the second, 3·6. The fatal cases were then considered in detail, and it appeared that the majority in the first period might be referred to septic causes, while an entirely different state of things prevailed in the second period. The class which bore the most striking testimony to the value of antisepticism was that of operations affecting the larger bones and joints. Of these the author had done, since January, 1881, 235, with the loss of only four patients in the hospital, and a fifth who died soon after leaving it. All the fatal cases were complicated in the most serious manner, one being a double amputation of one leg and the other thigh; one being a patient with advanced phthisis; two having died of tubercular meningitis when they were advanced in convalescence from the operations which had been done, and a fifth died seven months after being trephined of cephalhydrocele. The 235 bone and joint operations included 22 major amputations, all but 4 through the lower extremity, with one death (in the previous period there were seven major amputations, with four deaths), 74 osteotomies, with no death. (In the preceding period only one osteotomy, which inflamed and suppurated seriously.) Of the osteotomies, 23 were of the hip, and 32 of the femur, near the knee-joint. Fifteen excisions, including 3 of the hip, 5 of the knee, and 13 of the elbow; 7 excisions of tarsal and carpal bones; 17 partial excisions and erosions of the larger joints, including 7 of the hip and 5 of the knee. Many cases of antiseptic drainage of the larger joints; 8 sutures of the patella, 7 scrapings-out of the medulla of long bones (the femur 5 times), 3 direct operations for caries of the spine, 4 for mal-united and ununited fractures (femur and tibia), &c. The other classes of cases, such as excisions of tumours, myotomies, rectal and genito-urinary cases caused no death, and otherwise showed a clean sheet, except as regarded about one case of erysipelas.

An account was then given of the antiseptic methods practised at the West London. This showed a transition from strict use of the spray and carbolic gauze dressings through what might be described as an iodoform period, down to the present time, when the douche and turf moss pads charged with sublimate were being used. But Listerian principles had never been lost sight of, and the author believed that the choice of any particular antiseptic appliances was far less important than thoroughness in the use of those chosen. Lastly, he stated that the results and principles of his colleagues did not essentially differ from

his own. They were now all antisepticists at the West London.

In the discussion which followed, Mr. LUNN made some remarks, and

Dr. SINCLAIR THOMSON observed that tetanus sometimes followed injuries in which no open wound was present. He was a strong believer in antiseptics. He approved of the douche, but now discarded the spray.

Mr. TUBE described a case of sebaceous tumour of the scalp which the patient refused to have removed. The cyst suppurated, and the cyst wall was taken away, no antiseptics were used, and the patient died in six days of symptoms of blood-poisoning. He thought that if antiseptic precautions had been used here, the result might have been different.

Mr. BEAHAM remarked upon the low mortality of the cases in which no antiseptics were used. There were serious drawbacks to the employment of antiseptics in private practice.

Dr. ALDERTON did not think that in small operations such as the removal of sebaceous cysts antiseptics were necessary. The worse case of amputation of the breast which he had seen was one in which strict antiseptic precautions had been taken.

Dr. THUDICHUM said that where perfect cleanliness was observed, no cases of hospital gangrene were met with. He described a visit to a Continental hospital where the wounds invariably failed to progress favourably, and this was distinctly traced to dirtiness of the bandages, forceps, probes, and splints. Antiseptics were not necessary when cleanliness was carefully observed. In alkaline solutions salicylic acid was not an antiseptic. Cleanliness and the prevention of decomposition were the chief points to be attended to in the treatment of wounds. The devitalisation of germs, in his opinion, could only be accomplished by the use of extremely strong solutions, such as chlorine water and others.

Mr. EDWARDS congratulated Mr. Keetley upon the very successful results of his osteotomies. He did not use the spray, except in operations upon serous and synovial sacs. He thought cleanliness a very wide term. It was immaterial what the description of antiseptic was which was used. The cardinal features of wound treatment were pressure and drainage, and in this connection he advocated strongly Esmarch's bandage.

Dr. POPE was glad that Mr. Keetley had discarded the spray. He related a case in which a knee-joint had been opened five successive times without it.

After some remarks from Dr. BALL, Mr. KEETLEY replied.

#### SUEZ AS A HEALTH RESORT, WITH NOTES BY THE WAY.

Dr. SINCLAIR THOMSON read an interesting paper upon a trip which he had taken to Suez and back, and advocated strongly the advantages of a short sea voyage for the purposes of health. The good diet on board the P. and O. steamers, the available sources of amusement, the regular exercise on deck during the passage, are important factors in the restoration of health. The thermometer varied from 65° to 70° F. the entire way. No one should stay at Port Said. The Suez Hotel was an admirable one. Suez is a place for phthisical patients in the early stages with general delicacy of constitution, and where there is much bronchial irritation. Indeed, in all cases where a dry and bracing air, bright sunshine, and freedom from rain are required, the winter climate at Suez is to be highly commended. The Hotel, however, is not adapted at present for the reception of invalids, and in this respect modern improvements in its organisation are required.

A unanimous vote of thanks, proposed by Dr. POPE and seconded by Dr. ALDERTON, was accorded to Dr. Sinclair Thomson for his interesting paper.

#### CLINICAL CASES SHOWN BY MR. KEETLEY.

(1) Osteotomy of the hip; (2) Case of complete obliteration of one nostril by syphilis (congenital); (3) Case of removal of whole of the lower lip for epithelioma.

Mr. LUNN and Mr. LEONARD MARK exhibited drawings. Mr. H. PERCY DUNN showed the following pathological specimens:—(1) The sac and adjacent parts of a large omental hernia; (2) Pendulous growths from the mucous membrane of stomach; (3) Tubercular disease of testis; (4) Tubercular disease of kidney.

## Special Articles on Drugs.

### V.—DATURA STRAMONIUM.

By GEORGE M. FOY, F.R.C.S.,

Surgeon to the Whitworth Hospital; formerly Lecturer on Anatomy and Forensic Medicine at the Carmichael Medical College.

MANY poisonous plants having become acclimatised in this country, the judicious recommendation of Dr. Haygarth is worth reprinting. He says: "Gardeners are particularly desired to take care never to throw poisonous plants out of gardens into streets, lanes, or even fields to which people have access. Poor children for diversion, curiosity, or hunger are prompted to eat all kinds of vegetables which come in their way, especially seeds, fruits, or roots. This caution does not proceed from fanciful speculation, but from actual mischief produced by the cause here specified. A physician has lately seen several children poisoned with roots of the aconite, thrown into an open field in the city of Chester, and with the seeds of stramonium thrown into the open street. . . . All poisonous plants taken out of gardens should be carefully buried or burned."

Carelessness in using poisons has occasioned many deaths, and almost caused the death of a mother and son in the following case reported by Dr. McCutcheon in the *New Orleans Medical and Surgical Journal*, Oct., 1885:—

He states that he was called on Aug. 21, 1885, about 12 m., to see Mrs. W. and her son, H. O. W., *æt.* 26, both of whom had partaken of an infusion of datura stramonium and coffee. He found the mother in bed, complaining of headache, a sense of weakness, and great thirst. The pupils of both eyes were widely dilated, the tongue and fauces very dry, pulse rapid. There was partial delirium. He was informed that about eight o'clock the whole surface of the body had become very red and swollen. Neighbours, recognising that poison of some kind had been swallowed, gave an emetic, which produced frequent vomiting. The only symptoms that the son presented, at the time of Dr. McCutcheon's visit, were dilated pupils, thirst, and swollen hands and arms. He says that he first noticed that he could not see distinctly while in the car, at 7 a.m., on the way to his work. Very soon thereafter he had confusion of ideas and dryness of throat; when he arrived at his shop, about 8 a.m., he was told that he was intoxicated; while attempting to work he fell to the floor; water was thrown over him, and he recovered sufficiently to get home by means of the cars. The only treatment that was used was sulphate of morphine in 1-8th grain doses every two or three hours.

Pilocarpine is probably our best antidote for stramonium. Messrs. Guy and Ferrier recommend morphia, and the success attending its use in Dr. McCutcheon's hands will probably make it a favourite.

Alphonse De Condolle (*"Geographie Botanique,"* 1855) considers Stramonium to be indigenous to Asia Minor and the borders of the Caspian Sea. The name "Datura" is from the Sanskrit name "*Dhustira*," through the Arabic "*tatorah*," and the name Stramonium is said to be derived from "*stramon*," straw, so called from its fibrous roots. The seeds of *D. tatula* and *D. Metel* were said to have been used to produce the frenzied ravings of the priests in the Delphic and some other temples. The Peruvians used for the same purpose *D. sanguinea*, manufacturing from it also an intoxicating drink. By the use of this drink they believe that they are brought into communication with the spirits of their forefathers. Von Tschudi (*"Novels in Peru"*) had an opportunity of observing an Indian under the influence of this drug, and he thus describes its effects: "Shortly after having swallowed the beverage, he fell into a heavy stupor. He sat with his eyes vacantly fixed on the ground, his mouth convulsively closed, and his nostrils dilated. In the course of about a quarter of an hour his eyes began to roll, foam issued from his half-opened lips, and his whole body was agitated by frightful convulsions. These violent symptoms having subsided, a profound sleep of several hours succeeded. In the evening, when I saw him again, he was relating to a circle of attentive listeners the particulars of his vision, during which he alleged he had held communication, with the spirits of his forefathers. He appeared very weak and exhausted." The plant is by the Peruvians called "*Yerba de huaca*," or the "grave" plant, for they believe that whilst under its in-

fluence the spirits of their forefathers will reveal to them graves with treasures.

Lindley says that the priests of the Sun at Sogamosa, a hill city of New Granada, produce by drinking a decoction of the seeds a frenzy in which they see visions and prophesy future things.

In Fowler's case (*Edin. Med. Com.*) of a young girl who took a drachm and a-half of the seeds of the *D. Stram.* there were maniacal delirium and spectral delusions. In Boerhaave's case, where a girl got stramonium seeds mixed with coffee for the purpose of effecting her seduction, the lethargy into which she was thrown lasted nearly a day. (Gmelin)

"Dangerous effects may result from the application of the thorn-apple to the skin when deprived of the cuticle. An instance has been lately published of alarming narcotism from the application of the leaves to an extensive burn." (Christison on Poisons.)

Dr. Hooker (*Him. Jour.*) says that some seeds, about a rupee weight, pounded or whole, dropped into food, produces an intoxication of twenty hours' duration, and this poisoning is usually produced by the *Pasis* caste who take advantage of their victim's condition to rob him, and then leave him either to recover or sink under the influence of the narcotic.

Beverly, in his "*History of Jamaica*," relates a case in which the leaves, having been gathered by some soldiers to make a salad, were eaten of very freely, with the effect of "producing a very pleasant comedy, for they turned natural fools on it for several days. In their frantic condition they were confined, lest in their folly they should destroy themselves. A thousand simple tricks they played, and after eleven days returned to themselves again, not remembering anything that had passed." *Datura stramonium* was early known in England. John Gerarde, who may be counted as the Father of English pharmacy, says (*Herbal*, 1597) that it was introduced by himself through Lord Zouch, the son of the eminent jurist, from Constantinople. Leonhard Fuchs figures the plant in his "*Medicinal Methodus*" in 1542; but it can hardly be said to have been in general use until Baron Anthony Stoerck, the successor of Van Sweiten in the Vienna University, and Physician to Maria Theresa, published its eulogy in 1762, although it had been described by Ray in 1670. It was recommended for mania, epilepsy, and nervous diseases generally by Stoerck, Odhelius, Buchner, Boerhaave, &c. Though generally credited with aphrodisiac properties, Wendt (*Rust's Mag.*) prescribed it to lessen venereal excitement. General Gent (1802) recommended stramonium leaves to be smoked as tobacco for asthma, and fell a victim to the practice he advocated. Its hypnotic and intoxicating qualities are said to have been converted to the most licentious and dishonourable purposes: "*Somnum facit adeo profundum, ut impune pudicitia puellæ violare possit, quæ hoc toxicum sumserit.*"—Haller (*"Ess. et Ob. Phys."*). Engelbert Kämpfer, whose collection of plants was purchased by Sir H. Sloane for the British Museum, and whose journeys, extending over nine years, in Persia, India, Java, Siam, and Japan, gave him unrivalled opportunities for studying the Eastern uses of the plant, thus writes (*Amoenitatum Exoticarum*, 1694): "*Ab Indis inter alia inebriantia et aromatica in electuarium recipitur semen, ad grata phantasmata crenda, et, ut quidam volunt, quo ad cætera patenda tanto audaciores evadant.*" The use of the drug was discouraged by Cullen's statement: "I have no doubt that narcotics may be a remedy in certain cases of mania and epilepsy; but I have not, and I doubt if any other person has, learned to distinguish the cases to which such remedies are properly adapted" (*Mat. Med.*). Daturine, the alkaloid of the plant, was discovered by Geiger and Hesse in 1833. Its formula is  $C_{17}H_{23}NO_3$ , isomeric with atropia, with which A. von Planta (1850) considered it identical. Poehl (1876), however, states that solutions of daturine are levogyrate, and that those of atropine are devoid of rotatory power. Schroff (1852) considers atropine has twice the poisonous energy of daturine. The leaves of the plant contain about 0.03 per cent. of the alkaloid, and the seeds about 0.1 per cent. Extract of stramonium forms one of the very many ingredients of Brown-Séquard's anti-neuralgic pills, and I regret to say that, whether the drug is neutralised by the other ingredients, or that the dose is too small, the pills, in my hands, had no beneficial effect on the disease. Numerous cases of



poisoning by stramonium are recorded by Orfila, Beck, Copland, Periera, Haller, Fowler, Buchner, &c. The antidotes formerly in use were bleeding, emetics, capsicum, acids, coffee, &c., to any of which opium or pilocarpine will be found superior.

## Literature.

### ALPINE WINTER IN ITS MEDICAL ASPECTS. (a)

BASED on some earlier publications of like import, this book is calculated to serve the double purpose of instructing the physician at home as to the Alpine climate, if any, he should suggest or select for his patient, and guiding the latter as to the medium through which he should reach, and the manner in which he should demean himself after arrival in his temporary winter home. This would now appear to have become a necessity for the phthisical invalid of our day, and the rush to the Engadine in October threatens to be as great, if not greater, in the cool West as the similar rush of Anglo-Indians to the Himalayas in April actually is in the sweltering East. However that may be, Swiss hotel-keepers appear to have found the fabled Eldorado on the tops of their erewhile deserted mountains, and so much is this "find" appreciated on the spot that "hotels have been enlarged and added to, new ones built, and handsome villas erected." In short, the Platz at Davos appears to have undergone such a change as astonishes its simple neighbours, and no wonder, seeing that it has now become the Mecca of half the consumptive invalids of the world. All nations are represented at it, as a friend recently wrote us, and 'twas only the day before that on which she (our friend aforesaid) wrote that a medical man from Melbourne appeared on the scene along with his wife and other belongings.

It is but fair to infer that all this outlay or investment, all this conflux or pilgrimage on the part of the local householder and the foreign visitor, is not incurred without an adequate prospect of return for the former, or without an appreciable benefit of health to the latter, and it is to be hoped that both are satisfied with their bargains. The beautiful representations of hotels this book contains would seem to imply that one, at least, of the parties to this venture—for it is little more at present—has made a good thing of it, but mountain-air, snow, and scenery are somewhat variable quantities, and as it remains to be seen if dividends can be squeezed out of the "combustion," "oxidation," or "cold, bracing, and stimulating climate," by which Dr. Wise and his friends set so much account. Let us hope they may, and meanwhile intending visitors might like to know that *our* friends, three in number, have very good rooms and excellent food for seven and a half francs a day "each" in a nice comfortable hotel at St. Moritz.

Dr. Wise gives some data from which it would appear that the pulse and respirations are (habitually?) slightly increased on these ranges, and this increase is borne out by our own experience elsewhere. But whether such an increase is conducive to health in *all* phthisical cases is a point that has not yet been determined, and epistaxis is certainly one of the discomforts that mountain travellers are liable to. Mountaineers are, on the other hand, endowed with very capacious chests, as witness the bodies found in graveyards in the Peruvian Cordilleras, as well as in other parts of the Andes. Describing these, Mr. Orton says—"The Andes and the Amazon," pp. 94-5—that "D'Orbigny made a post-mortem examination of some Indians from the highest regions, and found the lungs of extraordinary dimensions, the cells larger and more in number. Hence the unnatural proportion of the trunk, which is plainly out of harmony with the extremities. The expanded chest of the mountaineers is evidently (he thinks) the result of larger inspiration to secure the requisite amount of oxygen, and is an instance, according to Pritchard, of long-continued habit, and the result of external agencies modifying the structure of the body." The avowed object of physicians in sending their patients to these plateaus is to develop the elasticity of the pulmonary cell and expand the calibre of the chest-walls. We do not observe any proofs or experiments on these points in Dr. Wise's book. Possibly the time for such investigations has not yet come, and meanwhile we may, we think, venture to prophesy that the cure of the future, if any such exists, will,

(a) "Alpine Winter in its Medical Aspects." By A. Tucker Wise, M.D., &c. Second Edition. London: J. & A. Churchill, 1885.

so far as this disease is concerned, be found in these elevated regions or elsewhere, through climatic agencies, and through these alone.

The general climatic characteristics which Dr. Wise claims for these hills, and through which he expects to effect his objects, are (1) dryness of the air and its comparative freedom from micro-organisms, mechanical irritants, and noxious gases; (2) low temperature; (3) profusion of sunlight; (4) diminished barometric pressure; and (5) ozoneiferous atmosphere; and he justly adds that "the exhilarating feeling produced by the consciousness of moving about amid snow and ice without taking cold or feeling pinched is not to be despised as contributing towards cure. The contrast of this with the life in England during winter, where every change of weather has to be guarded against, is so marked that the hope of recovery presents itself, and despondency is banished." Just so; the thoughts of men, and women too, have ever been favourably influenced by the outward forms of primeval nature, especially so when these impress the imagination by their grandeur or awe the understanding by their weird solitariness and sublimity. We need no Montesquieu or Buckle to tell us *that*. Daily observation shows it, and history further shows that those who dwell among the "everlasting hills" have ever been the enemies of oppression and the assertors of their own independence and freedom. Whether, however, these attributes depend on an atmosphere charged with ozone, and that is free from micro-organisms, &c., we are unable to say. All we know is that the "mountain nymph secret liberty" has ever affected a supple limb and a vigorous frame, and it is not unreasonable to suppose that Nature herself has specially raised up these mighty protuberances as a protest or a counterpoise against the crowded dwellings and the noisome emanations of the plains, as well as as a home and a refuge for those defaults and illnesses that are produced by their enervating associations and surroundings.

For the rest, its style, though not perfect, is modest and concise, and the cautions it contains about clothing, amusements, including tobogganing, theatres, &c., exercises, baths, meals, &c., are worthy of every endorsement and commendation. It includes a good map of the journey and district, and the red line on the former shows that the distance between Calais and Coire may be covered without any interruption, and without—if so desired—touching at Paris. We have already alluded to or commended the illustrations, some of which are, however, too technical for the general reader, and the meteorologist and tourist will find food for their respective tastes in the elaborate appendices with which Dr. Wise has provided them. As to what he says about the routes, the steamers, trains, &c., we must refer to the book itself, which we strongly commend to the notice of all intending visitors to these regions, and the following extract from the letter already referred to may interest such of our readers as have not yet made acquaintance with a diligence: "That part of our journey from Bâle to Coire, or Châtr, was very interesting. The beauty of the mountains, so splendidly wooded, glowing as they were with the crimson tints of autumn, those reflected in the lakes, and the calm blue skies above them, all combined form the loveliest scenery I have yet seen. The numerous Swiss villages gave animation to the scene, and we were almost sorry when our driver drew up, after a pleasant run of fourteen hours, at the door of the hotel wherein we now reside."

### MYTHS IN MEDICINE AND OLD TIME DOCTORS. (a)

THE object aimed at in this book are: 1. To discuss the circumstances under which nervous affections were first described; 2. To ascertain the precise time at which the revival of rational medical research commenced; and, 3. To discover whether the often-repeated epithet "old school" applies to the profession of the present, or should rather be restricted to the dogmatic medical schools or other sects of the past, and such an inquiry must necessarily be a comprehensive one. The author begins his thesis with some account of the eminent men who laid the foundations of our art, and singles out among these for special glorification the "Father of Physio," as he is called, Hippocrates. But he does not confine his attentions exclusively to him. Neither, indeed, does he say that the art of healing was unknown before his time; on the contrary, he introduces

(a) "Myths in Medicine, and Old-Time Doctors." By Alfred G. Garratt, M.D. New York and London: G. P. Putnam & Sons.

Moses and Job as testifying to the fact that they were acquainted with physicians and apothecaries, and he includes the Druids of early Gaul and Britain, the Asclepiads of Greece, the Lamas of Central Asia, and the Vaidhyas of India in this category. He even assumes that the Eastern Magi devoted some attention to this art, and he adds that five statues and many inscriptions, which bore the names of persons who had been cured, were recently brought to light brought to light through the explorations that were made on the site of the Temple of Æsculapius at Epidauris in Argolis.

Our readers will see from this short notice that the book has rather an antiquarian than a merely professional interest, but it contains all the same a great deal of quaint illustrations and curious research, and the startling fact—if such it be—that the Egyptian physicians and surgeons were required by law to practice as *specialists* 1,500 years before our era ought to put a stopper on the ignorance or clamour of those who are now crying out against specialism on the score of its novelty (!) in our midst. The writer also shows that the "cure like cure" theory was invented 650 B.C., and it is, at least, interesting to know that the edict issued by Constantine in A.D. 306 for the closure of the Asclepions and other temples of pagan worship, led at once to the establishment of hospitals and other charitable institutions of that kind. But the queerest chapter in this queer book is that on "The Old-Time Theory of the Nature and Cause of Nervous Maladies," and Cheyne and Blackmore are brought forward to explain these after the fashion and in the phraseology then prevalent. But the theories they held, or the views they propounded, on these points, could only be understood through a perusal of the originals, and for these, or even for any or such summary of them as would render them intelligible, we cannot find room here.

The chapters on Alchemy and Homœopathy must also be lead in their entirety to be appreciated, or even understood, and the illustrations and recipes the former contains are alone worth the price of the publications itself, when we print out that three of these are headed respectively, "Elixir of Mummie," "Essence of Man's Bains," and "A Famous Spirit of Cranium Hominis;" the repulsive nature of the ingredients of which they consist will be readily understood and as readily dispensed with, and as to the chapter on Homœopathy it is one continuous guffaw at the globulists, and their triturations and dilutions. The writer shows us a very ingenious, but withal elaborate mathematical calculation that "the sixth dilution or potency, their *one-drop* is diluted in . . . is one million three hundred and fifty-six thousand. . . . large hogheads of water or alcohol," and further, that all these dilutions and triturations only lead, at least, to "a diluted *potentized* dose of nothing."

For the rest, the work is well printed and got up, and it may be taken up or put down at any time. Though the writer says that he has been engaged for over forty years in examining medical literature, he does not appear to have given much attention to the graces of style or cherished any very profound respect for the purity of the classics. But these are minor defects, and they are more than condoned by the labour he has evidently bestowed on the preparation of a work from which he can neither expect pecuniary emolument or professional advancement. It was evidently a labour of love, and if it only helps to restrain that ardour for rushing into print with discoveries which a perusal of it would soon show were only the exploded fallacies of a former age, our author will have achieved a success and at the same time rescued medical literature from a reproach which he did not contemplate, and which it ought never to have been subjected to.

**University of Dublin.**—The following candidates having undergone the necessary examinations received their degrees on Thursday, December 17th, in Trinity College, in the presence of the Senate, the Right Hon. the Earl of Rosse, K.P., Chancellor of the University, presiding:—

*Baccalaurei in Chirurgia:* Henricus Moore Brabazon, Jacobus Craig, Gullelmus Sinclair Dobbin, Eduardus Wolfenden Gray, Henricus Johannes Hadden, Georgius Hilliard, Henricus Freeland Kingston, Foster, Reus Newland, Robertus Glasgow Patteson, Henricus Fitzmaurice Phillips, Reginaldus Waller Studdert, Gardiner Gullelmus Trouton. *Baccalaurei in Medicinâ:* Ricardus Carolus Eduardus Bolton, Henricus Moore Brabazon, Jacobus Craig, Benjamin Devonsher Dickson, Sannel Georgius Edge, Georgius Hilliard, Henricus Freeland Kingston, Ludovicus

Maxwell Mackintosh, Gullelmus Vere MacMahon, Foster Reus Newland, Robertus Glasgow Patteson, Henricus Fitzmaurice Phillips, Reus Vincent Beatty Smyth, Reginaldus Waller Studdert, Gardiner Gullelmus Truton, Jacobus Christophorus Weir. *Doctores in Medicinâ:* Arturus Montfort Archer, Gullelmus Ambrosius Ardagh, Samuel Josiah Batton, Augustus Eduardus Dixon, Robertus Ker Johnston, Leonardus Henricus Kellett, Gullelmus Leah, Johannes Carolus Martin, Henricus Pollen, Johannes Jacobus, Carl Watson.

The following Honorary Degree was also conferred:—

*Doctor in Medicinâ:* Daniel Johannes Cunningham.

**Royal College of Surgeons in Ireland.**—At a meeting of the Court of Examiners, held on the 7th December and following days, the following candidates having passed their final examinations, were duly admitted Licentiates of the College, viz:—

Charles R. Batteraby, Thomas M. Bellew, Pollonjs P. Bhedwar, James G. Boyce, Campbell Boyd, William R. Chambers, Harold D. Davenport, Robert Elliott, Edward J. Goode, Ignatius P. Fartford, Connell Hoyer, William A. Johnston, Richard J. Leeper, Martin B. Lyster, Patrick T. Morresy, Michael J. Ryan, Alfred T. Smith, William E. Waters, and David T. Wylis. Sixteen were stopped.

Mr. P. A. McDermott was also admitted a Fellow of the College after examination.

**King and Queen's College of Physicians.**—At the December examinations the following obtained the Licences in Medicine and Midwifery of this College:—

*Medicina.*—Alfred Ernest Jaffray Barcroft, Jeremiah Behan, Henry Theodore Bewley, Thomas Browning, Alban Butler, William George Chute, Thomas Paul Codd, Arthur Richard Thomas Craig, Albert Edward Davis, John Joseph Davoren, Cuthbert Eccles, Henry Leslie Finny, Edward Heard, John Heatley, Arthur Foster Keyworth, Walter Kiddle, Henry Thomas Knaggs, Martin Bernard Lyster, Frank Parry, John Rogers, William Whitlaw Scott, Joseph Samuel Sergeant, Edward Russell Wawn.

*Midwifery.*—Thomas Browning, John Paul Cavenagh, William George Chute, Thomas Paul Codd, Arthur Richard Thomas Craig, Albert Edward Davis, John Joseph Davoren, Cuthbert Eccles, Henry Leslie Finny, William Robert Hawklus, Edward Heard, Arthur Foster Keyworth, Henry Thomas Knaggs, Martin Bernard Lyster, Edwin Graves Newell, John Rogers, William Whitlaw Scott, Joseph Samuel Sergeant.

The undermentioned was admitted a Member:—

James Emerson Reynolds.

**University of London.**—The following is a list of candidates who have passed the recent B.S. Examination for Honours in Surgery:—

	<i>First Class.</i>	
Berry, James ( <i>Scholarship and Gold Medal</i> )	*Price, Alfred Edward Carr, John Walter	
Robinson, Henry B. ( <i>Gold Medal</i> )		
	<i>Second Class.</i>	
Green, Charles David	Brock, James Harry Ernest	
Targett, James Henry		
	<i>Third Class.</i> —Hinds, Frank.	

\*Obtained the number of marks qualifying for a Gold Medal.

**Death of the Irish Registrar in Lunacy.**—We regret to announce the death on Christmas Day, of Dr. Abraham, Registrar in Lunacy, a post which was at one time filled by Lord Ashbourne. Deceased has been Census Commissioner at each decennial census since 1861, and was a frequent contributor to professional and lay literature.

**Presentation to Dr. Protheroe Smith.**—A presentation of plate has been made to Dr. Protheroe Smith by the medical staff of the Hospital for Women, Soho Square, London, on his retirement as Senior Physician and appointment as Consulting Physician to the Hospital.

**Illness of Dr. C. J. B. Williams.**—We regret to learn that Dr. C. J. B. Williams has been seized, at Cannes, with angina pectoris, and that his condition was deemed so critical as to make it necessary for his son, Dr. Theodore Williams, to hasten to his bedside. A universal feeling of satisfaction will, however, be experienced at the announcement that the veteran physician is no longer considered to be in immediate danger, although his great age, eighty-five years, tends to create considerable anxiety on his account.

**A Large Consultation Fee.**—We understand that Sir Joseph Fayrer has just returned from Cannes, having been summoned there to a consultation with his old friend Dr. Francis, late of the Indian Medical Service, on an important and critical case. The fee received by Sir Joseph for his service on this occasion was one thousand guineas.

**The Mortality of Foreign Cities.**—The annual death-rates per 1,000 in the principal foreign cities, according to the last weekly returns communicated to the Registrar-General, are as follow:—Calcutta 25, Bombay 26, Paris 21, Geneva 15, Brussels 19, Amsterdam 21, Rotterdam 21, The Hague 20, Copenhagen 17, Stockholm 19, Christiania 18, St. Petersburg 25, Berlin 21, Hamburg 27, Dresden 21, Breslau 23, Munich 27, Vienna 25, Prague 28, Buda-Pesth 31, Trieste 31, Rome 25, Turin 21, Venice 36, New York 21, Brooklyn 19, Philadelphia 17, and Baltimore 15.

## OPERATION DAYS AT THE LONDON HOSPITALS.

**MONDAY**—Hospital for Women, 3 p.m.—Metropolitan Free, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Orthopaedic, 3 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Mark's, 3 p.m.—Chelsea Hospital for Women, 2.30 p.m.

**TUESDAY**—Cancer Hospital, Brompton, 8 p.m.—Guy's 1.30 p.m.—St. Mark's, 9 a.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Westminster, 3 p.m.—West London, 8 p.m.

**WEDNESDAY**—Great Northern, 2 p.m.—London, 2 p.m.—Middlesex, 1 p.m.—National Orthopaedic, 10 a.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, .30 p.m.—Samaritan Free Hospital for Women and Children, 2.30 p.m.—St. Bartholomew's, 1.30 p.m.—St. Mary's, 1.30 p.m.—St. Peter's, 3 p.m.—St. Thomas's, 1.30 p.m.—University College, 2 p.m.

**THURSDAY**—Central London Ophthalmic, 1 p.m.—Charing Cross, 2 p.m.—Hospital for Diseases of the Throat, 2 p.m.—Hospital for Women, 2 p.m.—London, 2 p.m.—North-west London, 2.30 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. George's, 1 p.m.—Chelsea Hospital for Women, 2 p.m.

**FRIDAY**—Central London Ophthalmic, 2 p.m.—East London Hospital for Children, 2 p.m.—Guy's, 1.30 p.m.—King's College, 3 p.m.—Royal London Ophthalmic, 11 a.m.—Royal South London Ophthalmic, 2 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Thomas's (Ophthalmic Department), 2 p.m.

**SATURDAY**—King's College, 1 p.m.—London, 2 p.m.—Royal Free 9 a.m. and 3 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Bartholomew's, 1.30 p.m.—St. Thomas's, 1.30 p.m.

## Notices to Correspondents.

**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.

**READING CASES.**—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, may now be had a either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

**LOCAL REPORTS AND NEWS.**—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

## THE INDEX FOR OUR PRESENT VOLUME.

In consequence of the extent to which our "Retrospect" for the year has extended in our present number, the "Index" for the half-yearly volume which is completed with the present issue will be given in our next.

**MR. E. H. FENWICK.**—We shall be glad to receive the case at your leisure.

**DR. CURRAN** (Kensington) is thanked for his communication.

**E. H.**—Without a lengthened experience of its use, we do not feel disposed to endorse the verdict.

**MR. JEFFRIES.**—Received, and noted for early insertion. Proof will be sent.

**R. L. L.**—You are quite right. But on such a question alliance is best.

## A CAUTION.

In our issue for December 16th, under the above heading, we mentioned that a stylishly-dressed couple were visiting various provincial practitioners' residences for the purpose of fraud. From an Australian medical contemporary to hand, we find the same trick has been played on our Colonial brethren, which has now ended by the arrest of the principals. Similar methods of fraud were resorted to which would lend colour to the supposition that they are part of the gang whose representatives are at present engaged in this country. The individuals arrested are Samuel Curtis and his wife, whose practice has been to consult a doctor and give a valueless cheque for a larger amount, securing in return a good deal in change. Not content with this, he went to a chemist with the prescription, and repeated his tactics. In this way he swindled Dr. L. L. Smith for £8 8s.; Dr. Burke, of Hotham, £4 4s.; Dr. Ferguson (Fitzroy), Dr. Innes, and several others, including a chemist, for similar sums. The cheques were signed "F. W. Horne," and Curtis went by several aliases.

Since the publication of our "Caution" we have received no further complaints from victims, and we hope the exposure has led to the retreat of the individuals concerned.

**DR. BELL** (New York).—We cannot add further to our exchange list.

**SILEX.**—Yes, a very excellent aperient; it does not constipate by dense, as do some of these waters.

**M.R.C.P.** will find the subject referred to in our last issue. We do not consider it necessary to revert to it for the purpose of introducing a point of such minor importance.

**DR. BRAMHAM.**—The reasons for the course taken are sufficiently apparent, and it has been supposed that the final result would abundantly justify its adoption. Criticism is naturally disarmed under the circumstances; nor do we see that the publication of your letter would be productive of benefit.

**DR. CONOLLY.**—The publishers of the work do not signify any such intention as that you impute to them; but if your informant is correctly instructed, there can be no question of the effect that is almost certain to be produced.

**MR. ANDREWS.**—You have our best wishes; and it will give us much pleasure to hear that your endeavours are successful. The formula is derived from an American source, and has been successfully employed.

**DR. ANDERSON.**—Many thanks. The references may be fully relied on, as each one has been verified.

## Meetings of the Societies.

TUESDAY, JANUARY 5TH.

**SOCIETY FOR THE STUDY OF INEBRIETY** (Medical Society's Rooms).—At 4 p.m., Papers: Dr. Peddle, of Edinburgh, On the Habitual Drunkards' Act.—Chevalier Max Proskowetz de Proskow-Yars-off, On the Austrian Society for the Study and Cure of Inebriety.

## Vacancies.

Monaghan District Asylum.—Assistant Resident Medical Superintendent. Salary, £150, with residence and partial board. Applications by January 7th. (See advt.)

Sunderland Infirmary.—Second House Surgeon. Salary, £60 per annum, with board and residence. Applications, with testimonials, to the Chairman of the Medical Board on or before January 4.

Tonbridge Union.—Medical Officer. Salary, £50 a year. Applications, with testimonials, to the Clerk on or before January 1.

Wolverhampton and Staffordshire General Hospital, Wolverhampton.—House Physician. Salary, £100 per annum, with board, &c. Testimonials to the Chairman of the Medical Committee on or before January 4.

## Appointments.

**CARTER, D'A. B., L.R.C.P., M.R.C.S.,** Medical Superintendent to Sir Titus Salt's Hospital, Shipley, Yorkshire.

**ELLIS, W. H., M.R.C.S., L.S.A. Lond.,** Consulting Surgeon to Sir Titus Salt's Hospital, Shipley, Yorkshire.

**FREELAND, E. H., L.R.C.P. Lond., M.R.C.S.,** House Surgeon to the Royal Hospital for Women and Children.

**GAYFORD, C. M. B. Dur., M.R.C.S., L.R.C.P. Lond.,** Medical Officer in Charge of a Medical Mission in connection with the Friends' Mission, Hoshangabad, C.P.

**JONES, J. L. T., M.B. Dur., M.R.C.S.,** Resident Clinical Assistant to Dr. Savage, at Bethlem Royal Hospital.

**LINDSAY, J. A., M.A., M.D.,** Physician to the new Belfast Consumption Hospital.

**MAORADY, J. F. C. H., F.R.C.S.,** Surgeon to the City of London Hospital for Diseases of the Chest, Victoria Park.

**ROBERTS, W. R., L.D.S. Glas.,** Honorary Assistant Dental Surgeon to the Birmingham Dental Hospital.

**WYBORN, S., M.R.C.S., L.S.A. Lond.,** Medical Officer and Vaccinator for the First District of the Windsor Union.

## Births.

**BROWNBRIGGS.**—December 20, at Hill House, Gravesend, Kent, the wife of J. Annesley Brownrigg, M.D., M.A., of a son.

**GAFFNEY.**—December 19, at 56 Harcourt Street, Dublin, the wife of Dr. Burke Gaffney, of a son.

**INKSTER.**—December 27, at Furwood Road, Sheffield, the wife of S. Macaulay Inkster, M.D., of a son.

**LIEBSTEIN.**—December 21, at Hartford Bank, Northwich, Cheshire, the wife of Hermann J. Liebeten, M.D., of a son.

**NEALE.**—December 19, at 24 Loudoun Road, N.W., the wife of Wm. H. Neale, M.D. Lond., F.R.G.S., of a daughter.

## Marriages.

**FRANKS—BROMHEAD-BUTT.**—December 23, at St. Philip's Church, Earl's Court, Kensington, Kendal Franks, M.D., of 69 Fitzwilliam Square, Dublin, to Gertrude Jane, fourth daughter of the late Colonel T. Bromhead-Butt, 79th Highlanders.

**GUBBINS—TRIPP.**—December 17, at St. George's, Kensington, William Launcelot, Army Medical Staff, to Florence Howard, second daughter of the Rev. H. Tripp, of Huntspill, Co. Somerset.

## Deaths.

**ALLEN.**—December 23, after a short illness, at his residence, 102 Fisher Gate, Preston, Richard Allen, M.R.C.S., Surgeon-Major to the Royal North Lancashire Militia.

**DYER.**—December 20, at Ringwood, Hants, Samuel Sumner Dyer, M.D., aged 61.

**FREEMAN.**—December 21, at 84 Priory Road, Kilburn, Henry Pettener Freeman, M.R.C.S., L.S.A., formerly of Fulham, aged 66.

**JEWELL.**—December 19, at Rocquettes, Guernsey, Thomas William Jewell, Staff-Surgeon R.N., aged 52.

**McEWEN.**—On Christmas Day, at 49 Watergate Street, Chester, Allan Claveley McEwen, L.R.C.P. & L.M. Edin., aged 36.

**MILLER.**—December 7, at Meran, Surgeon-General J. R. Miller, M.D., aged 65.

**PHILBRICK.**—December 2, at Toronto, Cornelius James Philbrick, F.R.C.S., aged 69.

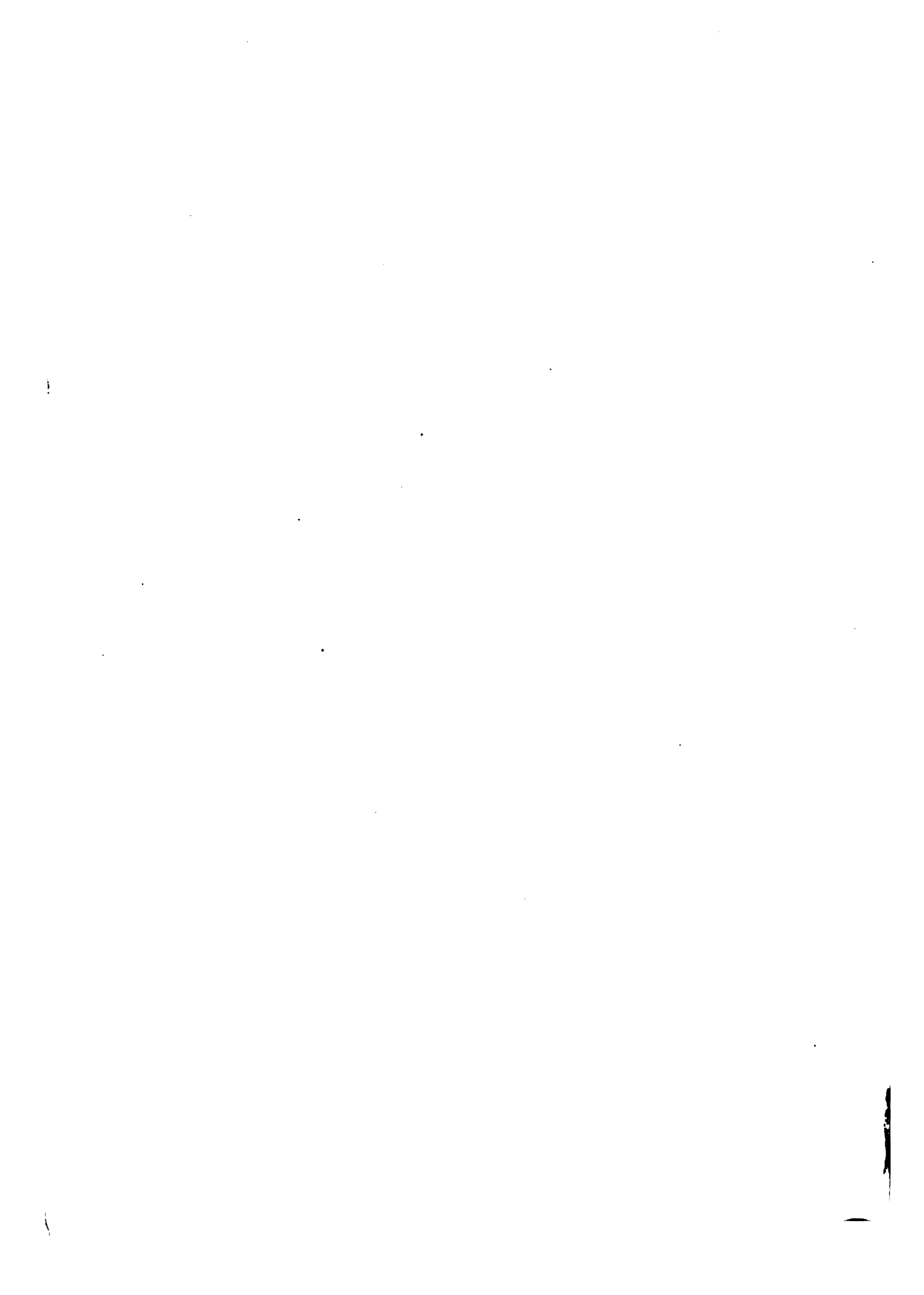
**SMYTH.**—December 21, at Parliament Hill Road, Hampstead, N.W., Luke Dowel Smyth, M.D., late of Bingham, Notts, aged 74.

**WATERS.**—December 21, at Nicholas Street, Chester, Leopoldina, daughter of Edward Waters, M.D.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65  
66  
67  
68  
69  
70  
71  
72  
73  
74  
75  
76  
77  
78  
79  
80  
81  
82  
83  
84  
85  
86  
87  
88  
89  
90  
91  
92  
93  
94  
95  
96  
97  
98  
99  
100

Vertical line on the left side of the page.

Vertical line on the right side of the page.







3 Cap

1021

